Northwick Grange Limited

Northwick Grange

Inspection report

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Tel: 01905453916

Date of inspection visit:
10 May 2016
12 May 2016

Date of publication:
08 July 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection was unannounced and took place on 10 and 12 May 2016.

The home is registered to provide accommodation and personal care, and the treatment of disease, disorder or injury for a maximum of 30 people. There were 26 people living at the home on the days of the inspection. There was a registered manager in place. 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 were cared for by staff who had a good understanding of protecting people from the risk of abuse and harm. Staff knew their responsibility to report any concerns and were confident that action would be taken.

Relatives told us the cleanliness of the home could be improved and we made observations that supported this. We found some equipment, for example tray tables and walking frames, were dirty.

Staffing arrangements did not provide a person centred approach to meeting people's needs at all times. People and staff told us people sometimes had to wait for support. The registered manager told us that staffing levels were based on the dependency of people and occupancy levels and a new member of staff had been appointed to increase staff numbers.

Staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively and to ensure people who used the service were supported and they told us they were supported by the management through supervisions and team meetings.

The assessments of people's capacity to consent had been completed. People's rights and freedoms were respected by staff. Staff had received training so they would be able to care for people.

People's nutritional needs were met. People told us they enjoyed their food and were given a choice of meals and were supported with drinks throughout the day.

People liked the staff who cared for them, however their dignity was not respected. People wore marked and creased clothes and they had not been provided with person centred support to maintain their appearance.

People told us they staff respected their choices however care records we viewed did not show when people were involved in reviewing their care and relatives said communication could be improved.

People were supported to access health care professionals and staff were responsive to the advice received

in providing care.

People told us activities had improved, however we found people did not always receive support to engage in meaningful activities to meet their personal needs.

The management team had systems in place to check and improve the quality of the service but checks and audits were not robust enough to ensure that actions had been applied in practice to improve standards.

Feedback from people and their relatives has been sought to help develop and improve the service provided to people.

You can see what actions we told the provider to take at the back of the full version of this report.

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.

Some equipment required improved cleaning to minimise the risk to people's health.

Staffing arrangements did not provide a person centred approach to meeting people's needs at all times.

People received care from staff who they felt safe with. Staff supported people to take their medicines when they needed them.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training and on-going support and respected their choices.

People enjoy the meals provided and menus we saw offered variety and choice. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Requires Improvement

The service was not always caring.

People liked the staff who cared for them, however care was not provided in a person centred way as they were not given adequate support to maintain their appearance.

Staff had a good knowledge of people and gave choices in a way that people could understand.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not always receive support to engage in meaningful activities to meet their personal needs and relatives said

communication could be improved.

People and their relatives knew how to raise any comments or concerns about the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The management team had systems in place to check and improve the quality of the service but these checks and audits were not robust enough to ensure that actions had been applied in practice to improve standards.

Feedback from people and their relatives has been sought to help develop and improve the service provided to people.

Northwick Grange

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.

We undertook an unannounced comprehensive inspection of Northwick Grange on 10 and 12 May 2016. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, the provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to focus our inspection.

During our inspection we spoke to ten people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with three relatives of people living at the home during the inspection. We also spoke to a healthcare professional who was visiting the home.

We spoke to the operations manager, the registered manager, the deputy manager, four care staff, the chef and the activities co-ordinator. We looked at records relating to the management of the service such as, care plans for four people, the incident and accident records, medicine management and three staff recruitment files, service review notes and questionnaire reports giving analysis of people's feedback.

Requires Improvement

Is the service safe?

Our findings

Three relatives of people living at the home told us that the cleanliness of the home could be improved. One relative told they had previously raised concerns and things had improved. However, we observed some equipment such as walking frames and tray tables used by people living in the home were marked and dirty. We looked at the cleaning schedule for the week of our visit and found gaps in its completion. The registered manager told us, "They (walking frames) are inspected and cleaned monthly by maintenance but no record at present of daily cleaning." They told us they had, "Raised this with head office to which we are revising all our cleaning schedules." When we spoke to the operations manager they agreed that improved cleaning was needed on the items we identified on the day of our visit.

Staffing arrangements did not provide a person centred approach to meeting people's needs at all times. One relative told us, "The staff are very good but there's not enough of them." One member of staff said more staff were needed to cover periods of holiday or sickness. They told us, "Mornings are OK but today there is no kitchen assistant. They are on holiday, so we (care staff) have to cover." People told us staff were busy and one relative commented, "They (staff) don't seem to have the time to talk to people." One member of staff told us they felt care could be improved saying, "It's the personal bit – to give more personalised care and be able to speak to them." A second member of staff said they felt it would be better to, "Spend more time with people."

The registered manager told us that staffing levels were based on a dependency tool and were reassessed if a person's dependency changed or if the home had a new admission. They confirmed if there was an increase in the amount of support needed then the staffing would be changed in response. Staff confirmed that the kitchen assistant's hours had been extended to provide more support to people over the lunch period and this was an improvement. Five members of staff we spoke with were assured that people were safe, one member of staff said, "I couldn't work here if I felt people weren't safe." The registered manager said a new admission was due into the home and a new member of staff had been appointed in response.

We looked at the records of three people's risk and how staff should support the person. We saw that for one person although they had a fall in February their care plan had not been reviewed to assess if their risk of further falls had increased. We spoke to the operations manager who told us risk care plans should be reviewed after a fall or each month. Staff we spoke with told us about the help and assistance each person needed to support their safety. However, we saw that one person was assessed to walk with a walking stick. Following a fall on the morning of our inspection they were under observation to ensure they remained safe. We saw them walking without their assessed walking stick on two occasions and we highlighted this to staff, who then took action to ensure the person remained safe.

People told us they enjoyed living at the home and they felt safe. Two people both told us, "I feel safe" and a third person said, "They look after you every day; night times and day times." A relative told us they visited several times a week and said, "People are safe".

Staff told us they had received training in safeguarding and identified the different types of potential abuse.

All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling the registered manager or deputy manager, so plans would be put in place to keep people safe. One member of staff told us they had raised a concern and that it had been responded to by the registered manager and action taken.

We checked three staff files and saw records of employment checks completed by the provider which showed the steps the provider had taken to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

We observed a medicines round with a member of staff. The member of staff introduced themselves to each person and explained they were giving medicines and we observed them supporting people. For example, giving people time to take one medicine before administering a second. One person told us, "We all have medicines and tablets. They (staff) bring them round in the morning. There's no problems." There were appropriate facilities for the storage of medicines including examples of safe storage of controlled drugs and how they stored medicines that required refrigeration. We saw one person asked about an 'as required' medicine. When they said they didn't need it, this was respected by the member of staff who then made a note of it.

Good

Is the service effective?

Our findings

People we spoke with felt staff had the knowledge to support people with their needs. A relative told us, "Staff here now are trained – better than before." All staff we spoke with told us that they received training that helped them to do their job. One member of staff said, "It's the right training for the job." All staff were able to give an example of how training had impacted on the care they provided. For example, one member of the staff told us how diabetic awareness training had helped them understanding the importance of food portion size. They also told us they had retained the training booklet which they still referred to if required.

Staff told us they felt supported and could ask the senior carers for advice. They confirmed they received supervision where they could raise any issues or ask for further training and attended staff meetings. One member of staff said, "It's a two way meeting; we(staff) can speak our mind."

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.

The registered manager demonstrated a good understanding of when they would need to assess capacity and the steps they would follow. We saw where meetings had taken place to make a decision in the person's best interest, involving a person's family or independent advocate. All staff we spoke with understood people's right to choose or refuse treatment and we saw staff listen and responded to people's day to day decisions and choices.

One member of staff told us, "People's choices are respected. We make sure they have a choice." We made observations that supported this, for example, when one person refused the choices at lunch they were encouraged but when they still refused staff said the person could have something later if they chose to. We saw staff asking for people's consent before providing care. One staff member told us where people are unable to give verbal consent they look for facial expressions or, "A nod of the head," to gain consent and enable people to communicate choices.

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 saw that applications had been submitted where it was assessed that people were potentially receiving care that restricted their liberty. Three applications had been approved and staff we spoke with were aware of what this meant for people.

One person said about the food, "Very good, very nice – it's different every day". Another person told us, "The food's lovely." We saw people enjoy a lunchtime meal and one person thanked staff and said, "That really was a beautiful lunch". The main meal was plated with vegetables and gravy served separately so that

people could help themselves to the amount they liked. One person told us, "You could have a different choice if you wanted." Another person confirmed they had a choice at mealtimes and said if they wanted something different, "I'd have it." We saw staff assist some people with their lunch. They did this at the person's own pace and we heard staff offering encouragement. For example, "You just eat it the way you can."

We saw that people were supported to have drinks throughout the day. People were offered hot drinks and jugs of juice were also available. We noted that on the day of our inspection the weather was warm and we saw people encouraged to drink to keep cool and hydrated. For example, we heard staff tell one person, "It's so hot, it's important to keep drinking. I'll get you another drink."

We spoke to the chef and they told us that if people didn't like what was on the menu they could have alternatives. They told us they walked around and chatted to people to observe the meals and ask people if they enjoyed them. We saw that there had recently been a taster session for people and their families to attend and sample new meals. The chef told us that people's preferences and dietary requirements were recorded in care plans and updated as required. The chef told us he was supported by the registered manager and said, "Anything I need I ask [registered managers name] for and she supports."

We saw that people were supported to access healthcare professionals if required. One person told us that the doctor came in and prescribed their medicine. We saw in people's care plans appointments were made with GP's, district nurses and chiropodists. We also saw a referral had been made for specialist advice when one resident had lost weight. We spoke to one healthcare professional who visited the home on the day of our inspection. They told us that they felt communication had improved and that staff followed up on instructions given in respect of healthcare.

Requires Improvement

Is the service caring?

Our findings

Whilst staff were caring in the way they talked to people, we found that some people had not been provided with person centred support to maintain their appearance. A relative told us their family member liked to look nice but they often found them in, "Dirty clothes." Another relative commented, "Residents deserve the best and should be treated with more dignity". We spoke to one person and they told us that they choose their own clothes because, "I've always liked to look nice." However we could see that this had not been supported by staff.

When people came into the communal lounge during the morning, we noted that seven people wore stained and creased clothes and that some people had not had their hair brushed. We also noted one person had their blouse buttoned up incorrectly, although this was noted by the member of staff they did not offer support to the person to correct it. When we asked a member of staff about their support to people they told us, "People choose their own clothes."

We noted that at a staff meeting on 23rd March 2016, the register manager advised staff that some people needed clothes changing after meals as they were being left with dirty tops on. We saw no evidence of this support being offered during our inspection.

We looked at the personal care records for four people. Each record had gaps where the record had not been completed to show personal care had been given. For example, one person had no personal care recorded on nine days in the previous month.

When we asked the operations manager about this they said that they had also noted people were wearing creased clothes and felt this was deterioration from their previous visits. The deputy manager said some people may not have had their hair washed because the hairdresser was due that afternoon but they would still expect that people would have their hair brushed.

The registered manager and provider did not ensure people were treated with dignity and respect. This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2014.

People told us they liked the staff and felt they were caring. One person said, "I like all the staff but she [pointing to one member of staff] is my favourite." A relative commented they felt their relative was well cared for and that, "Staff are good, they do care." A second relative commented, "They are really nice staff."

We heard and saw examples of communication throughout our inspection and people were relaxed around the staff supporting them. One person told us, "I like it here – the people who work here, they're all so cheerful. Look at their lovely, pleasant faces – they're always joking". One relative told us that in their view the atmosphere at the home had improved since the arrival of the new manager. They said, "They (staff) seem happy in what they are doing. They seem happier now."

We saw staff give choices in a way that people could understand. For example, at lunchtime we saw staff show people two plates of food to enable them to make a choice. We saw that staff understood the different ways that people expressed how they felt. We saw staff respond to the body language of one person and offered support in a timely way and in a way that maintained their dignity. Staff were also aware of people's levels of anxiety. For example, when one person became anxious we saw a member of staff member took time to talk to them and offer reassurance.

Two people told us that staff supported them to retain their own level of independence. One person told us, "I wash myself and they (staff) help me to bath." Another person told us, "I can wash myself more or less and they (staff) help with the parts I cannot reach." We saw that at meals times some people were encouraged to eat their meals themselves before being offered assistance if required.

People's friends and relatives visited when they chose. Relatives we spoke to said they felt welcomed at all times and could visit freely. One relative told us, "I visit in the afternoons – I'm welcomed here. "

We saw staff knock on bedroom doors and wait for a response before they entered. We saw that staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw that when staff spoke to each other regarding care they ensured they did so in a way to maintain confidentiality.

Requires Improvement

Is the service responsive?

Our findings

We spoke with people and observed how staff supported them with their hobbies and interests. On the first day of our inspection staff told us people had been offered a choice of film and the film chosen was showing; we observed that people did not appear to be watching it and there was little interaction from staff. We noted that there were no books, magazines or puzzles available to people or memory boxes to help people reminisce. We saw one person who folded their clothes and stroked another person's jumper, when we asked if there were any tactile items or activities available to them we were told there was not. When we spoke to the person they told us they were bored as there was, "Nothing to do". On the second day of our inspection we saw some people enjoying making bird feeders in a session led by the activities co-ordinator.

A new activities co-ordinator had been appointed in March 2016 and a programme of activities was in place. People told us they enjoyed the music activities and relatives told us activities had improved. We spoke to the activities coordinator, they told us that they enjoyed introducing new activities which they did so after speaking to people and their relatives and which they sourced from the internet. They advised us they had not received specific dementia training, but the registered manager was looking to source dementia activity training for them. We spoke to the operations manager about activities. They felt that improvements had been made but acknowledged further improvement was required to support those people living with dementia. They told us that following our inspection they would look to introduce boxes with tactile items which were already in use at a sister home.

The registered manager told us that people's care needs were assessed before they came to live in the home and that on arrival; further assessments were used to develop care plans. They said that changes in people's care and their dependency was then assessed and updated each month. We saw that dependency levels were assessed monthly and used to calculate staffing levels. However, when we looked at care plans for four people, we found they did not always reflect people's current care. For example, for one person three care plans had not been reviewed since November 2015. The registered manager said that they were working to review and update all care plans, following this being highlighted in a provider audit.

On the day of our inspection we saw staff respond to people when they needed support. For example, when one person awoke from a sleep with a jump they became anxious; we saw a member of staff was quick to soothe them. One person told us staff helped when people were upset, they said, "They (staff) speak to them, they don't shout. They speak quietly to them". We also saw that staff acknowledged people as they walked by and exchange a few words, for example, "You enjoying your biscuits?"

Two relatives told us they felt communication with families could be improved. For example, one relative told us there had been a delay in advising them when their family member had fallen, they commented, "Sometimes I have to ask first." They confirmed that they could discuss issues with staff and said that they were, "Assured I can speak openly to staff." Three members of staff told us if they had any concerns they could report them to the registered manager. One of the staff gave an example of a concern they had raised and said they felt listened to and the issue had been addressed.

On the day of our inspection we sat in one of the handover sessions to hear the information shared with staff coming onto shift. The information was detailed and included updates on medical issues and appointments. Staff told us they felt the handover was effective in providing the information they needed.

We asked people and their relatives if they were involved in their care. People told us they could choose how to spend their day. For example, one person said, "I am quite comfortable. They let me do what I like. I like to sit in my room….. and out (the garden) when I want." However one relative told us they were not involved in reviews and care records we viewed did not show when people were involved in reviewing their care

People and relatives told us they could raise any concerns with staff. For example, one relative told us they had raised an issue with the registered manager and they had resolved the issue. Other relatives told us they would always raise any concerns verbally first before making a written complaint. The registered manager told us of some of the concerns that had been raised and the actions that they had taken.

We asked people living at the home and their relatives how they would complain about the care if they needed to. They told us they would complain to the registered manager. We saw that the registered manager had a complaints folder in place. Complaints had been logged, investigated and responded to. The information showed actions taken by the provider.

Requires Improvement

Is the service well-led?

Our findings

We looked at the governance systems within the home because we wanted to see how regular checks and audits led to improvements in the home. However we found these were not always effective. The checks had not identified the concerns that we found at our inspection. This was because the audit did not focus on the experiences or care people received and actions listed were against records. For example, the most recent provider checks in January and April 2016, identified improvement was needed in care plans and welfare records.

We saw one person had the amount they ate and drank monitored to reduce risks to their wellbeing. On the day of our inspection we found that their records had not been fully completed. For example, over the previous week two days had no entries and one day only recorded one meal. Therefore nutritional in take could not be fully assessed. We checked the daily records for a further four people and found gaps in recording of people's personal care and nutritional monitoring charts. For example, for one person it was recommended that a skin cream was applied daily. Records were only completed on five days in April 2016. We noted that at a staff meeting on 23 March 2016, staff were reminded of the need to complete nutritional documentation and that personal care charts needed to be completed as people were supported.

We raised this with the operations manager. They advised on-going checks of the recordings should have been made by team leaders and action taken to address this with care staff, however there was no evidence that this had been done. Checks and audits were not robust enough to ensure that actions had been applied in practice to improve standards. The operations manager advised that immediately following our inspection a new system of checks would be put in place.

We noted that on an environmental audit dated 27 November 2015 it was recorded that one washing machine was not enough for 28 residents. This was following expansion of the home when three additional beds were added. The deputy manager confirmed a second washing machine was not in place. The operations manager said that action would be taken to order a second machine following our inspection.

The registered manager advised they could approach the provider for advice. They advised that monthly provider audit visits were made. A quarterly service review was also made by the operations director and any areas identified for improvement were entered onto a service improvement review. We saw records of the most recent service reviews made in January and April 2016. Although issues were identified as requiring action, for example, completion of welfare (personal care) records, the issue of incomplete records remained on the day of our inspection.

The registered manager and provider checks and audits did not assess, monitor and drive improvement in the quality and safety of the services provided. This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance.

Since our last inspection there had been changes in the management of the home and a new registered manager had been appointed. We asked staff about the support they received. Staff told us there had been

a period of change and some improvements, for example activities for people had improved. They told us that they felt supported by the management team and could ask for advice or raise queries. For example, one member of staff said they raised a concern and suggested a change which was actioned and the issue resolved.

Relatives also told us that had been changes at the home and some improvements had been made. For example, one relative said, "There is still room for improvement but staff do seem more relaxed and there's more laughter now." People knew who the registered manager was and we saw them talking to people and visitors, who all showed they were familiar with them. A relative commented, "The new manager is trying her best." We saw that a residents meeting had been held in April 2016 when subjects discussed included the introduction of the new activities co-ordinator and residents satisfaction with food and care.

The deputy manager told us further improvements were planned to be undertaken in relation to the communal decoration of the home. They told us they had considered ways to make a more inclusive environment for people living with dementia. For example, they had already started to put pictures up in corridors to help orientate people, but they acknowledged further improvements were needed.

The provider sent family satisfaction questionnaires to all relatives twice yearly. The last questionnaire was sent in November 2015, responses were analysed at head office and a report given to the home. The report showed that overall people were happy living at the home. A lower satisfaction rate was recorded for activities and the provider had responded by appointing the new activities co-ordinator.

The provider advised that they continually looked for feedback, for example the 2016 questionnaire was currently out with residents and their families. They advised they would use the responses to help inform their service improvement review for the home.

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 10 HSCA RA Regulations 2014 Dignity and respect The provider had not ensured that each person was treated with dignity and respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have auditing systems or processes to assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service.