The Regard Partnership Limited

Northfield House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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 inspection took place on 19 and 22 January 2016 and was unannounced. One inspector visited the service on both days.

Northfield House provides accommodation, care and support for up to six people with learning disabilities. At the time of the inspection there were six people living at the home. There was a registered manager at the home at the time of the inspection. 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.

People told us they liked living at the home and felt safe. We spoke with three family members and they all felt confident that their relative was cared for safely. Staff spoke knowledgably on how to prevent, identify and report abuse and the provider had a system in place to protect people from the risk of harm.

People's needs were assessed including areas of risk to ensure their safety. Staff supported people in accordance with their wishes, protecting people's privacy and maintaining their dignity. People were involved in assessing and planning the care and support they received.

People said they had enough to do and didn't get bored. People told us about the things they did around their home such as cleaning, cooking and laundry. Staff ensured the environment was suitable and promoted people's independence.

There were robust recruitment systems in place and staff were well trained to make sure they understood how best to support or help people. Staff told us they were well supported and found supervision and appraisals helped them to understand their role.

People told us they felt the service was well led, with a clear management structure in place. There were systems in place to monitor and improve the quality of the service provided and staff told us they felt people received a high quality of service. One care worker said they were proud to, "See all the guys and how happy they are". Family members were all complimentary about the service their relative received. One told us, "You can't praise them enough".

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 was safe.

People were supported by staff who understood how to protect vulnerable adults and knew what action to take in the event of a concern.

Robust recruitment procedures made sure that staff employed by the service were suitable.

Staff comprehensively assessed risks and put in place measures that enabled people to be safe whilst promoting their independence and autonomy.

Is the service effective?

Good

The service was effective.

People told us that staff were skilled. Staff received a range of training that ensured they understood and felt confident about supporting people.

People were supported to make their own nutritional choices in a way that enabled them to eat and drink what they wanted and understand how to make balanced nutritional choices.

People received the right medical support and staff worked with health and social care professionals to ensure people were supported effectively.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring. They said staff listened to them and were respectful.

People were involved in all aspects of planning their care.

The home was relaxed and friendly with a homely feel to the environment.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved into the home. Care plans and risk assessments were easy to read and provided staff with the right guidance to make sure they supported people in the way they wanted or needed to be.

The complaints policy was in pictorial format to ensure people knew what to do in the event of a concern or complaint. People were asked about any worries, concerns or complaints individually at their monthly key worker meetings and also as part of the monthly house meetings.

Is the service well-led?

Good

The service was well led.

People, staff and relatives were supported to express their views and the home acted upon these to make sure the service continuously looked for improvements.

People and staff were jointly responsible for assessing the home environment for safety along with a variety of other quality assurance checks to make sure the service was safe, effective and responsive.

There was an enabling culture that ensured people were at the heart of the service and that they had involvement in shaping the service. People and staff were confident the home was well run and felt involved and listened to.

Northfield House

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 19 and 22 January 2016 and was unannounced. One inspector visited the service on both days.

During the two day inspection we met most of the people living at the home and spoke with two of them. We spoke with the manager, a senior care worker and three members of care staff. We also spoke with one social care professional and three family members to gain their view of the service.

We spent time observing how people were supported in the communal areas of the home and observed how staff interacted with people. We looked in depth at two people's care, treatment and support records and sampled specific care records for a further two people. We also looked at records relating to the management of the service including staffing rota's, staff recruitment, appraisal and training records, accident and incident records, a selection of the providers policies and procedures, menus, premises maintenance records, staff meeting minutes and medicine administration records.

Before our inspection, we reviewed the information we held about the service. We also looked at information about incidents the provider had notified us of, and requested information from the local authority.

Good

Is the service safe?

Our findings

People told us they liked living at the home and that they felt safe. Relatives felt confident that their family member was safe living at the home.

There was a whistleblowing and safeguarding policy. Staff recognised signs of abuse and knew what action to take in the event of a safeguarding concerns. Staff had developed a step-by-step guide for staff to support them to understand the action they needed to take in the event of a safeguarding incident. Whistleblowing and learning from any safeguarding incidents was discussed at staff meetings to make sure staff knowledge increased to protect people using the service.

Risks to people were assessed to make sure they were protected. For example, people had risk assessments in place for situations such as accessing the community, using the kitchen or bathroom and managing finances. There were also risk assessments in place covering areas such as infection control and safety of the building and equipment. The home had specific health and safety guidance such as how to clean shower heads or descale a kettle. This showed that staff had appropriate guidance to enable them to reduce risks to people.

Any accidents or incidents were documented by staff and investigated by the manager. There was a system in place to ensure any trends or patterns were identified to minimise the risks of reoccurrence. The provider had regular meetings that enabled managers to discuss incidents and accidents and learn lessons to reduce the risks of harm to people using their services.

Recruitment was robust and made sure people were supported by staff who were suitable to work with vulnerable adults. People were involved in recruitment. They met candidates and their views were listened to. People had also developed interview questions about things that were important to them.

The provider had arrangements in place to make sure that the staff on duty had the right mix of skills, competencies, qualifications, experience and knowledge, to meet people's individual needs. There was management cover through the use of the manager and two seniors covering a variety of hours to make sure staff could quickly access advice or guidance. There was also out of hour's management cover. Two staff were on duty during the daytime and one staff provided sleep in cover throughout the night.

Medicines were managed so that people received them safely. There were individual locked medicine cabinets kept in people's bedrooms and the medication administration records (MAR) were well maintained with no gaps. Any known allergies were highlighted and a photo of the individual concerned was kept with people's MAR charts so that staff could identify people correctly and make sure they were not given any medicine to which they could have an adverse reaction.
Some people were prescribed 'as required' medicines to manage pain. Records showed how people would present if they were experiencing pain and provided staff with guidance on what they should do.

Unused medicines were taken to the pharmacist for disposal. Staff had been trained in administering

medicines and the home had a system in place to check their competence to administer medicines periodically.

There were no cream body maps in place to help staff understand how and when to apply prescribed creams, and some medicines did not have a date of opening when this was required. The manager addressed this during the inspection and on the second day of the inspection we saw these were in place.

Good

Is the service effective?

Our findings

People told us they were supported by staff who knew what they were doing, and relatives confirmed this. One family member told us, "They know exactly what they are doing".

There was a comprehensive induction for staff that including two weeks shadowing to ensure they felt confident and competent to support people living at the home. Staff had received mandatory training such as first aid, fire safety, manual handling, The Mental Capacity Act 2005 and safeguarding. They had also received training specific to an individual such as communication, dementia, sexuality and downs syndrome. This ensured staff understood how best to help or support each individual. Staff told us, "The training is very good", "It's very up to date" and, "I have learned so much, you can't fault it".

Staff were supported by effective supervision. These included monthly meetings, observations of their work with people and annual appraisals. All the staff we spoke with told us they benefited from their supervisions. One said, "The support has been very good", and another commented, "It gives you guidelines, it's very helpful". Staff also had meetings where they learnt about new policies and procedures and talked about the people they supported to share good practice and think about different ways of working.

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.

Most of the people who lived at the home had capacity to make everyday decisions such as what they wanted to do each day, meal choices and what they wanted to wear. Staff told us about how they made sure people made their own decisions and that they acted upon them. One staff member said, "We always give them choices", and, "We always ask them". One person's needs had increased recently and the manager had a meeting plan in place to assess the impact of this on their capacity to make specific decisions. People had signed consent forms which were generally in both written and pictorial formats to show they consented to aspects of the care such as their care plan.

One person had a sensor mat in place at their bedroom door. This alerted staff when they left their bedroom so staff could make sure they were safe. The manager had recognised this as a restriction to the person's free movement around the home and had a risk assessment and care plan in place that showed the sensor mat was in the person's best interests and the least restrictive method of ensuring their safety.

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). These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. We looked at whether the service was applying the DoLS appropriately. Two people had deprivation of liberty authorisations in place. The manager had made the appropriate applications and had a system in place to alert them when they needed to review whether a further

application was required. This showed that people's rights were protected.

People were involved in choosing the weekly menu. They had a weekly meeting where they chose meals and had a range of cookery books to help them make choices. There was a resource folder that staff used to help people understand their choices in terms of their health and wellbeing. This included information on treats, five a day, and what makes a balanced diet. A relative commented that people's diets were, "Very good". There was also guidance on infection control and effective handwashing in both written and pictorial formats to make sure people understood how to keep themselves and others safe when cooking or using the kitchen. There was freely available fruit in the kitchen and all the cupboards were accessible to people, meaning they could choose snacks and drinks whenever they wanted to. People's independence was further aided by pictures on the front of kitchen cupboards to assist people to find what they wanted.

People had health action plans to make sure they received the medical support they required. Records showed people had been supported to see the healthcare practitioners they needed to. These included primary care professionals such as the GP, district nurse, optician and dentist, and more specialist healthcare professionals such as occupational therapists and a psychiatrist. We asked one person about the staff approach when they had been unwell and they told us that the staff had looked after them and made sure they weren't in pain. All the relatives we spoke with said that staff responded promptly in recognising signs that their family member might be unwell and seeking the right health support. One person had recently been unwell and their relative told us the individual was, "Improving hugely, they have been just amazing".

Good

Is the service caring?

Our findings

People told us staff were nice and caring. One person said that staff were never bossy and that they listened to the person. They also told us that staff were respectful and were careful with the individual's personal belongings. Relatives confirmed that staff had a caring approach. One family member told us, "They are so good and have so much patience", and another said, "It's like a big family, very caring". All the staff we observed were respectful, interested and involved in their conversations with people. One member of staff told us, "The best thing is seeing the guys happy and having fulfilling lives".

People's bedrooms were highly personalised to their own tastes and preferences. For example, people had chosen their own colour schemes and décor. People's likes and hobbies were reflected in the pictures and ornaments they had in their rooms. People told us staff were respectful and staff told us about the things they did, such as knocking at bedroom doors before entering, that ensured people's dignity and privacy was upheld.

Communal areas were also personalised with photos of people and activities they had enjoyed. There were lots of things people could do such as listening to music, watching television or DVDs and playing computer games.

People chose their keyworker. A keyworker is a specific care worker who works closely with the individual to make sure they are being supported in the way they want to be. People told us about their goals and dreams and said that staff made sure things happened when they wanted them to.

People were involved in the care planning process. There were pictorial records about how the care plans had been developed and these were signed by the individual. Care plans included what people wanted to be called, their likes and dislikes and led to goals that had been identified by the person of things they wanted to achieve. For example, one person who was in a relationship wanted to remember the anniversary with their partner and we could see this had been celebrated with flowers and a gift. Another person wanted to go up in a hot air balloon and they had done this. This showed that staff supported people to do the things that were really important to them.

One person used Makaton (this is a method of communication) and we saw staff using this with the person to have a good conversation. We also noted some common Makaton signs pictorially displayed in the kitchen to make sure staff understood what the person was asking for, for example what hot drink or cold drink they wanted and if they wanted sugar in their hot drink.

One person had an end of life plan. This was a sensitive record of their wishes that included where they wanted to be buried and person centred details such as what flowers and music they wanted at their funeral.

Good

Is the service responsive?

Our findings

People's needs were assessed before they came to live at Northfield House. This ensured the home were confident they were able to meet their needs. From these assessments staff developed highly personalised care plans. For example, one person had a diagnosis of dementia. Their care plan provided detailed and easy to understand information to guide staff on how the person needed to be supported to ensure they remained safe and also retained as much independence as possible. Another person had a care plan relating to their morning and evening routine. This was person centred and gave staff very detailed guidance on how the person wanted or needed to be supported to make sure they had a good start or end to their day.

Where there were changes to people's care or support, people and staff were updated. For instance, one person had a change to part of their daytime routine and staff had written a social story (these are written to support people to better understand a situation, event or activity) to help them understand what was happening. People also had monthly keyworker meetings where they could review what they had been doing and identify anything else they wanted to do or talk about anything they were worried or concerned about.

Where people required monitoring to make sure their individual needs were met, this happened. For example, one person had lost weight and their care plan provided staff with guidance on what weight they needed to be, and what action to take if they were concerned about weight loss. Monitoring records showed that the person was weighed weekly in accordance with their care plan. There were also daily records of the support people had received including handover documents. This meant staff could easily see how the individual had been, and what further support they required on a daily basis.

People had pictorial guidance to help them understand and manage their day. One person had a pictorial communication book that showed them what they had planned, and enabled them to tell people what they wanted to do, or how they were feeling. Other people had pictorial activities planners. There were also pictures of the staff on duty so that people could easily see and be reminded of who would be supporting them.

People were supported to access the community and do the things they wanted to do. We saw, and people told us that they had busy active lives. One member of staff said, "There is a really good variety of things for people to do". The home kept a scrapbook of pictures to help people remember or reflect on some of the nice things they had done. Shortly before the inspection one person had been supported to take a local balloon ride which they were really pleased about. Another person told us about the bouncy castle they had hired and how much they were looking forward to doing this again. People told us about the activities of daily living they completed which included doing their laundry, cleaning and vacuuming, cooking and doing the weekly shopping.

The home had an effective system for managing complaints. People had an opportunity to discuss any concerns or worries either individually through their monthly review meetings or as a group at house

meetings. The family members we spoke with had not had cause to raise a concern or complaint. However, they all knew how to do so and were confident that staff would listen to any concerns and take action. The manager showed us one complaint they had received since the last inspection. We could see that this had been investigated promptly and resolved. The home had a complaints policy and this was displayed in the home in pictorial format to ensure people knew what to do if they were unhappy or worried about something.

Good

Is the service well-led?

Our findings

People told us staff listened to them about things that were important. Staff told us the home was well led, one said, "It's a well-run service".

The manager and staff made sure there were enabling and innovative cultures that placed people at the centre of the home and fully involved in the oversight of the service. A good example of this was the impact for people in taking responsibility for some health and safety checks. These monthly quality assurance checks had been designed pictorially to make sure that people could assess hazards and other problems within the environment. People had risk assessments that were empowering rather than risk adverse. For instance, one person was diagnosed with dementia and their needs had increased. Staff had guidance that helped them to fully understand how these cognitive changes might impact on the person's abilities. The risk assessment supported staff to continue to promote the persons independence by caring for them in a different way.

Regular resident meetings showed people discussed meals, house maintenance, staff and activities. People and their relatives also provided feedback through questionnaires. The manager analysed the results and we could see where they had taken action to make sure people's ideas or concerns were acted upon. This enabling culture shifted power dynamics from staff to individuals and showed that the service was shaped by people who lived at the home.

Staff had a resource folder covering areas such as the new regulations and the Mental Capacity Act 2005. This ensured the manager and staff team were working to protect people's rights and make sure the care and support they offered was of a good quality.

Staff told us that the manager led the service effectively and provided the right support for staff. The manager told us, "I want the service users to have the best life possible". Staff told us the service had an open culture and that any suggestions or concerns they raised were listened to. One member of staff said, "Staff are kept very involved". Staff commented on the management leadership positively and made a range of comments including, "Amazing – very supportive manager" and, "Always got time and listens".

People's records were up to date and organised in a way that made information easy to access.

The home had quality assurance mechanisms in place. They had a quality assurance audit that checked all aspects of the home that they completed every month, and a variety of individual checks including fire safety, water safety, medicines, infection control and care plan audits. This ensured people were being cared for safely, effectively and in a responsive way.