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# Northwood Nursing & Residential Care

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 23 and 24 May 2016. The service was last inspected on 14 January 2016 when we undertook a focused inspection to see if the provider had taken action against a warning notice that had been issued. This was because people were not protected from the risks associated with the unsafe management of medicines. We found the required improvements had not been made and issued the provider with a further warning notice.

This comprehensive inspection was carried out to check that the provider had met the requirements of the warning notice regarding the management of medicines and to check that all other required regulations were being met.

Northwood is registered to provide accommodation for up to 27 older people who require support with nursing or personal care needs. At the time of our inspection there were 23 people using the service.

The service had a registered manager in place who was also one of the two providers of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was supported in the day to day running of the service by a care manager and deputy manager.

We found improvements had been made to the way medicines were administered in the service. However, we observed poor medicines administration practice on the first day of the inspection. This was because the nurse on duty administered medicines to several people without checking and completing the medicines records at the time of administration to each person. The nurse told us that this was because it was difficult to get the medicines trolley to the rooms at the top of the home. Following the inspection the registered manager told us they had arranged for individual medicines cabinets to be fitted in the bedrooms which could not be reached by the medicines trolley; this should help reduce the risk of mistakes occurring.

Protocols were in place providing guidance for staff about the use of 'when required' medicines but these could be further individualised. However, an epilepsy care plan for one person did not refer to a medicine that may be needed if they had a seizure. The date a medicine administered by the district nurses was next due had not been recorded. This meant nurses at the home would not be able to follow this up if a dose was missed, or for example if that person was admitted to hospital.

The lack of robust systems to ensure the proper and safe management of medicines was a breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

We received conflicting information about staffing levels in the service. Our observations on the first day of

the inspection showed staff were unable to respond promptly to two people's requests for assistance. However, we were told this was partly due to our presence in the service. On the second day of the inspection we noted there was an additional member of staff on duty. This meant staff were able to spend time with people and respond to their requests for support in a timely and unhurried manner.

The provider had recently introduced an electronic system to record the care people required. Risk assessments were in place in relation to physical and mental health needs as well as any environmental risks; these helped to protect the health and welfare of people who used the service. Although all risk assessments had been regularly reviewed and updated, we noted that hard copy care records did not always contain the most up to date information. The registered manager told us they would take immediate action to ensure all hard copy care records reflected the most up to date information which was contained on the electronic care records.

We saw that suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse. All the staff we spoke with were able to tell us the correct action they should take if they witnessed or suspected abuse.

All areas of the home were clean and we saw that procedures were in place to prevent and control the spread of infection. During the inspection we observed staff used personal protective equipment (PPE) when carrying out care tasks.

We saw that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and wellbeing of everybody living, working and visiting the home. Systems were also in place to deal with any emergency that could affect the provision of care such as utility failures. Regular checks were in place to ensure staff were aware of the action they should take in the event of a fire at the service.

Staff told us they received the induction, training and supervision they required to be able to carry out their role effectively. We noted the registered manager regularly submitted information regarding the training staff had completed to the NHS commissioning unit. However, there was no central training matrix held within the home. The registered manager told us that they would ensure they maintained a more detailed central record of staff training. Such records are important to highlight when staff refresher training is due.

People told us they were always asked for their agreement before staff provided any care. Comments people made to us included. "I make all my own choices" and "The staff always ask me if I want a shower and give me the help I need." One staff member told us how they used 'flash cards' to gain the consent of a person who had limited verbal communication. The registered manager was aware of their responsibility under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); to ensure that people's rights were upheld.

Systems were in place to help ensure people's health and nutritional needs were met. People made varying comments about the food provided in Northwood. During the inspection we observed meals were well presented and nutritionally balanced. Staff provided individual support to people who required assistance to eat.

Most people who used the service spoke positively about the caring nature of staff. The visitors we spoke with told us they always observed staff to be kind, caring and respectful. The staff we spoke with had a good understanding of the care and support that people required. They demonstrated a commitment to

providing high quality, person-centred care.

A programme of activities was in place to help stimulate people and maintain their contacts within the local community.

Records we reviewed showed people had opportunities to comment on the care provided in Northwood. All the people we spoke with told us they would feel confident to raise any concerns with the staff and registered manager.

Staff told us they enjoyed working in the service and received good support from both the registered manager and senior staff. Staff meetings provided staff with an opportunity to comment on the service provided and to suggest any improvements they felt could be made.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. There were systems in place for receiving, handling and responding appropriately to complaints. Our discussions with the registered manager showed they were committed to driving forward improvements in the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Although improvements had been made to the way medicines were managed in the service, we observed poor medicines administration practice on the first day of the inspection.

Staff had been safely recruited and were aware of the action to take to protect people who used the service from the risk of abuse.

We received conflicting information about staffing levels in the service. Staff told us they considered staffing levels were sufficient to meet people's needs. However, two people who used the service told us they had to wait too long for staff to respond to their requests for assistance.

### Is the service effective?

**Good**

The service was effective.

Staff received the induction, training and supervision they required to be able to deliver effective care.

People told us they were always asked for their agreement before staff provided any care. Staff understood the principles of the Mental Capacity Act (2005). Arrangements were in place to ensure people's rights were protected where they were unable to consent to their care and treatment in the service.

Systems were in place to help ensure people's health and nutritional needs were met.

### Is the service caring?

**Good**

The service was caring.

We observed warm and friendly interactions between staff and people who used the service.

Staff showed they had a good understanding of the care and support that people required. People told us they were

supported to be as independent as possible.

## Is the service responsive?

Good

The service was responsive.

The care records contained sufficient information to guide staff on the care to be provided. The records were reviewed regularly to ensure the information contained within them was fully reflective of the person's current support needs.

People had opportunities to comment on the care they received. Systems were in place to investigate and respond to any complaints people might make.

In the event of a person being transferred to hospital or another service, information about the person's care needs and the medication they were receiving was sent with them. This was to help ensure continuity of care.

## Is the service well-led?

Good

The service had a registered manager in place as required under the conditions of their registration with CQC. The registered manager was also one of the two providers of the service.

We asked the registered manager what they considered to be the key achievements in the service since our last inspection. They told us they had invested much of their time in addressing the issues raised on our last inspection regarding the management of medicines in the service and considered significant improvements had been made. They told us they were also proud of the introduction of the electronic care record system and believed this would lead to improvements in the way staff documented and reviewed the care people required. They told us they also intended to use the full functionality of the system to continue to improve the quality monitoring systems in the service.

People who used the service told us managers were approachable should they wish to discuss any matters of concern. Relatives we spoke with confirmed they felt able to approach any of the managers in the service if they had any questions or concerns and were always listened to. The registered manager told us they spoke with people who used the service on a daily basis to check they were happy with the care they received.

Our conversations with the staff showed they felt included and

consulted with. Staff spoke positively about working at the home. They told us they felt valued and that management were very supportive. Comments made included, "I love it here. The managers make sure everything is done properly so that people receive good care", "The managers are all very approachable. Their door is always open to have a chat. They try and rectify things if you go to them with any problems" and "[The registered manager] will always listen to us if we have anything to say."

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. They showed us the quality monitoring toolkit which they were required to complete on a quarterly basis by the NHS commissioners of the service. This included audits relating to safeguarding incidents, falls, infection control, staff training, MCA and DoLS, staffing and complaints. We saw that the registered manager was required to provide evidence that they had completed any actions identified as necessary during the audit process.

We saw that the provider regularly distributed satisfaction surveys to people who used the service. We reviewed the most recent feedback provided by 14 people who used the service and noted all the comments were very positive. All the people who had responded stated that they felt safe, staff responded promptly to meet their needs and always treated them with dignity and respect.

Records showed that staff meetings were held regularly. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff we spoke with told us they were encouraged to contribute to discussions at staff meetings and that their ideas were always listened to. One staff member commented, "I was listened to at the last meeting; things I had issues with were dealt with well after the meeting."

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

# Northwood Nursing & Residential Care

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 24 May 2016 and was unannounced. Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service.

The inspection team consisted of an adult social care inspector and a pharmacist inspector.

During the inspection we spoke with eight people who used the service and two visitors. We also spoke with the registered manager, the care manager, two registered nurses employed to work in the service, three members of care staff, the domestic and the cook. In addition we carried out observations in the public areas of the home.

We looked at the care records for four people who used the service. We also reviewed the medication records for ten people who used the service. In addition we looked at a range of records relating to how the service was managed; these included five staff personnel files, training records, quality assurance systems and policies and procedures.

Requires Improvement

# Is the service safe?

## Our findings

At our previous inspection in January 2016 we found a breach of regulation in relation to the management of medicines in the home. This was because nurses did not follow the home's medicines policies and current guidance regarding the safe handling, administration and recording of medicines. At this inspection, we found that medicines handling was improving, but some areas remained to be addressed.

We saw that nurses were completing assessed medicine training and a system of competency assessments and medicines audits had been implemented to help ensure that the home's polices were adhered to. We found that medicines including controlled drugs were safely stored and 'home remedies' were kept to support the prompt treatment of minor ailments. Arrangements were in place to help ensure that special instructions such as 'before food' were followed when administering medicines.

However, as seen at our previous inspection, on the first day of our inspection we observed the nurse administered medicines to several people without checking and completing the medicines records at the time of administration to each person; this increases the risk of mistakes. The nurse told us that this was because it was difficult to get the medicines trolley to the rooms at the top of the home. Following the inspection the registered manager told us they had fitted individual medicine cabinets in these rooms. We saw that for people in the lounge areas nurses administered medicines and completed the records in accordance with policy.

We looked at ten medicines charts and medicines related records. The medicines charts were up-to-date and clearly presented to show the treatment people had received. Protocols were in place providing guidance for staff about the use of 'when required' medicines but these could be further individualised. However, an epilepsy care plan for one person did not refer to a medicine that may be needed if they had a seizure. The date a medicine administered by the district nurses was next due had not been recorded. This meant nurses at the home would not be able to follow this up if a dose was missed, or for example if that person was admitted to hospital.

The lack of robust systems in place to ensure the proper and safe management of medicines was a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they did not have any concerns about the care and support they received in the service. Comments people made to us included, "I definitely feel as safe as houses here" and "I feel safe because I get all the help I need." The visitors we spoke with told us they had no concerns regarding the safety of their relative in Northwood.

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures were in place that provided staff with guidance on identifying and responding to the signs and allegations of abuse. Staff we spoke with told us they had completed training in safeguarding vulnerable adults; this was confirmed by the training records we reviewed. Staff were able to

tell us what procedure they would need to follow if they witnessed or suspected abuse. Staff also told us they were aware of the whistle blowing (reporting poor practice) policy for the service and were confident they would be listened to by the managers in the service if they raised any concerns.

Staff we spoke with were confident that people who used the service received safe care. One staff member commented, "I definitely feel people are safe here. I would be happy to let my relative come here."

We looked at the systems in place to ensure staff were safely recruited. We saw there was a recruitment policy in place which met the requirements of the current regulations. We reviewed the personnel files for five staff employed in the service. We noted that all of these files included the required information to help ensure staff were suitable to work with vulnerable people; this included a criminal records check called a Disclosure and Barring service check (DBS), employment or character references, an application form where any gaps in employment could be investigated and proof of address and identity. We saw there was also a system in place to check that nurses employed in the service were registered with the Nursing and Midwifery Council.

We looked at the staffing arrangements in place to support the people who lived at the home. On our arrival at the service on the first day of the inspection we observed that one person was trying to gain attention from staff as they wished to move from the lounge where they were sat. They had a sensor alarm in place to alert staff that they had attempted to move from their chair but we had to seek out a member of staff to respond to the person concerned. This was because all the staff were busy providing care to other people who used the service. We also noted the person concerned did not have their frame with them to help them mobilise safely; we were advised this was an oversight by night staff who had used a wheelchair to transfer the person to the lounge from their bedroom and had subsequently failed to ensure the frame was placed with them. When we checked the person's care records we noted the risk assessment stated that staff should respond as soon as they heard the sensor alarm in order to prevent the person from falling.

During the first day of the inspection we also had to use the call bell in another lounge to gain attention from staff for one person who had been shouting for assistance; this was because the call bell was on the wall of the lounge, out of the reach of all the people who had chosen to sit in this room. When we rang the call bell we noted staff responded very promptly to respond to the person's request for assistance.

When we discussed our observations with the care manager in the service they informed us that they or the deputy manager would usually ensure they were available in the lounge areas of the service during the first part of the morning to ensure they could respond to requests for assistance while care staff were helping people to get up. They told us this had not happened because they and the deputy manager had been distracted by our arrival at the service.

On the second day of the inspection we noted there was an additional member of care staff on duty. We were told this was a planned change to the rota because a staff member had been requested to work additional hours to support the hairdresser who was undertaking their first visit to the service. Our observations showed that, when they were not needed by the hairdresser, this additional staff member was available to support other care staff. This meant that all care staff had more time to spend with people. We also noted that staff responded promptly to all requests for assistance made by people who used the service.

All the staff we spoke with told us they considered there were always enough staff on duty to meet people's needs. One staff member commented, "Generally there are enough staff. It's quite busy but I do get to sit in the lounges and have a natter." However we received conflicting information when we asked people who

used the service if they received prompt attention from staff. Two people told us they considered they had to wait too long for staff to respond to them. Another person told us they considered the service was short staffed but did not feel this had a negative impact on the care they received. Three people did not express any concerns regarding staffing levels and the visitors we spoke with told us they considered there were always enough staff on duty when they visited. They told us, "We feel there is enough staff. They go and check on [my relative] regularly."

We asked the registered manager how they determined what staffing levels were necessary to meet people's needs. They told us they did not use a formal staffing level assessment tool but that the care records contained information about the level of each person's needs in relation to their physical and emotional health. They told us they would further review this information against the staffing levels for the service.

We saw that the provider had recently introduced an electronic 'care docs' system to record the support people required. They told us they were in the process of rolling this system out within the service and that they currently had both electronic and hard copy care records; they told us the hard copy care records were a replica of the information held electronically. We therefore reviewed both sets of care records for four people who used the service. We saw that both sets of records contained risk assessments that identified if a person was at risk of harm from conditions such as pressure ulcers, poor nutrition and hydration, restricted mobility and the risk of falls. We noted that the electronic records had been regularly reviewed and updated to reflect any changes in a person's needs. However we saw that the hard copy care records for one person did not contain the most up to date information. We also received conflicting information from managers and staff about where the most up to date information regarding people's needs could be found. This meant there was a risk people might receive inappropriate care although none of the people we spoke with during the inspection expressed any concerns about the care they received. The registered manager told us they would take immediate action to ensure copies of all updated electronic records were placed on the hard copy file until the 'care docs' system was fully implemented within the service.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risk including those associated with cross infection, the handling of medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in Northwood.

We saw a fire risk assessment had been completed for the service and that this was reviewed on a regular basis. A personal emergency evacuation plan (PEEP) had been completed for each person who used the service; this documented the support people would need in the event of an emergency at the service. A business continuity plan was also in place to provide information for staff about the action they should take in the event of an emergency; this was supported by a one page disaster plan which contained information about each person who used the service, their level of need and emergency contact details.

During the inspection we spoke with the domestic employed in the service. They told us they had completed training in managing the risk of cross infection and were able to tell us of the correct action to take to minimise outbreaks of infection within the service. All the staff we spoke with confirmed personal protective equipment (PPE) was provided and used within the home.

All the people we spoke with during the inspection told us they had no concerns regarding the cleanliness of the environment. Our observations during the inspection showed all areas of the home were clean and free from any malodour.

Good

# Is the service effective?

## Our findings

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We noted that one person was subject to DoLS at the time of this inspection. The registered manager had also made applications to the local authority in relation to a further seven people but these applications had yet to be assessed.

All the care records we reviewed contained some information about people's capacity to consent to their care and treatment in Northwood. We noted that three people's care records contained information that an advocate had consented to their care in Northwood. It was unclear from the records what legal status these advocates had, if any. The registered manager told us that the use of the term advocate was one generated by the 'care docs' system and that staff had not fully understood the significance of the term. In one case the records stated that the advocate was a family member with Lasting Power of Attorney (LPA). However the managers in the service told us they had not seen a copy of the LPA and could not be certain if it had been granted in relation to finance, health and welfare or both. On the second day of our inspection the registered manager told us that, as a result of our comments regarding the recording of consent to care and treatment on the care records, they had arranged a training session from the company responsible for the development of the electronic care planning system to ensure records accurately reflected any informal or formal representatives of each individual and the legal powers they held. This should help protect the rights of people who used the service.

All the people we spoke with during the inspection told us staff would always seek their agreement before they provided any care. One person told us, "I make all my own choices." Another person commented, "The staff always ask me if I want a shower and give me the help I need."

Staff we spoke with demonstrated an understanding of the principles of the MCA. They were able to tell us how they supported people to make their own decisions regarding how they wished to be cared for. One staff member told us how they used flash cards to communicate with a person who was unable to verbalise their needs. Another staff member commented, "I always ask people what they want me to do."

We looked to see how staff were supported to develop their knowledge and skills. We looked at the

induction programme that newly appointed staff had to undertake on commencement of their employment. Induction programmes help staff to understand what is expected of them and what needed to be done to ensure the safety of the staff and the people who used the service. The induction training programme included topics such as health and safety, fire safety, moving and handling and food hygiene. Staff were also expected to undertake a number of shadowing shifts where they worked alongside experienced staff before they were allowed to work independently within the home.

We spoke with a staff member who had been recently appointed to work in Northwood. They confirmed that they had completed an induction when they started work at the service and considered this had prepared them well for their role. They told us that the registered manager had already made arrangements for them to continue with the nationally recognised qualification which they had started in their previous employment.

We saw that the registered manager completed a regular return to the local NHS commissioning unit to confirm the training staff had completed. We saw that this contained details of the year in which staff had completed training including safeguarding, moving and handling, infection control, Mental Capacity Act and DoLS and health and safety. When we checked staff personnel files we could not see evidence of certificates to confirm this training had been completed by staff. However all the staff we spoke with confirmed they considered they had the knowledge and skills they required to deliver safe and effective care. They told us they were able to ask the registered manager for additional training if they felt this would be helpful for their role and that, wherever possible, they were supported to access this training.

The registered manager told us that the majority of training for staff was accessed by the local authority training programme. They told us that in addition to this they had sourced specialist training for the nurses in the service regarding catheter care and the use of nasogastric tubes. We saw evidence of this training on the two personnel files we reviewed for nurses employed by the service. The registered manager told us they would need to check diaries and rotas to be able to confirm the actual dates on which staff had completed particular training. They told us that they would ensure they maintained a more detailed central record of staff training. Such records are important to highlight when staff refresher training is due.

We saw that there were systems in place to help ensure staff received supervision and an annual appraisal of their performance. Records we reviewed showed that care staff had received regular supervision. However we could not find any records to show that nursing staff had received recent formal supervision. The registered manager told us they were responsible for this task but had fallen behind on offering formal supervision to nurses due to other priorities in the service. One of the nurses we spoke with told us they had met regularly with the manager to discuss their role in the service but these meetings had not been documented.

We asked staff how they were informed if the needs of a person who used the service changed or a new person was admitted. Staff told us that a 'handover' was completed at every shift change; we saw that a written record was maintained of these meetings. This was to help ensure that any change in a person's condition and subsequent alterations to their care plan were properly communicated and understood.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We spoke with cook who was on duty on the day of the inspection. They told us they aware of the likes and dislikes of people who used the service as well as any allergies individuals had. They told us most of the food was homemade and that they used milk and cream to fortify food for people where necessary. On the day of the inspection we noted the food was well presented and looked appetising. We observed that drinks were regularly offered to people throughout the inspection and people

were able to access fresh fruit or snacks at their request. We noted that the service had received a 4 rating in their most recent food hygiene inspection in February 2016.

Systems were in place to monitor the nutritional needs of people who used the service. We noted that care records included information to guide staff on the support people needed to maintain adequate nutrition and hydration. We saw that, when necessary, a record was maintained of the daily food and fluid intake of individuals. People were also weighed regularly and the electronic care record system produced a visual graph to record whether people were losing or gaining weight.

People who used the service made varied comments regarding the food provided in Northwood. One person told us, "The food is marvellous". Another person commented, "The food is good." A third person told us, "The food is adequate but not very tasty." One of the visitors told us, "The food is excellent quality; I would eat here myself."

Our observations during the lunchtime periods on both days of the inspection showed that people who required individual assistance from staff to eat their meal were supported in a small dining room where they could have dignity and privacy. People who needed less support ate in the main dining room at a slightly later time; this meant staff were able to meet the individual needs of all people who used the service. We observed staff supported people to eat in an unhurried manner and provided people with encouragement to eat as much as possible.

We noted the tables in both dining rooms were set with tablemats and condiments. We saw that the crockery provided had been specially selected to support people to maintain their independence as much as possible when eating.

We saw that there was always a nurse on duty in the home. This meant they were able to respond promptly to the health needs of people who used the service. We were told that there was good communication between the nurses in the service, district nurses, local GPs and other health professionals to ensure people's health needs were met. We saw that an optician had recently visited the service to assess people's needs for visual aids.

The layout of the building ensured that, wherever possible, people were enabled to walk around independently and safely. A passenger lift was available to enable people to access the first floor bedrooms. There were sufficient numbers of accessible bathrooms and toilets. We saw that adequate equipment was available to promote people's safety and comfort. One person who used the service told us, "I like it because I can move about independently."

Good

# Is the service caring?

## Our findings

We received positive comments about the kindness and attitude of the staff from four of the people we spoke with. Comments these people made to us included, "The staff are very good", "I'm happy here. The staff are very kind" and "Staff are perfect. We have a laugh. If I can't be at home I'm happy here." Two people were less certain that staff were always caring and two people did not make any comments about the staff. The visitors we spoke with told us, "Staff are very nice to [name of relative]. They are very caring and speak to him with respect."

During our inspection we observed that when staff spoke with people, their conversations were warm and friendly. On the first day of the inspection we noted that staff did not always take the opportunity to acknowledge people when they walked through the main lounge. However, on the second day of the inspection we saw staff spending time in all the lounges and all interactions were positive, caring and respectful. We also saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected.

Our discussions with staff showed they had good knowledge of the needs of people who used the service. Staff were also able to demonstrate their understanding of the importance of person-centred care. One staff member told us, "It's all about the individual and what is right for them. It's what someone likes and wants." All the staff we spoke with told us they considered they provided high quality care in Northwood and would be happy to have a member of their families cared for in the home.

Staff told us they would always support people to be as independent as possible. This was confirmed by one person we spoke with who commented, "I made my own bed this morning. I like doing things for myself."

We noted there were several visitors to Northwood throughout both days of the inspection. We noted staff made visitors welcome and supported them to spend time privately with their family member if they so wished.

We asked the registered manager how they ensured people were involved in reviewing the care they received in Northwood. They told us that they regularly spoke with people to check that they had no concerns about their care but that these conversations were not documented. All the people we spoke with confirmed they received the care they needed. The registered manager told us they intended to introduce a 'resident of the week' system. They told us this would involve pampering sessions for the person concerned and an invitation to attend a meeting to discuss their care needs and the support they received. We were told that relatives would also be invited to attend this meeting at the person's request. This system should help people to express their views and be actively involved in making decisions about their care, treatment and support

We saw that care records included information about the care people wanted to receive at the end of their life. We were aware that the service had previously been awarded the Gold Standards Framework which recognises best practice in end of life care. The registered manager told us they had deferred applying for re-

accreditation due to the amount of work involved. However they told us that staff continued to work within the principles of this approach. On the second day of the inspection we noted that staff took time to ensure a person who was at the end of their life received the care and support they wanted, including ensuring family members and a religious minister were invited to visit and remain with the person for as long as they wished.

We noted that electronic care records were held securely and required a password to access people's personal information. This should help protect people's right to confidentiality.

Good

# Is the service responsive?

## Our findings

We asked the registered manager to tell us how they ensured people received care and treatment that met their individual needs. Were told that people had a detailed assessment of the support they required before they were admitted to the home. This was to help the service decide if the placement would be suitable and also to ensure the person's individual needs could be met by the staff. Care records we reviewed confirmed this assessment had taken place.

Care plans we reviewed addressed all areas of people's lives including physical health, nutrition, medication, communication and family involvement. They contained sufficient information to guide staff on the care people needed. We saw that care plans had been regularly reviewed and updated to ensure they were an accurate reflection of people's needs.

The registered manager told us that, in the event of a person requiring admission to hospital or another service, the new electronic care record system enabled staff to use one button on the system to immediately print off all relevant records including those relating to the medicines a person was prescribed, their personal care needs and personal information. This transfer of information should help to ensure continuity of care.

We noted that a timetable of activities was on display on the notice board in one of the communal areas of the home; activities timetabled for the first day of our inspection were dominoes, easy listening and TV, all of which we saw taking place. We also reviewed the log of activities maintained by the service and noted these included chair based exercises, poetry reading, memory games, reminiscence and film days. We saw that outside entertainers had also visited the home and a recent trip had been arranged to the 'Player of the Year' award ceremony at the local professional football team.

All the people we spoke with told us they were happy with the activities provided in the service. Comments people made included, "I play dominoes with the girls from the college. It's nice to keep your mind occupied" and "The activities we have are just the job. It's the way I like it."

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints; this was also included in the service user guide which was given to people on admission to the service. We looked at the complaints log which showed that only one minor complaint had been received since our last inspection. We saw that action had been taken to address the concerns raised by a relative. They had indicated they were happy with the way the registered manager had addressed the matter.

We asked people who used the service whether they would feel confident in raising any concerns they might have. Comments people made to us included, "I would speak with [care manager]. She would always sort things out for me" and "I would speak with [care manager] if I had any complaints. She would definitely listen to me."

We saw there were regular meetings in the home between staff, people who used the service and their relatives. These were used as a forum to allow people the opportunity to provide feedback on the service. We saw that people had also been asked for suggestions about future activities and any changes they would like to see on the menu. We were also told that people and their visitors were free to speak with the registered manager and staff at any time. The visitors we spoke with confirmed that this information was correct.

Good

# Is the service well-led?

## Our findings

The service was well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role.

Staff told us they enjoyed working in the service and received good support from all the managers and senior staff in the home.

Systems were in place to assess and monitor the quality of the service provided to help ensure people received safe and effective care.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider did not have sufficiently robust systems in place to ensure the proper and safe management of medicines. |