TOB Care Ltd

Northwood Nursing & Residential Care

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 responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Northwood Nursing & Residential Care is a residential care home providing personal and nursing care to 18 people at the time of the inspection. The service can support up to 27 people. The home is a detached building with accommodation provided over three floors. There is a passenger lift to help people mobilise around the building.

People's experience of using this service and what we found
People who lived in the home told us they felt safe and that staff cared for them well. One relative had concerns about the care their relative received. We raised these concerns with the registered manager who told us of the action they had taken to help ensure the person concerned received safe care. They told us they had a plan to meet with the relative to further discuss their concerns. The other relatives spoken with gave positive feedback about the care provided in the home.

We were generally assured regarding the measures in place to protect people from the risk of cross infection. However, some areas of the home needed refurbishment and staff did not always wear or dispose of PPE correctly. The registered manager took immediate action to ensure these concerns were addressed. We have made a recommendation about this.

Arrangements were in place to enable people to safely receive visitors. Staff had been safely recruited and there were enough staff on duty to meet people's needs in a timely manner. Medicines were safely managed and the provider had processes to record and investigate accidents and incidents to ensure lessons were learned.

Staff received the training, supervision and support necessary to provide people with effective care. Systems were in place for staff to monitor people's nutritional needs. People told us they enjoyed the food provided for them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans contained information on people's health and communication needs as well as their family background, religious needs and social interests. Activities were available for people to participate in if they wished. The provider had a system to record and respond to complaints.

The provider had systems to assess and monitor the quality of the service. Although there had been several changes of manager since the last inspection, people spoke positively about the way the service was led and the approachability of the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 30 August 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
We previously carried out an inspection of this service on 16 July 2019. A breach of legal requirements was found. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The rating from the previous comprehensive inspection for the key question not looked at on this occasion was used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Northwood Nursing & Residential Care on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Northwood Nursing & Residential Care

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The team consisted of two inspectors.

Service and service type
Northwood Nursing & Residential Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and the local Healthwatch. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with nine people who lived in the home about their experience of the care provided. We spoke with 11 members of staff employed in the home. These were the registered manager, the deputy manager, two care home assistant practitioners (CHAPS), three members of care staff, the activity coordinator, the cook, a kitchen assistant, and a domestic. We also spoke with one of the directors of the company which owns the service, the regional operations manager, an agency nurse working a shift during the inspection and a visiting relative.

We completed checks of the premises and observed how staff cared for and supported people in communal areas. We reviewed a range of records. This included four people's care and medication records. We looked at four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including audits, policies and procedures.

After the inspection
Following the inspection, we spoke by telephone with five relatives to gather their feedback about the service. We continued to seek clarification from the provider to validate evidence found.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection, the provider had failed to ensure staff managed people's medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of regulation 12.

- Medicines were stored safely and given as prescribed. The medicines room was well decorated to allow easy cleaning and had good storage areas for medicines.
- Staff responsible for administering medicines had received training for this task and had their competence assessed.
- Records were fully completed to show that people had received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. Staff had received safeguarding training and knew the correct action to take if they had any concerns about people living in the home.
- The registered manager carried out safeguarding audits to ensure people were receiving safe care and that staff understood how to report poor practice and any possible signs of abuse. The audits also checked that CQC and the local authority had been informed of any allegations of abuse so that, where necessary, an independent investigation could take place.
- People told us they felt safe living in the home. One person commented, "I feel they [staff] are looking after me well. I have no complaints at all."
- Five of the six relatives we spoke with told us their family members were safe in the home. Comments made included, "[Name of person] has not had coronavirus or been in hospital; staff protected them", "The care is great" and "[Name of person] is a lot safer now they are in the home." One relative had some concerns about the care their family member was receiving. The registered manager told us of the action they had already taken to help ensure the person received safe care. In addition, they had regular contact with the relative and had arranged a care plan review to further discuss their concerns.

Assessing risk, safety monitoring and management

- The provider had systems to assess and manage risks in the service. However, for one person who used oxygen, there was no risk assessment in place to provide guidance for staff to follow. We did not find any evidence of unsafe practice and the registered manager took immediate action to put the necessary risk

assessment in place. Records showed managers reviewed risk assessments regularly to ensure they remained relevant to people's needs.
● The registered manager completed regular checks to ensure the safety of the premises and any equipment used. They also documented the support people would need to evacuate the premises safely in the event of an emergency.

Staffing and recruitment
● The provider had sufficient staff on duty to meet people's needs in a timely manner. Since the last inspection, the provider had introduced a new role of Care Home Assistant Practitioner (CHAP); staff in this role had received additional training to enable them to support the delivery of high-quality care in the home.

● Staff had been safely recruited. The provider completed required pre-employment checks to help ensure staff were suitable to work with vulnerable adults.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were somewhat assured that the provider was using PPE effectively and safely. Staff had access to sufficient supplies of PPE. However, we noted PPE was not always disposed of safely. Some bins used to dispose of PPE were too small, overflowing and uncovered. We observed staff did not always wear face masks properly. The provider took immediate action to rectify these issues. We recommend the provider consults and implements current guidance regarding the safe use of PPE

● We were assured that the provider was accessing testing for people using the service and staff.

● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Domestic staff had a good understanding of the need to regularly clean high touch areas such as light switches and door handles. However, some communal areas were cluttered which could make cleaning difficult. In some bedrooms we noted there were some minor exposed areas of plaster and chipped paint making this a risk to cross contamination. The provider assured us they would take action to rectify these matters.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

● Staff documented when accidents or incidents occurred. These records were reviewed by the registered manager to ensure appropriate measures were put in place to reduce the risk of similar events occurring.
● The managers held regular 'safety huddles' to ensure important information was shared with staff without delay.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The provider had systems in place to ensure people received care which met their individual needs. The registered manager carried out detailed assessments of people's needs before they moved to the home to ensure they could be looked after properly.
- The electronic care planning system had been fully embedded in the service since the last inspection. Detailed care plans had been developed to meet individual's needs and preferences. They provided staff with links to relevant guidance to help them provide effective care.
- Staff used handheld devices to access people's care records and document the care they had provided throughout each day.

Staff support: induction, training, skills and experience
- Staff received the support and training they needed to carry out their roles effectively.
- Staff told us they felt supported by the registered manager through day to day contact and regular supervision.
- One staff member told us their induction had not included the opportunity to review people's care records. The provider assured us action would be taken to allow time within the induction process for staff to become familiar with the care planning system.
- People told us staff were familiar with how they wanted to be supported.

Supporting people to eat and drink enough to maintain a balanced diet
- Staff supported people to maintain a healthy and balanced diet. Our observations of a mealtime showed staff were patient when supporting people to eat and drink. People were offered choices about what they wanted to eat. A new cook had been recently appointed who was knowledgeable about people's dietary needs.
- Staff had assessed people's nutritional needs and, when necessary, recorded the amount people had to eat and drink. Guidance from health professionals was followed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff worked with healthcare professionals to ensure people's healthcare needs were met effectively and consistently. Staff documented any advice received from professionals in people's care records.
- The provider's electronic care planning system enabled staff to quickly produce important information about people's needs which was then communicated to health professionals if they were transferred to

hospital.

Adapting service, design, decoration to meet people's needs
● The environment was suitable for people's needs. People were able to move freely around the building. A visitor area had been developed to support people to maintain relationships with family and friends during the coronavirus pandemic.
● There were signs on communal doors including the bathroom and toilets to help orientate people.
● People were happy with their bedrooms. Comments made included. "I've got a really nice room, with lovely views onto trees" and "I have my room just how I like it. Staff make sure the room is set to the temperature I like."

Ensuring consent to care and treatment in line with law and guidance
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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● The registered manager had submitted required authorisations to the relevant local authority if people were unable to consent to their care arrangements in the home.
● Care records contained information about people's capacity to make day to day decisions including whether to participate in the testing regime for COVID-19; where necessary best interest decisions had been made involving people's family members as appropriate.
● Staff had a good understanding of the principles of the MCA and gave us examples of how they gained consent from people before they provided any care. Staff supported people in the least restrictive way possible. The service had policies and procedures to underpin this approach.
● Relatives told us staff asked their family members how they wanted to be cared for. A relative commented, "They adhere to whatever [name of person] says."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records included information about their diverse needs, including their family background, religious and cultural needs as well as how they wished to bey supported. We saw that staff regularly reviewed people's care plans to ensure they were up to date and reflected the support people needed. Daily records were also completed to record each person's daily activities and the personal care staff had given.
- People living in the home told us they had control about how they were supported. Comments made included, "I set my own routine and staff help with the things I can't do but I do as much for myself as I can; that's important to keep my independence" and "The staff are 100% great. I can't fault them. There's nothing I would change."
- Relatives told us staff were generally good at communicating with them about any changes in their family member's health. One relative commented, "They [staff] keep me regularly updated."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people acre given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and care plans produced to ensure staff know how to best communicate with each individual. All people living in the home had received specialist audiology and vision assessments to ensure they had been provided with the equipment necessary to help them communicate.
- The provider was able to produce documents in a range of formats to meet people's communication needs. They also had staff who were able to communicate with people living in the home and their family members who did not have English as their first language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had recently appointed a new activity coordinator. They had arranged activities to celebrate events which were taking place such as the Queen's birthday celebrations. They also supported people on an individual basis to ensure they did not feel socially isolated. One person told us, "I choose to spend a lot of time in my room and have plenty to do; staff pop in to check I'm okay and that suits me."
- The registered manager had put arrangements in place to support people to maintain relationships with

family and friends during the pandemic; this included outdoor/indoor visits in line with current government guidance as well as the use of technology such as mobile phones or tablets to maintain contact.

Improving care quality in response to complaints or concerns

● The provider had a system in place to record and respond to complaints. Complaints were taken seriously, and the provider had taken appropriate action to investigate and respond to the concerns raised. Information about how to make a complaint was displayed on the notice board in the reception area of the home.

● One relative told us they had occasionally contacted the home with minor concerns, and these had always been dealt with immediately.

End of life care and support

● People's wishes regarding end of life care and support had been recorded when they were willing to discuss this sensitive area. A relative told us staff had supported them to challenge a Do Not Attempt Cardiopulmonary Resuscitation order (DNACPR) which they felt had been put in place when their family member was in hospital without them fully understanding the implications. They commented, "They [staff] were absolutely phenomenal."

● There was no one receiving end of life care at the time of our inspection. The registered manager told us they would investigate what additional training could be provided to staff to ensure they were aware of best practice guidance in end of life care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People were positive about the way the service was led, although relatives had some concerns about the number of changes of registered manager since the last inspection. However, they did not feel this had had an impact on the care their family members received in the home. Several of the relatives mentioned difficulties in contacting the managers due to the phone system. The provider told us this system had been upgraded as they were aware of the difficulties people had experienced.
- In spite of the changes in the management team, staff were positive about the leadership of the service. They commented, "[Name of person] is approachable; any issues you can go to them" and "It's a good place to work."
- The registered manager understood their responsibility to meet regulatory requirements and had submitted required notifications to CQC. Staff had policies, procedures and a handbook to ensure they understood their roles and responsibilities.
- The provider had a system of regular audits and checks to ensure the quality and safety of the service. We saw action plans had been put in place to address any areas identified as necessary for improvement by the audits. The provider was able to monitor the governance systems remotely to ensure they had been carried out and actions completed where necessary.
- The rating from the provider's most recent inspection was on display both in the home and on the website for the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. People were positive about the quality of service they received.
- Processes were in place to ensure people's care was regularly reviewed, and any changes or improvements needed were acted upon in a timely manner.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy which informed staff what to do if something went wrong with a person's care. Relatives told us they were always informed of any incidents or accidents which occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics
● The provider had systems that engaged and involved people, relatives and staff.
● The registered manager used face to face meetings, surveys and daily interaction to gain feedback about the service.
● Staff told us they could contribute to the way the service was run. The registered manager organised meetings for staff to give them an opportunity to discuss working practices and raise any suggestions for improving the service.

Continuous learning and improving care
● Records we reviewed showed the management team held meetings with staff to ensure they were always following government and best practice guidance as well as the provider's policies and procedures. The registered manager reviewed all accidents and incidents to ensure any lessons learned were implemented.

Working in partnership with others
● The service worked in partnership with other professionals and agencies to help ensure people received the care they needed. Staff were proactive in contacting community-based health professionals to seek advice and guidance about how best to meet people's needs.