

Northfield Care Centre (Thorne) Ltd

Northfield Care Centre

Inspection report

Chace Court
Thorne
Doncaster
South Yorkshire
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Tel: 01405816042

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21 August 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Northfield Care Centre is a residential care home providing nursing and personal care for up to 80 people. At the time of the inspection 31 people were using the service.

People's experience of using this service:

People felt safe and gave us positive feedback about the home. One person's relative said, "I am happy with everything my relative is getting, he has been happy." Another person said, "It's a nice place to be." People were supported by staff who were deployed in sufficient numbers to meet their needs. Staff were aware of how to safeguard people from abuse and had good knowledge on how to recognise and respond to concerns. A relative we spoke with confirmed they felt their relative was safe at the home.

Risks to people were assessed and people's independence was promoted. Staff numbers were assessed according to people's needs. Medicines were administered safely by trained and competent staff although some improvement is required to the recording of medication. Infection control procedures were in place. Processes were in place to analyse incidents and learn when things went wrong.

The home had improved since the last inspection. The registered manager told us they had worked hard to address the breaches and shortfalls identified at the last inspection. They produced and worked through a comprehensive action plan. There was a clear vision and open culture. A governance framework was in place which covered all aspects of the service and the care delivered. Numerous quality assurance audits were in place however, some could improve. People, relatives and staff were engaged in the home. There was evidence of continuous improvement by considering trends and themes, and by sharing best practice. The home worked in partnership with other professionals, and the community when able to do so.

We saw no evidence people's needs were not met. However, we recommend the provider continues to monitor sufficiency of staffing in line with people's assessed dependency and layout of the building to ensure safe staffing levels are sustained as capacity in the home is increased.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 3 March 2020) and there were three breaches of regulation. 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:

This was a planned focussed inspection based on the rating at the last inspection. As this was a focussed inspection, we reviewed the key questions of safe and well led only. Ratings from previous comprehensive

inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed.

Follow up:

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Northfield Care Centre

Detailed findings

Background to this inspection

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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.

Inspection team

The inspection was carried out by three inspectors. Two inspectors undertook a site visit, and a third inspector carried out telephone interviews of staff and people's relatives.

Service and service type

Northfield Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider 48 hours' notice of the inspection. This was due to the Covid-19 pandemic to ensure we had prior information to promote safety. Inspection activity began on 19 August 2020 and finished on 25 August 2020. A visit of the home took place on 21 August 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, and reviewed feedback from the local authority and professionals who work with the service. The provider did not complete a Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with a relative about their experience of the care provided. We spoke with four members of staff including the current registered manager and the manager in the process of registering with CQC and two people who lived at the home. We carried out an inspection of the premises, and observed lunch and activities taking place. We reviewed a wide variety of records relating to the management of the service, including audits, policies and procedures, as well as six people's care records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



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 inadequate. At this inspection this key question has now improved to requires improvement. This meant, whilst improvements had been made, we would need assurance over a longer period that these improvements would become embedded and continue before we were assured that safe care was consistently provided.

Staffing and recruitment

At the last inspection the provider had not taken appropriate steps to ensure staffing levels and the deployment of staff were sufficient to always meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Overall there were enough staff to meet people's needs. One person told us staff came quickly when they rang their call bell. They said, this was comforting if they needed the toilet.
- Relatives said they had no concerns about staffing levels.
- The provider used a dependency tool to provide a guide as to the number of staff needed on each shift. Staff rotas showed sufficient staff were on duty to meet people's needs.
- Staff provided positive feedback about staffing levels. They said staffing had improved since the last inspection.
- Staff were recruited safely, with all pre-employment checks completed before a new member of staff commenced work.

We saw no evidence people's needs were not met. However, we recommend the provider continues to monitor sufficiency of staffing in line with people's assessed dependency and layout of the building to ensure safe staffing levels are sustained as capacity in the home is increased.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At the last inspection we found people's risks were not always well managed. 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 improvements had been made and the service was no longer in breach of regulation.

- The registered manager told us lessons had been learnt from the previous inspection and improvements had been made, particularly to some aspects of care plans. For example, regular records were kept of baseline health checks including weights, malnutrition and waterlow scores. Where indicated, referrals to external healthcare professionals were made and their advice incorporated into care plans. One person was discharged with a grade three pressure sore, this was referred to Tissue Viability Nurse and photographs

were taken of the injury so that progress could be monitored. The provider also made the appropriate referral to safeguarding when the injury was identified.

- Risks to people's health and safety were assessed and managed. A range of risk assessments were in place which covered areas such as skin integrity, nutrition and falls prevention. These were clear and gave staff specific instructions on how to support people safely.
- Staff understood the needs of the people they supported. They told us how risk assessments were followed to keep people safe.
- Regular checks were undertaken on the fire alarm system and firefighting equipment in the service.
- Incidents and accidents were recorded and reviewed by the registered manager. A summary of all accidents and incidents was used to identify any trends and ensure action was taken to prevent reoccurrence. For example, the introduction of falls sensor equipment or pressure relieving mattresses.

Preventing and controlling infection

- Overall, there were effective systems in place to reduce the risk and spread of infection. Staff and the management team had a good understanding of the required COVID-19 infection control guidance and said there was enough personal protective equipment (PPE) in stock.
- Staff completed training on infection prevention control and safe working practices during the COVID-19 pandemic. Staff were able to describe the correct circumstances for wearing their PPE.
- Staff worked hard to maintain cleaning standards in the service. The environment was clean and well maintained. There were no malodours and some areas were being re-decorated as part of a programme of improvement.

Using medicines safely

- People told us, and records showed they received their medicines however, some records were not always kept up to date, for example, dates of opening were not always recorded on liquid or creamed medicines.
- Medicines were stored securely and at the right temperature.
- Records showed people received their medicines in the right way.
- Medicines that are controlled drugs were managed appropriately.

Systems and processes to safeguard people from the risk of abuse

- A relative spoke highly of the support their family received. They said, "Staff seem to look after him well. He will tell them if he didn't like something."
- Staff interactions were positive, and people were supported by kind staff. They were given time, and none were rushed, for example when walking with supervision or eating their meals.
- The provider had appropriate systems in place to safeguard people from abuse. People told us the service was safe. Comments included, "I feel happy and safe living here."
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately. One staff member said, "I would definitely raise concerns to the manager." Staff received appropriate training in safeguarding adults.

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 our last inspection we found audit systems in place to monitor the quality of the service did not effectively identify or address areas for improvement in the service. This was a repeated breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

Whilst improvements had been made, we would need assurance over a longer period that these improvements would become embedded and continue before we were assured that safe care was consistently provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Our previous inspection found a change in staffing resource relied on the manager providing some nursing cover. This took them away from their management role and had started to have a negative impact on their progress with the improvement plan and with the effectiveness of the newly established audit systems. At this inspection the manager told us this was no longer the case. They said, "There is now a clarity of the role and my time is used for managing the service."
- The provider had implemented numerous quality assurance systems to monitor the service, the majority of which were up to date and effective in identifying areas for improvement. However, some had not always been effective. For example, the concerns we identified at this inspection relating to medicines. Further improvement is also required regarding consent and lasting power of attorney (LPA). For example, two care plans we looked at stated they had appointed an LPA for finances, but the provider did not have any paperwork to evidence this, so it was not clear it was the case. 12 people's records indicated they had capacity. There were no records showing they had consented to their care. These shortfalls had not been identified by any audits of records.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. 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 registered manager had a good understanding of delivering person centred care.
- Records showed care delivered was provided in a person centred way. Staff we observed demonstrated this.
- Relatives told us the staff team and the registered manager were approachable and professional.
- The registered manager described how they were regularly in contact with people's relatives to share information about the service and obtain their feedback. Relatives we spoke with confirmed this.
- Complaints responses directed complainants to any next steps should their complaints be unresolved,

which supported a good quality complaints process.

- The registered manager had a clear understanding of their responsibilities and acted on the duty of candour. People told us they were kept informed of any changes in the home and around their care and support.
- The rating from the last inspection was on display in the home.
- The provider had informed the CQC when relevant events had happened at the service, as it is legally required.

Continuous learning and improving care

- Following the last inspection, the registered manager and provider committed to making improvements and learning from the findings of the inspection.
- The action plan devised following the last inspection covered many areas of care provision and was used as a model to improve care and develop the service. For example, the action plan covered the steps required to improve the mealtime experience in the home, and we found the lunch we observed was much improved from the last inspection.
- Staff we spoke with praised the learning opportunities now available to them. They told us they were confident in their roles and said they believed this contributed to good quality care. One staff member told us: "Its fine, I love it there. There is lots of training and is up to date."

Working in partnership with others

- Collaborative working with agencies and organisations was prioritised. The registered manager spoke highly of professional relationships the service had established with a range of professionals such as GP,s and district nurses.