

HC-One Limited

# Northview Lodge Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Northview Lodge Nursing Home is a two storey purpose built nursing home in Sunderland caring for younger adults with dementia type illnesses, younger adults with acquired brain injury and people with enduring mental health needs in two self-contained units called Rose and Oak. On the day of our inspection there were 42 people using the service.

The inspection took place on 6 March 2018 and was unannounced. This meant staff did not know we were visiting.

We last inspected Northview Lodge Nursing Home on 19 January 2016 and rated the service as Good. At this inspection we found the service had improved to Outstanding.

The service had a registered manager who was on duty during the course of our visit. 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 2008 and associated Regulations about how the service is run. The registered manager had recently achieved a quality director post for the provider and would be leaving their role at Northview Lodge Nursing Home. However a new manager had been appointed and was working a transitional handover and would be registering with the Care Quality Commission in the near future.

People received outstanding care. People who used the service and relatives described staff as very caring, kind and compassionate who wanted the very best for the people they supported.

People were involved in their care and support and staff respected their privacy and dignity. The staff team also worked to ensure people's important relationships were maintained and families were supported and welcomed at the service even when their family members were no longer there.

Independence was promoted by staff, who clearly understood the principles of promoting people as valued community members. Staff had an excellent understanding of people's diverse needs, preferences, routines and personal histories.

People had exceptional access to advocacy support and independent advocacy services told us they were welcomed by the home.

People were fully involved in their care and support and lead active and fulfilling lives. The service was highly responsive and supported people to achieve their hopes, dreams and aspirations.

People were supported to be active citizens of their community. With the right approach and support, some people had developed their confidence and skills that enabled them to gain qualifications.

People had been supported to experience holidays and staff had been creative and used innovative approaches in supporting people to pursue their interests, hobbies and personal goals. This had led to people's improving their relationships with family and friends.

People's care plans focussed on their individual needs, creating a person centred approach in the delivery of care and support.

People told us they knew how to make a complaint. They felt enabled to raise any concern and feel confident it would be addressed.

The registered manager was experienced, dedicated and passionate about providing everyone both people and staff, with the right support that enabled them to grow and develop.

The service had recently achieved an award for the use of innovative technology and several individual staff had been awarded external regional and national prizes in their field.

The registered manager had developed an open and inclusive service, they had a clear vision and set of values based on social inclusion that the staff fully understood and adhered to. Staff felt listened to, supported and involved in the development of the service. People who used the service and relatives received opportunities to share their views, experience of the service and were involved in developing the service further.

Governance was well embedded in the service. Processes were in place that continuously assessed and monitored the quality of the service and that included audits carried out by people using the service.

People remained safe because staff had received appropriate training and the provider had systems and processes in place to support people from avoidable harm.

People received support from a team of staff that provided consistency and continuity. Safe staff recruitment checks were carried out before staff commenced employment.

People received appropriate support with the administration, storage and management of their prescribed medicines. People and staff were aware of the importance of infection control measures and had received appropriate training.

People were supported by staff that had received an appropriate induction and ongoing support and training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Staff were aware of people's nutritional needs and promoted healthy eating. Systems were in place to share information with external services and professionals when required. People received appropriate support to maintain their health and achieve good health outcomes.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Outstanding ☆

The service improved to Outstanding.

Staff provided exceptionally caring and compassionate care.

People's wishes and rights were upheld and promoted by the use of independent advocates and people being involved in every aspect of the service from undertaking training qualifications with the use of technology to having their final wishes carried out.

Staff worked to ensure privacy and dignity was paramount and the service worked with people to become dignity champions to promote everyone's right to respect each other.

### Is the service responsive?

Outstanding ☆

The service improved to Outstanding.

People had total choice and control of the support they received; they led active and fulfilling lives.

Personalised activity programmes were in place which addressed the mental and physical well-being needs of people.

Care plans were highly personalised and focussed on positive language and outcomes for people.

### Is the service well-led?

Outstanding ☆

The service improved to Outstanding.

People and staff spoke of the registered manager being a passionate, person centred individual who had driven

improvement and was focussed on achieving the best outcomes for everyone at the service.

Staff told us they were supported to develop themselves. We heard testimonies from staff who had gained qualifications that they did not believe they could achieve.

People were involved in all aspects of the service including undertaking quality audits and training along with the staff team.

The service worked with multi-agency partners to promote innovation through information technology as well as promoting well-being for everyone using the service.

# Northview Lodge Nursing Home

## **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.

The inspection took place on 8 and 16 November 2018 and was unannounced. The inspection team was made up of one adult social care inspector, one specialist professional nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this kind of service.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked around the home, in people's rooms with their permission and in communal areas. We spoke with the registered manager, two unit managers, two nurses, four support staff, eight people, one relative and two visiting professionals. Following the inspection visit, we also spoke with two community nurses, a

social worker and two independent advocates via telephone interview.

We looked at care documentation for six people, personnel files for four members of staff and records relating to the management of the service, such as quality audits, meeting records, policies and procedures.

# Is the service safe?

## Our findings

People's comments included, "Staff look after me well, it's a safe environment with nice people", "I definitely feel safe, I have been in a number of homes and in here I get better care" and "I am absolutely safe, the staff are very considerate."

One relative we spoke with said, "My [family member] feels safe and I don't have to worry about anything." The family member went on to describe that when they had been present and the alarm has been activated the staff were straight there to deal with the situation.

People's safety was consistently managed. Staff had a strong and focused understanding on how to identify and report any concerns to managers. Staff confidently knew the signs of possible neglect, abuse and discrimination. They took all precautions in their daily work to ensure people were not subjected to avoidable harm. We observed staff intuitively stepped in to support people who were becoming anxious during our inspection visit.

Staff we spoke with understood people's individual risk factors when working together to ensure strong safeguarding practice. Staff had a highly enabling approach to supporting people's safe care, recognising and respecting their rights to take risks in their lifestyle choices whilst minimising restrictions to maximise people's autonomy. For example people had highly positive, trusting relationships with staff to help them feel safe. One person told us, "If I am poorly they take me out to improve my mood."

Individual risk assessments were known and proactively planned alongside the people they were about. This meant people had responsibility for their own safety with the support from staff tailored to their individual needs and wishes. One staff member told us, "We have to support people to take risks with our support."

Where people needed specialist equipment there were good systems in place to assess this according to individual needs and to empower staff to feel confident to use it through training and direction. Detailed moving and handling information was in people's care records for staff to refer to.

Where people had been assessed as requiring support to manage any behaviours this had been planned for. Staff had information which was clear and detailed of how to support people safely. Staff told us of what training they had received to effectively and competently manage any behaviour. Staff had a person centred approach, they were clearly aware of factors that may affect a person's mood and behaviours such as the environment. One staff member told us, "You need to think on your feet. Some staff have different rapports with people and we are good at dealing with de-escalation."

Recruitment procedures were robust and ensured new staff were thoroughly vetted before working with people. People had been asked to be involved in the staff recruitment process.

People and staff we spoke with told us there were good staffing levels. When people had asked for help they



told us that staff responded in a timely manner. The majority of people felt that staff attended straight away. People told us, "Staff come straight away, if I press my buzzer they are here in a flash," and "The staff are champion, they know if I press my buzzer they know I am not well." A visiting professional told us, "There are always staff around and I have heard them explain to people if they can't meet their needs straight away if they are busy with something else."

Accidents and incidents were recorded and monitored, with clear oversight from the registered manager of how these impacted upon people's individual care. There was a process of lessons learnt with every safeguarding event being reviewed and shared for discussion in staff meetings.

Systems for the safe ordering, supply and storage of medicines were in place and monitored by the registered manager and the provider.

Medicines were stored securely with room and fridge temperature monitoring carried out daily and all within safe ranges. Medication was contained in boxes and bottles. Staff told us that they preferred boxes and bottles, as opposed to a monitored dosage system such as blister packs. One nurse told us, "You have to read the instruction label, rather than just popping the tablets from the medication rack. You may become complacent in that scenario."

We saw there were weekly medicine counts and daily checks of medicines administration records [MARs]. There were robust systems in place for the management of controlled drugs, with a daily check of stock and detailed recording.

There were protocols in place for medicine to be given to people as and when they needed them, such as for pain relief. Where possible people were supported to manage their own medicines with locked storage facilities in their rooms and appropriate assessments in place. One person said, "I take a lot of medication and I get them when I am supposed to." One person told us that on occasions when they had been late back to the home the staff ensured that they were given their medicines straight away.

We found one minor discrepancy that was addressed immediately by the registered manager.

All areas of the home were very clean and staff had high regard for procedures to minimise the spread of infection. Staff we spoke with told us they attended regular training sessions. Infection control, including hand hygiene audits were carried out with consistency to ensure staff practice prevented the spread of infection. We spoke with one member of the team responsible for cleaning and they told us they understood the importance of maintaining a clean, safe environment. We also saw people were encouraged to reduce the risk of infection by attending the service's training. Several people had animals and they were supported by having access to gloves and cleaning products to minimise any risk of cross contamination.

There were regular recorded maintenance checks on equipment in relation to health and safety such as fire fighting equipment, gas, electrical and water safety. People and the staff team had training in fire evacuations.

## Is the service effective?

### Our findings

People who used the service and relatives were confident staff were appropriately skilled, competent and knowledgeable about their needs. People told us, "Staff have the right skills, they know the different issues with residents", "They definitely have the right skills for the way they care for people and how they calm people down", and, "Although I am not an expert they seem to know what they are doing, they are good at their jobs."

Staff mandatory training was up to date and where refresher training was due, it was booked. Mandatory training is training that the provider deems necessary to support people safely.

We spoke with a nurse who told us they had worked at the home almost nine years. They said, "We have worked to change the focus of our paperwork from older people's care. On this unit we mainly have people with behavioural challenges. I talk with staff about conditions such as schizophrenia and we have highlighted we would like more training around mental health. I talk with staff through scenarios, triggers and diffusing situations."

Staff told us that they felt well supported and that they had received comprehensive supervision and regular appraisal. We spoke with a support worker who had been at the service for 18 months. They told us they had been assigned a mentor to support them in their new role. They said, "I can go to them with any questions and we meet together and talk about how I am progressing. I love learning new things."

People told us they were supported to manage any health needs and this included accessing primary and specialist health care services. Care records confirmed healthcare professionals were involved in people's care. People we spoke with made reference to when either health professionals had been called or appointments made, with a number specifically referring to doctors, consultants, dentists, opticians, chiropodists, community psychiatric nurses, dieticians and social workers. Two people told us, "I have seen a doctor, chiropodist, optician, and my social worker" and, "If I need a doctor they get one straight away or I go to the doctors on my own if I am stable."

There was clear evidence of collaborative working and communication in staff teams and with other professionals. For example, a community nurse told us, "The staff here follow our plans and work with us to support people."

The Mental Capacity Act 2005 (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 so that they can 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.

Staff had a good understanding of the legislation around the Mental Capacity Act and DoLS. Details of people's mental capacity and best interest decisions were well recorded in their individual plans. Where people needed advocates to support their decision making, these were available. Information was made accessible to all people about advocacy services available and the registered manager ensured advocates were fully involved. For example, one advocate we spoke with said, "The manager was very approachable and made time to discuss any queries for people I was supporting."

People told us that staff always sought consent from them. Comments included, "They seek my permission for personal care", and "They obtain consent and always tell you what they are about to do and put you at ease."

Everyone we spoke with was positive about the food at the service. Comments included, "The meals that are cooked are amazing", "The food is scrumptious and I look forward to meal times", and "The food is spot on."

One person told us of how their special dietary requirements were met, informing us that they were diabetic and saying, "Staff know what I can eat." Another person told us that they were trying to lose weight and staff were encouraging them to eat more healthily. People told us that alternatives were always available. One person told us, "They come in every day explaining choices of meals and there is a weekly menu displayed in the corridor". Another person told us, "If I come in late they will make me a sandwich or I am supported to go to the local take away which I love."

We met with the chef and kitchen team who were very knowledgeable about people's specific dietary needs and we saw they enjoyed a good rapport with people at the service. They also told us they were provided with equipment and training to ensure people's nutritional requirements were met.

Premises were adapted to ensure people could access all areas and their independence was encouraged. For example, some people shopped for and prepared their own food, and kitchen areas had additional appliances such as washing machines and tumble dryers to promote people's independence where they were able to. Different areas enabled people to live their lives as they chose to; such as private space for visits with family members. The outdoor area had accessible facilities, such as the designated smoking area and garden.

We spoke with the maintenance person who showed us a room being redecorated. They explained that when a room was vacated it was re-painted to a neutral colour and this allowed for a new occupant to change the decoration to their preference if they so wished. One person told us, "I am happy with my room I have decorated it with my own pictures and drawings." The maintenance person also told us people living at the home had been invited to go shopping and chose the various accessories to enhance the overall appearance of the bathrooms when they were re-decorated recently.

## Is the service caring?

### Our findings

People's comments included, "The staff are very caring, considerate and kind", "I am definitely happy with my care, I feel they care and love me." "Staff are kind by the way they speak to me and always ask what I want," and "I am very happy with my care, the staff are lovely, I love them all." "Staff are kind and if there is something I do wrong they don't shout at me" and "They treat everybody equally and they are considerate and kind."

We spoke with one professional who told us, "The staff are extremely approachable and are very supportive of everyone at the home." Another professional said, "The staff are always really helpful and willing to listen."

There was a clear and visible person-centred culture in Northview Lodge Nursing Home. Staff were very motivated, caring for people and each other in highly supportive ways. We witnessed staff skilfully anticipate people's needs and were highly sensitive to a person becoming anxious and dealt with this in a calm and quiet manner. One person we spoke with told us, "Staff take time to explain why some actions are not acceptable and it's discreet." Another person also told us, "The staff put up with an awful lot of really bad behaviour and abusive language, and they are still so kind and positive."

People were supported to maintain relationships with friends and family. One person on the brain injury unit who was in a minimally conscious state had been supported by the service following medical consultation and positive risk assessment to be accompanied home to spend time with their close family.

The service was exceptionally proactive in ensuring people had access to independent advocacy services. People we spoke with told us that they were regularly offered independent advocacy support. One Independent Mental Capacity Advocate [IMCA] told us, "The home is very person centred in their approach to working with people with very significant health issues. Both units support people as individuals and motivate them to retain their individuality. The staff team are very welcoming, candid and open with me which to me shows their care is positive and person centred."

Another independent advocate told us about the compassionate nature of the service, "A person I supported passed away; everyone here understood them so well and supported their family. They invited the person's parent for Christmas day and to have dinner with everyone so they weren't on their own. The staff cared about the person's extended family and understood the impact on them on caring for their family member."

We were given an example of how the service supported people's wishes on the day of our visit by a visiting humanist minister. Another person had recently passed away at the service and had no family to speak of. The service had sourced a humanist minister as per the person's wishes and invited them to the home to speak with people and staff about the person who had passed away. The service had also made the funeral arrangements and were supporting people and staff to attend the funeral in the town stipulated by the person in their wishes as they had no other family to organise this. The minister told us, "I was extremely

impressed with not only the welcome I received, but also the rapport between residents and staff. It was clear to me, that a mutual respect exists between them, and the residents are in very good spirits. We chatted freely and openly. There was a warmth about everyone which made things very comfortable." One of the staff members told us how the whole staff team stood outside the home to show their respect as this person was taken on their final journey.

Another person gave us an example of the compassion shown by one of the unit managers. They told us of an unfortunate incident when their pet cat had been run over and killed. They described that the unit manager had been notified of this, and even though they were not on duty, and at home at the time, they had come in to break the sad news to them personally. They said, "It made things so much better as [unit manager] knows me so well."

Staff consistently emphasised Northview Lodge Nursing Home was people's home and there was very much a family feel to the nature of care. The two floors of the home, Oak and Rose, were very welcoming in their own right, whilst contributing to the whole home atmosphere and shared culture in a very cohesive way. For example, one member of staff told us, "We are like a family here and our aim is for everyone to feel cared for and to live their life to the full."

All staff we observed were friendly, welcoming and happy to be working at the service. One team leader was approaching their 10th year of working at the home. They said, "I feel I can help the people and staff improve their lives and capabilities. We give people and staff great opportunities to learn and develop and that's why I still love coming to work every day". Another member of staff said they had been at the home nine years, "It's a great satisfaction when you go home and know every one of the team has supported people in the right way to be happy and live a life like anyone else in the community." All staff without exception told us the care provided would be good enough for them or a member of their family.

We heard staff continuously used positive language with every person, both verbally and in their mannerisms throughout the inspection. Staff smiled and acknowledged each person they came into contact with, and there was a tangible infectious cheerfulness throughout the service. During a music therapy session, staff fully participated in singing and playing instruments and were encouraging everyone's participation no matter how small. Words like 'fabulous' 'brilliant' and 'well-done' were used in everyday language between staff and people. This created a positive atmosphere in the home where people were encouraged to enjoy learning and participation.

There were staff dignity champions and the whole staff team had a clear emphasis on promoting people's dignity at all times. The service had also encouraged and supported people to become dignity champions themselves and we saw two people attended meetings with the staff team and talked about how everyone could improve dignity for people. Both attendees had said their dignity was respected and stated they would get other people's views for the next champions meeting. People's participation and involvement in the service was constructive and empowering. Their inclusion provided opportunities for people to speak out on behalf of people who used the service.

People said, "They respect my privacy and always knock on the door," "They speak to me as if I am human and they treat us as if we were in the community." Other people said, "They respect my privacy and dignity and always knock on my door and get my permission before entering" and "When I receive personal care they are dignified with me." A person went on to describe how staff always respected their dignity when they were bathing and waited outside until they told them they were ready to be helped.

Our observations showed that staff treated everyone with the utmost dignity and respect. We saw that staff

were extremely passionate about their role in ensuring that people's care needs were met to a high standard. The interaction between staff and people demonstrated a genuine mutual respect and there was evidence of good humour, appropriate touch and an understanding of specific communication needs. For example, staff demonstrated complete patience, spoke with people at face level and gave them time and the tools where needed to respond. People also told us they nominated staff regularly for a "Kindness in care" award, run by the provider for when a staff member had shown them additional care or support. They showed us the photos of staff who had recently been nominated, one person saying, "I am such a fussy eater and [Name] the chef makes me something special that they know I like."

People's rooms were highly personalised according to their tastes and interests, such as their favourite colours or hobby memorabilia. Two people were passionate about animals and looked after a variety of animals in their rooms including cats, bearded dragons, geckos and snakes. The service had involved the RSPCA to come and visit and ensure that people were supported to care for their animals in the appropriate manner.

## Is the service responsive?

### Our findings

People who used the service and relatives spoke exceptionally highly of the service, in particular how people were supported to live the lifestyle they chose, which was based on their individual and unique needs and preferences. Highly motivated and experienced staff ensured activities were individually meaningful and adapted to suit people's changing needs. One new staff member told us, "When I started what really impressed me about the team was that everybody knew people's history and triggers and how to manage these usually before an incident occurred."

One person said, "I don't know where I would have been if I hadn't got here, I am sitting pretty now". Another person told us, "They all know we all love living here; I am really happy here." A third person told us, "I'm not drinking anymore, my health has improved and I'm eating better and that's helped my relationships with my family."

People told us about the holidays and experiences they had been supported to do, this included holidays abroad. Several people were supported to go abroad recently in a group and one other person was supported to go to the Lourdes pilgrimage site which was their wish. One person told us, "I went on holiday to Benidorm with staff from the home, I'd never been abroad before, it was amazing." The activity co-ordinator told us there were plans for people to go to the Lake District, Blackpool and Wales for 2018. We saw that people's views and suggestions on activities, outings and holidays were considered at the residents meetings and there had been times when things had been suggested by people that the home had not thought about.

The service had worked with everyone to write a 'bucket list' of places or things they wanted to experience. One staff member told us for one person receiving palliative care how they had gone to Blackpool to have a photo taken with the Beatles [in the wax work museum] and to visit Harry Ramsdens which were two of their items on their list.

Where people needed end of life care, discussions were held sensitively with people to find out what their wishes were. One person had recently been diagnosed with a terminal condition and the service had involved the community palliative care team. The person had stated they did not wish to have further investigations into their condition and we saw this wish was clearly documented and recorded in their care plan. The registered manager told us there were counsellors within the organisation to offer emotional support for people, families and staff around end of life issues.

The registered manager said the service had a commitment to treating all people equally and without prejudice and discrimination. Meeting people's spiritual, religious and cultural needs was a key focus of the staff. The staff supported people with whatever spirituality meant to the individual.

Religious groups within the community regularly supported and also responded to people's specific requests. For example, one person was supported to visit Lourdes [a holy pilgrimage site] each year by staff from the service. The service also supported people to express their sexuality in a way that promoted their



wishes and dignity. One person living as transgender told us that the staff team were thoughtful and respectful towards them and they felt very comfortable living at the service.

The service had innovative ways of involving people. People led the resident and relative meetings and were supported to write the minutes by the registered manager. People also completed audits for the service and we saw that people were involved in various 'champion' meetings at the home such as dignity, nutrition, infection control and kindness in care. We saw the champions roles and been explained to people and one person told us, "I enjoy talking to other people who live here with me and finding out their views about things. It makes us appreciate each other more." This meant people were highly active in influencing the service.

We saw that people were fully involved in the planning and delivery of their care and support. People said, "I am involved in my care, it is always one to one and it's not spread around the unit," and "They involve me in my care, they say what they are planning to do and we plan it together." In response to the question on involvement in care, a person directed our attention to their care and support plan displayed in their room as they wanted it on show as well as the activities planner, pointing out the things they enjoyed.

Relatives we spoke with said, "I am involved in [my family member] care and they phone me if they are poorly," and "The staff know my [family member] so well - they can second guess their needs." One relative said, "I treat this like my second home, before [Name] came here they were extremely aggressive, attacking me on a daily basis as well as self –injurious behaviour. Now they are the most gentle person you could meet, at that is down to the staff in the home. We have become even closer, and they are so happy here."

Information was highly accessible to people in a wide range of ways including the use of innovative technology. The service had recently been given a special outstanding recognition award by the Sunderland Clinical Commissioning Group and Academic Health Science Network for 'Sustaining the Innovation' use of a digital tablet. People demonstrated how their communication needs were met using a range of assistive technology. For example, one person showed us on the digital tablet about the sport session the service ran at a local gym and how the session worked. People had also undertaken qualifications in infection control and food safety via e-learning whilst supported by staff. One person said, "I have enjoyed doing it, and the staff have been there is I need to ask anything." At the conclusion of the inspection visit we were ready to depart when we observed a person requesting a song through the Amazon Echo technology. The registered manager lead an impromptu dance and sing along with this person and other people along with a number of the care staff joined in and everyone had a great time.

Activities were very purposeful and meaningful to each individual. The registered manager promoted a strong multi-disciplinary approach to all activities and sessions provided by the home. We observed and joined in a run by a Nordoff Robins music therapy specialist which took place each week. The therapist supported people to be involved whatever their level of musical ability and the encouragement and support by the staff team and the therapist was heart-warming. One person who earlier in the day had been quite distressed, led a song of their choice and their peers and staff gave them huge applause and the person's delighted expression was a long way from their earlier anxiety.

The service had embedded a multi-faceted approach to responding to people's needs. Additional therapy sessions were run regularly at the service promoting people's physical and mental health. A personal trainer and nutritionist visited weekly and ran a sports club along with one of the support staff. The support staff member told us, "We all join in, staff and people and everyone enjoys it. Everyone sleeps well when they get home!" An art therapist also visited regularly and a trained counsellor visited the service weekly for one to one therapy sessions. The registered manager told us that many people had experienced very difficult



situations in their lives, and the counselling had really helped some people cope with a very traumatic past. One of the nursing team told us, "The psychotherapist had had a huge impact for one of our clients to increase their self-confidence which in turn has avoided them displaying self-harm."

The service promoted lifelong learning for everyone and developed links with the local Recovery College. The college is a place where people are able to make connections and develop their knowledge and skills in relation to mental health recovery. Everyone at the service undertook the in house fire training and infection control so they were equipped with how to live safely at the service. One person told us that in addition to enjoying taking part in activities, social events and outings they had been encouraged, and was completing on line qualifications in food hygiene and health & safety.

Where people were able to work towards goals of independent living, the service had ensured normal domestic kitchens were in place so people could practice cooking and laundry with staff support. "They promote independence, they give me the choice to do what I want and it's not forced on me."

Staff also ran a weekly film and pub night and a monthly theme night where people and staff enjoyed food and dress from various countries around the world "I go to a fitness class on a Monday and have a brilliant time," "The zoo worker brings animals in and I love it." Other people told us about the activities in the community. "I am out quite a lot and in the summer I go everywhere," "The outings are champion," "There is a full programme for the Empire Theatre," and "The activities are great and on outings we go all over the place." Two community professionals said, "The activities are really good," and "They do a lot of activities and my client get outs a lot which is excellent."

People's care records were detailed and contained a wealth of information about people's complex health, emotional, care and support needs, with all information up to date and accessible to staff. Staff had access to clear information and assessment tools to help them understand a person's needs. A community psychiatric nurse we spoke with said, "The care plans are very detailed and person centred. I would recommend them, the two people I support have come on leaps and bounds here, they are so proactive." Another community professional said, "They have very clear of boundaries for my client and they manage them very well and have a consistent approach." One of the floor managers told us, "We are trying to improve the care plans further by changing their titles. We need to be aware we aren't being detrimental to the person and we are promoting the use of positive language." This showed the service was still aware of where it could improve and was working towards this.

A complaints policy and procedure was in place, this information was in the service user guide which people had a copy of. This was presented in an easy read format to support people with communication needs and discussed in resident meetings. People told us they felt confident to raise any issues or concerns. Comments included, "The complaints procedure is out front and I would be comfortable in making a complaint," and "If I had a complaint I would see the manager and they would respond to it in the right way" Other people said, "The manager would take it seriously and would know I am telling the truth," and "I have no fears or am frightened to make a complaint, they would take the complaint seriously and sort it if they could." One person told us they had made a complaint and told us it was resolved to their satisfaction. They told us that they had seen a complaints procedure, and was a bit fearful at first in making the complaint but it had been acted upon and they were happy with the outcome.

Relatives we spoke with also said they could speak with the management team at any time. One relation said, "Informally I can raise minor issues when I visit."

## Is the service well-led?

### Our findings

There was a registered manager in post who had worked at the service for a number of years. We found the registered manager had a calm and confident manner, was extremely well informed about each person in the home and was clearly passionate that they receive the highest standards of care and support possible. Staff felt able to approach the registered manager if they had concerns knowing that they would deal with their issues thoroughly. The registered manager's door was open and they were highly visible in the service.

We saw staff had clear direction and ownership of their work, with full understanding of their own roles and responsibilities and their part in providing care and support for people. Staff confidently described how the registered manager and the two floor managers led the service with compassion and knew every individual well and was fully involved in their care.

People, relatives and staff consistently offered exceptionally positive feedback about the excellent quality of support and care at Northview Lodge Nursing Home. People we spoke with said, "This place is lovely, you could have material things but it's the care of the residents that makes it,"

"There is harmony between the staff, manager and residents," and "[Name] is the best manager the home has ever had."

Relatives' comments included, "Staff have been here a long time and I definitely get a warm welcome," "The staff are so friendly and approachable," and "My relation had been in numerous homes in the past, but none were as good as this one, the staff are brilliant."

Professionals we spoke with said, "The manager is very approachable and makes time to talk about people I am supporting," and "The management come and see us when we visit and are willing to offer any care and support, they are very proactive."

Staff enthusiastically went out of their way to seek out the inspectors and share their views about how the service was run. Staff unanimously told us they were extremely proud to work at Northview Lodge Nursing Home and they were highly committed to and passionate about the care they provided for people. Staff comments included: "We have a strong cohesive team who recognises everyone as individuals who require support and endeavour to improve their quality of life and promote their independence." And, "Working at Northview Lodge is an amazing opportunity, the atmosphere is always warm and welcoming."

We saw how teamwork and communication was vital and staff at all levels consistently demonstrated their care and support for each other. One person told us, "If somebody needs something, staff ask each other for clarification," and a staff member said, "Sometimes as a staff team, we may not agree on an issue, but we talk with the floor manager. She gets us to look at the situation and the bigger picture. It means everyone is listened to and we always agree a way forward."

People's views were proactively sought and acted upon. The registered manager told how people were involved in every aspect of the service from carrying out quality audits, to planning meals and activities to

helping recruit staff and undertaking training alongside the staff team. People we spoke with said, "I attend resident meetings and they ask for your views and suggestions; they take every one of them seriously," "I have filled in questionnaires and attended meetings; they keep you in the loop and seem to listen to the views expressed." And finally, "Staff encourage you to say what you want to say."

Staff meetings continuously reinforced positive messages such as listening to everyone and ideas about improvement. Staff were recognised for carrying out 'kindness in care' awards nominated by people using the service when staff went above and beyond in providing them with exceptional care and support. People made sure we saw the pictures of the winners displayed on a noticeboard in the main reception area to highlight their achievements. People we spoke with said of the staff team, "Staff are committed, they are not here for the money," and, "They work as a team 100%."

The registered manager and both floor managers were passionate in their approach to nurturing staff, fully recognising their worth. One staff member told us, "Everyone has the chance to work up and better themselves." The registered manager told us, "We have nurtured people from within and it's worked really well. Our team is committed to the people here at Northview and we are committed to the staff." The registered manager told us they actively promoted staff achievements. For example, one of the nurses was a regional finalist for nurse of the year in the National Care Home Awards in 2016 and the activity co-ordinator also achieved recognition in the same awards. The previous year following our last inspection visit, one of the floor manager's was a finalist in the Nursing Standard nurse of the year awards. We spoke with a staff member who started in 2016 as an apprentice and had just achieved a regional apprentice of the year award in recognition of their achievements. They told us, "I was unemployed and stuck, now I have started to gain qualifications and am looking forward to taking my NVQ3 and maybe my nurse training in the future. My mentor here has helped my ascent and I have now been taken on with a full-time job. I love it here and can't believe how much I've learnt and how far I have come."

All staff we met were knowledgeable, clinically knowledgeable and keen to learn more. It was clear staff felt well supported and empowered by the registered manager, floor leaders and the provider to increase their knowledge to provide better informed care for people who use the service. A staff member who had worked at the service for nine years told us they were working with one person recently diagnosed with Parkinson's and a training provider in Durham to deliver training on Parkinson's. They said, "I am really interested in the condition and sharing with everyone how it manifests itself." The service had worked with Teesside University to support care staff to undertake additional training to become nursing assistants with roles in ordering of medicines and taking blood samples amongst other things. One of the nursing assistants told us, "It means we can take blood here if needed so people don't have to go to the doctors and they trust us so much more than the doctors so it's easier for them." One member of staff said, "As a young adult, [Name] the floor manager has helped me gain confidence, believe that I can do things and help me mature in my ways. They have shown me that I am capable of developing my career path." Another staff member told us, "I didn't bother at school and I was frightened of learning and exams but I have now completed my NVQ 2 and NVQ3 here at Northview Lodge. I'd have never have believed that about myself if you had asked me at school where I'd be now."

There was excellent oversight of the quality of the service and where the inspection pointed out minor anomalies these were either already known by the registered manager, or would have been captured by the rigorous audits in place. The registered manager confidently and proudly showed off the service and was committed to enhancing people's lives in continuous and creative ways.

The registered manager had worked in partnership with external professionals such as the clinical commissioning group [CCG] to develop and improve outcomes for people who used the service by the use

of the a pilot audit around medicines waste and also in achieving a special recognition award in Sustaining the Innovation in the digital tablet project. Staff had been trained in the National Early Warning Score [NEWS] clinical response to detect potential infection and other clinical signs that a person may be unwell. The digital tablet programme would then be able to steer staff to the next monitoring step to access clinicians quickly to reduce hospital admission and to anticipate physical ill-health for quicker intervention.

The service had excellent links with the local community. People accessed a huge variety of local shops, fitness centres, the Empire theatre and other entertainment venues. Local schools had visited the home and the service had also attended a careers open day at the secondary school to promote working in care. Every person we spoke with said they were supported to access the community and no-one we spoke with felt they weren't supported to lead an active community life if they wished to.

The registered manager told us they had extensive support from the provider, through calls to senior managers and regular visits from the operations manager. However they also said that they were given autonomy to run Northview Lodge in a way that reflected the different user group from the provider's usual older people's services. Full compliance audits of systems and care were carried out regularly and highlighted good practice and identified if areas needed to improve. Audits were linked to the CQC key lines of enquiry and supported managers to identify how well they met the regulations and how systems could be improved to enhance the quality of care for people living in the service.

There were clear plans for continuous improvement of the facilities. For example, the registered manager showed us areas they were planning to develop further, such as the garden where a gardening club was being established and staff were planning a sunflower growing competition. The registered manager said they also hoped to work with the local allotment society to get support for this project.