

Northbrook Homes Limited

Northbrook Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

This unannounced inspection took place on 8 September 2015. At our last inspection on 12 June 2014 we found the provider did not meet required standards for care and welfare of people who use services, and requirements relating to workers. During this inspection we found that improvements had been made in each of these areas and the service now met the required standards.

Northbrook Care Home is a small home providing accommodation and personal care for up to four people with learning disabilities and mental health support needs. At the time of our inspection four people were

using the service at the home. Each person who lived at Northbrook Care Home had their own room but shared a bathroom and a lounge. The premises were not fully accessible to people with mobility needs and we have made a recommendation about this.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We found that people's medicines were not managed appropriately. Some of the medicines kept at the home did not match the records and the protocols for medicines when required were not up-to-date. The central heating system was not always working as it should and this put people's safety at risk. These issues are a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and you can see what action we have told the provider to take at the back of this report.

Relatives told us that there were enough staff at the home. We found that the home had a good staff recruitment system in place which meant that people were supported by staff who were checked appropriately. We noted that staff had attended various training programmes related to their roles and that they had regular supervision sessions with their managers.

However, we observed that some staff were not using language appropriate to people's age which could mean they were not always treating people with respect and dignity.

Staff sought consent from people, in line with the requirements of the Mental Capacity Act 2005 (MCA), before providing care and support. The MCA is a law designed to protect and empower people who may lack the mental capacity to make their own decisions about their care. We noted that MCA had been completed and Deprivation of Liberty Safeguards (DoLS) authorisation had been obtained for three people. The DoLS are legal safeguards that ensure people's liberty is only deprived when absolutely necessary for their own safety.

People and relatives were satisfied with the food provided by the service. They told us they could choose what to eat and when to eat. They told us the service provided fresh food and one person told us they were involved in food shopping.

Each person had a care plan which was based on their assessment of needs. We noted people's relatives and representatives were involved in the review of care plans and that the care plans were reviewed regularly.

Summary of findings

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. We found that people's medicines were not managed appropriately. Some of the medicines kept at the home did not match the records and the protocols for medicines when required were not up-to-date. The central heating system was not always working as it should and these put people's safety at risk.

Relatives told us that there were enough staff at the home. We noted that there was a good staff recruitment system in place which meant that people were supported by staff who were appropriately checked.

Requires improvement



Is the service effective?

The service was effective. Care and support was delivered in line with the requirements of the Mental Capacity Act 2005 and their rights were protected through use of the Deprivation of Liberty Safeguards.

Staff received supervision, support and training appropriate for their roles. People's health was maintained through appropriate nutrition and hydration. People had regular healthcare checks.

Good



Is the service caring?

The service was caring. Staff were passionate about their work and they enjoyed caring for people. They developed positive relationships with people and knew each person's support needs.

People's privacy was ensured but staff did not always treat people with dignity. Staff used age inappropriate terms to address people.

Good



Is the service responsive?

The service was responsive. People had opportunities to participate in activities. However, one person who was bed bound did not have any planned activity and we have made a recommendation about this.

Care staff did not have keys to the filing cabinets where care files were kept. This meant they did not always have access to care plans and respond effectively to people's needs.

Requires improvement



Is the service well-led?

The service was well-led. There were a registered manager and deputy manager. Relatives and staff told us the home was well-managed and the managers were approachable and helpful.

The quality of the service was regularly checked by the deputy manager, registered manager and the provider as necessary.

Good



Northbrook Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 September 2015 and was unannounced. The inspection was conducted by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of people with a learning disability and autism.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During the inspection we spoke with one person using the service, one relative, two staff and the deputy manager. We also observed people's interaction with staff and reviewed three people's care files, three staff files and other records such as the staff rotas, and the provider's policies and procedures.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Northbrook Care Home. One person told us, “Yes, I am safe. [The staff] are nice.” A relative told us that they felt a person was safe at the care home. They said they were confident about their relative's safety “because [the person using the service] is happier [at this home] than [another care home they used to live in].” We observed that staff were kind and friendly when interacting with people. We saw, for example, staff gave people time to express themselves and were not hurried when supporting them.

During our last inspection in June 2014, we found that the service did not meet required standards relating to care and welfare of people who used the service, because checks had not been carried out on one person who was working at the home. During this inspection, we saw that all staff working at the home were appropriately checked and the service had received two written references, evidence of Criminal Record Bureau (CRB) or Disclosure and Barring Service (DBS) checks and various forms of identity such as a copy of staff passport.

A relative told us that there were “enough staff” at the home. They said there were always enough staff when they visited the home. The staff rota showed there were three care workers and the deputy manager during the day and one care worker awake at night. We noted that one of the day care workers was supporting a person one-to-one with travelling to and attending a day centre. The staff members we spoke with told us that they felt the staffing level was sufficient and they were confident meeting people's needs. During the inspection we noted two staff were needed to support one person with a behaviour that challenged the service. This meant that during this time only one member of staff was available to support the other two people. The deputy manager said this kind of occasion was not frequent and the home continuously reviewed the staffing level to ensure there were enough staff to provide the care that people needed.

People's medicines were not appropriately managed. We found that some of the medicines kept at the home did not match the records. For example, we counted four bottles (each 400mls) of one controlled drug (CD) but this was not recorded in the medication administration record sheet

(MARS) or in the medicines' record. We found that the protocols for medicines when required (PRN medicines) were dated 2012 and that there was no guidance about how many or how frequently to take a PRN medicine. These issues are a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we arrived at the home we noted that the room was cold. A person using the service also told us the room was cold and that was why they were wearing a jumper indoors. We mentioned this to a care worker who told us they normally turned on the central heating at 9 o'clock. The care worker was not able to turn on the system when we asked but had to wait for the deputy manager who told us she would turn it on. We waited for half an hour and the heating was still not on and when we brought this to the attention of the deputy manager they tried again but still the system was not on and the rooms were cold. The deputy manager rang a person who came to resolve the problem. **We recommend that** the registered manager takes a proactive action to ensure that people are not at risk because of the central heating system not working properly.

Risk assessments were completed and reviewed. At our last inspection in June 2014 we found that there were omissions in risk assessments which meant that care and treatment was not planned and delivered in a way that ensured people's safety and welfare. During this inspection, we noted that the risks which had been omitted were included in the care plans. However, we looked at the incident records and noted a new serious incident was identified but was not included in a person's risk assessment. Although this incident was handled well by the care worker, its omission in the risk assessment would mean that staff did not have clear guidance to provide appropriate support to the person.

We found people were protected from abuse. The service had safeguarding and whistleblowing policies which were detailed and clear. Staff had knowledge about abuse and how to report concerns and use the whistleblowing policy. One staff member told us if they had a safeguarding concern, they would, “talk to my manager, social services or the CQC”. Staff told us, and records confirmed that they had received training in safeguarding and whistleblowing.

Is the service effective?

Our findings

People and their relatives told us they received care and support that met their needs. One person said, "I am happy here. Staff look after me." A relative told us, "They [staff] do show interest in people. They are well trained and I am happy about the care of [my relative]."

Staff sought consent from people, in line with the requirements of the Mental Capacity Act 2005 (MCA), before providing care and support. The MCA is a law designed to protect and empower people who may lack the mental capacity to make their own decisions about their care. We noted that assessments of capacity had been completed for three people and Deprivation of Liberty Safeguards (DoLS) authorisation had been obtained for three people. The DoLS are legal safeguards that ensure people's liberty is only deprived when absolutely necessary. The deputy manager and staff demonstrated they had an understanding of the MCA. The registered manager explained how they followed the best interests process for people who lacked capacity and involved families and relevant professionals.

Staff told us they had attended various training programmes related to their roles. These included MCA, DoLS, fire safety, infection control, food hygiene, challenging behaviour, health and safety, first aid and safeguarding adults from abuse. We saw certificates confirming that staff had attended these courses. Staff we spoke with were also able to explain, for example, their understanding of adult safeguarding and how they would ensure people were protected from abuse. A member of staff told us that they would record and report to their

manager if they came across any incidents of abuse. This showed people were supported by staff who had appropriate training to ensure that they were safeguarded against abuse.

The staff training matrix contained records of the dates staff had completed and were due to attend training courses. This enabled the registered manager to monitor which members of staff had completed or were due to attend refresher courses. We also noted that the service's induction programme, which all new staff had to attend before starting work, included core topics training areas such as moving and handling, MCA and managing challenging behaviour. A member of staff told us they found the induction programme useful.

People told us they were able to choose food and drink and were involved in their food shopping. One person said, "I go to the shops with staff [to do food shopping]." Another person told us that "food is nice" and they liked it. A relative told us, "[Staff] cook healthy food." We observed a member of staff who continued to encourage the person to eat their meal after the person indicated they did not want it any more. We discussed this with the deputy manager who told us that they would ensure that staff provided people with meals only when they wanted it.

The deputy manager and care files confirmed that people were supported to attend healthcare appointments. For example, records showed that people had annual medical checks and were seen by dentists, chiropodists, opticians and GPs. One person was seen each month by a district nurse. Each person had a hospital passport that contained personal and medical information including information about whether or not they were allergic to medical products. This provided staff with information on people's health needs and provided continuity in the event that people needed to attend hospital.

Is the service caring?

Our findings

A relative told us the staff were caring. They said their relative was settled in the home "because staff are caring". We observed staff interacted with people in a caring and kind manner. However, we noted staff were more 'task oriented' in that they insisted, for example, people finished food when they indicated they had enough or that they played games when they wanted to do other things.

Staff told us they were passionate about their work and they enjoyed caring for people. A care worker said, "I like caring for people." Another care worker said, "I love working at the home. I love the residents and I get satisfaction from caring for them."

Staff were aware of people's needs. They knew people's support needs including their likes and dislikes. Records showed how a care worker successfully managed a person who became anxious while travelling on public transport. This showed staff were knowledgeable about people's needs and were caring.

People were supported to be as independent as possible. One person said, "I cook my own food sometimes, but staff

do not always allow me to cook." We talked with the deputy manager about this and were informed that the service encouraged independence based on each person's risk assessment. The person using the service told us they made their own tea and "staff support me to make eggs for breakfast on Sunday". This showed people were supported to develop skills for independent living.

People's privacy was respected. Staff told us they always knocked on the doors before entering people's bedrooms. They said they closed doors or pulled down curtains when supporting people with personal care. We observed staff knocking on the doors before entering bedrooms. We also observed a member of staff addressing a person by saying "good boy". We discussed this with the deputy manager who reassured that all staff would undergo training regarding how to address and treat people with dignity.

Staff supported people to practise their religion by attending services. One person told us, "I go to [a place of worship] every Sunday." Staff told us the service provided care and support that reflected individual needs which meant that each person's needs were assessed and appropriate care was provided for them.

Is the service responsive?

Our findings

A relative told us the service provided personalised care that responded to people's needs. They told us, "I attend care reviews. I share information [about support needs of my relative] and I am happy with how staff respond to [my relative's] needs."

When we arrived at the care home we asked to review care plans and staff told us care files were kept in a locked filing cabinet and were not available to review if the registered manager or the deputy manager were not at the care home. We discussed this issue with the deputy manager who told us that the service would ensure that all care staff had access to the care files in order to respond to people's needs.

Our last inspection on 12 June 2014 found there were omissions in care plan reviews and risk assessments which meant that care and treatment was not planned and delivered in a way that ensured people's safety and welfare. During this inspection we found that the service had regularly reviewed care plans and risk assessments.

The deputy manager told us that people were admitted to the home only if the home had suitable services and facilities in place to meet their needs. People's care plans contained information about their preferences and how staff should support them to meet their needs. We noted that care plans were reviewed every three months and there was written evidence to confirm that relatives or representatives of people were involved.

People had stimulating activities. One person told us they went to a day centre daily and we observed staff provided various activities for people who stayed at the home. However, there was no evidence to indicate that staff planned or provided an activity for one person who was bed bound. **We recommend that** the registered manager ensures there is appropriate activity available for this person.

During the tour of the premises we noted that the back garden was not accessible to people who had mobility needs. This meant people would not be able to use the garden if and when they wanted to. **We recommend that** the provider ensures that the garden is made accessible to people.

Staff asked relatives for feedback about the service. A relative told us, "[Staff] asked me my views about the care of [my relative]." Records and the deputy manager told us that an annual satisfaction survey to gather feedback from families, staff and professionals was conducted. The outcome of the most recent survey conducted in August 2015 showed that those who responded were positive about the service provided.

Staff meetings and team meetings, where general issues about the home and the welfare of people were discussed respectively, were held every month. Staff and records confirmed that these meetings had taken place.

Is the service well-led?

Our findings

There was a registered manager in post at the time of inspection and we found the service was well-led. People and relatives talked positively about the management of the service. A person said the manager "is nice". A relative told us, "The home has a good management. I can talk to the manager and staff."

Staff told us the deputy manager and the registered manager were approachable if they had any concerns. They said they could talk to both of them and that they found them helpful. They told us there was a positive culture which allowed staff to communicate well and work as a team.

A relative told us that there were no specific family events they attended at the service, although "staff kept regular contact with them". Records showed staff kept relatives and representatives updated with information about people's care and support. This showed that there was a good communication between the service relatives and representatives.

The deputy manager told us that the provider came once every month to check the quality of the service. We were

told that the provider spoke to people, staff, the registered manager and audited records such as care files and the service's policies and procedures. The registered manager and deputy manager carried out a monthly audit of medicines, care plans, staff files and staff supervision activities. The monthly audits of the care plans, staff files and supervision activities were effective in helping the registered manager and deputy manager identify address any gaps in these areas. However, the medicine auditing tool was not effective and needed changing. The deputy manager stated that she would review the tool to ensure that it was effective in helping staff monitor the management of medicines. They also tested fire alarms, emergency lights and liaised with the environmental health and fire officers. The last visits to the service by the environmental health and fire officers were dated 2 December 2014 and 22 May 2015. Both officers found no issues relating to the areas they checked.

The registered manager kept the records of incidents and accidents. We noted there had been two recorded incidents since the last inspection. We noted both these incidents were dealt with by staff appropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not have effective system in place to proper and safe management of medicines. Regulation 12 (2) (g).</p>