Contemplation Homes Limited

Northcott House Residential Care and Nursing Home

Inspection report

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Date of inspection visit:
09 July 2019

Date of publication:
08 August 2019

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Northcott House Residential Care and Nursing Home is a care home that can provide personal and nursing care to up to 55 people. At the time of the inspection they were providing support to 52 people, some of whom lived with dementia.

People's experience of using this service
People were supported by staff who showed kindness, compassion and respect towards them. They told us they felt safe and listened to living at Northcott House Residential Care and Nursing Home.

Staff's knowledge of people's history, preferences and risk associated with the care and support needs was good. 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.

Recruitment practices remained safe and there was sufficient staff to meet people's needs. People were protected from avoidable harm, received their medicines as prescribed and infection control risks were managed appropriately.

Care records were person centred, gave accurate guidance to staff and reflected that staff responded to people's changing needs. People were satisfied with the activities provided and felt they had enough to do.

The management team were open and transparent. They understood their regulatory responsibility. No one had any complaints and felt the management team were open, approachable and supportive. Everyone was confident the registered manager and provider would take the necessary actions to address any concerns promptly. Feedback about the management team demonstrated they listened and took any feedback as an opportunity to make improvements for people.

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

Rating at last inspection
The last rating for this service was requires improvement (published 13 July 2018). 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 inspection based on the previous rating.

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? The service was safe Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

Northcott House Residential Care and Nursing Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was conducted by two inspectors, a specialist nursing advisor and an Expert by Experience. An Expert by Experience is someone who has personal of professional experience of this type of service.

Service and service type:
The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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:
This inspection was unannounced.

What we did:
Before the inspection, we reviewed information we had received about the service, including previous

inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from three health and social care professionals.

During the inspection, we gathered information from: Six people who used the service, two relatives, the registered manager, deputy manager and 11 staff. We viewed the care records for 13 people, records for the management of medicines, records of accidents, incidents and complaints, together with audits and quality assurance reports. Some people using the service were not able to verbally express their views about the service. Therefore, we spent time observing interactions between staff and people.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Assessing risk, safety monitoring and management
• At our last inspection in June 2018 we found a lack of clear assessment of risk and planning to reduce risk meant that people may not always receive safe care and treatment. This was an ongoing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this had improved and was no longer a breach.
• Staff had good knowledge of the people they supported. They were aware of risks associated with their care, how to monitor for these and the action to take to reduce these risks.
• People's care records contained risk assessments which had been reviewed regularly. These related to a variety of needs, including their skin integrity, nutrition, mobility, falls, behaviours, the use of bed rails and specific health conditions.
• Care plans were also updated monthly and reflected the actions identified from the risk assessments. The care plans were comprehensive and individualised to meet the person's needs. For example, one person who behaved in a way that could pose challenges had a care plan that included how to manage the behaviour, ensuring that the person's dignity was maintained.
• The combination of the risk assessments and care plans provided appropriate guidance to staff about the action they should take to promote people's safety and ensure their needs were met.
• Equipment was managed in a way that supported people to stay safe. For example, staff checked pressure relieving air mattresses daily to ensure that they were not only working but also to ensure they were set correctly according to the person's weight. Regular maintenance checks took place of equipment, such as hoists and lifts.

Systems and processes to safeguard people from the risk of abuse
• Appropriate systems were in place to protect people from the risk of abuse and people told us they felt safe. One person said, "It's pleasant. I feel safe. I don't think about it and it's not a worry to me." Another person told us, "It's lovely here. Yes, I feel safe and happy".
• Staff had the knowledge and confidence to identify safeguarding concerns and had attended training in safeguarding people at risk. Staff were aware of types and signs of possible abuse. The registered manager was aware of their responsibilities in safeguarding procedures.
• Where concerns that were of a potential safeguarding nature were identified, these had been investigated and reported to the appropriate external bodies.

Staffing and recruitment
• There were sufficient staff to meet people's needs. People told us they felt there were enough staff to meet

their needs and they didn't have to wait long for staff to respond to their requests. One person said, "If the emergency buzzer goes off they explain to me they have to go but will be back. They make sure I'm OK. They come back as quickly as they can."
• The registered manager told us staffing levels and skill mix were arranged based on the needs of individuals. Our observations reflected staff responded promptly to people's requests for support.
• People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely
• Appropriate arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely and in accordance with best practice guidance. People told us they received their medicines, but they felt that the times they were given varied depending on staffing levels. One person said, "'My medication is almost always on time". They then told us that sometimes their tea time medicines could be given to them between 18:00 and 18:30 hours. They make sure I take my pills and check. I know what I'm taking."
• Medicine administration records confirmed that people had received their medicines as prescribed. There was information about 'as required' medicines and when these should be offered to people.
• Medicines were being administered by a registered nurse and senior carers who had received medicines training and had their competencies checked annually.

Preventing and controlling infection
• The service manages the control and prevention of infection well.
• Staff had access to and used appropriate personal protective equipment.
• The home was clean, tidy and free from bad odours.

Learning lessons when things go wrong
• When something goes wrong the service responds appropriately and uses any incidents as a learning opportunity.
• Incidents and accidents were monitored and reviewed regularly by the registered manager and head of care to identify any patterns or trends. They were analysed for any necessary action and learning was discussed with staff. Staff confirmed that learning from incidents and accidents was shared with them.

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.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• One observation demonstrated that the use of least restrictive approaches and the principle of the MCA had not been applied appropriately. We bought this to the attention of the registered manager and provider who took immediate action to resolve this for the person and to address this with staff concerned.
• Staff had received training in the MCA and were able to talk to us about how they applied this to their day to day practices. They were aware of the need to gain consent and we observed them gaining this throughout our visit.
• Staff involved people as much as possible and ensured their practice aimed to encourage people to make their own decisions. For example, they provide people with explanations and choices throughout the day; People confirmed they could make their own decisions and relatives felt people's decisions were respected.

• Where people lacked capacity to make decisions for themselves, capacity assessments had been completed and staff had ensured best interests decision making processes had been applied. For example, one person was receiving their medicine covertly and their ability to make decisions about this had been assessed and all other relevant people had been involved in making the decision to administer this covertly.
• Applications for DoLS had been submitted to the supervisory body responsible for assessing and approving these. Where conditions had been applied we saw these were being met.

Supporting people to eat and drink enough to maintain a balanced diet

• We received mixed feedback about the food. One person told us, "There is a good choice and the menu is always on the table. If I don't like the options on the menu, I can always have salad, jacket potatoes or an omelette. For breakfast I always have a bowl of cornflakes, toast and a cup of tea. I prefer fruit for my desert but there are other options like cakes or crumbles, which I don't like. Supper is a sandwich or something toasted." A second person said, "The food is OK but basic. Not what you'd have at home. I have a poached egg on toast and coffee for breakfast. For lunch today, I had crumble and custard because I didn't like the choice. They ask at lunch what I want for supper and often I have a bowl of soup or salad." A third person said, "It's not home cooking. I'm not impressed by the food. No one asked me what I like and don't like. They cook on mass and not for the individual. Food is cold by the time it get from the kitchen to my room. I had cold fish and chips the other day."
• People's dietary needs and preferences were known by staff and shared with the kitchen; People were provided with a choice of meals and drinks and supported to make their own choices.
• Kitchen staff had a good knowledge of individuals needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to preparing meals.
• People's nutritional needs were monitored, and action taken where a person was losing weight. For example, we saw the dietician had been contacted for one person and the GP for another.
• People received appropriate support during meals and were encouraged to drink to support hydration throughout the day.

Adapting service, design, decoration to meet people's needs
• The home was not purpose built but did provide adequate space for people to enjoy time with one another or on their own. • Some work had been done to enable the environment to be supportive to those living with dementia. For example, some directional signage was in place to help orientate people.
• The registered manager was aware more work was needed to become more dementia friendly.
• People had their own rooms that they had personalised and could choose to spend time in the small lounges or main activities rooms.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Prior to starting with the service, the registered manager told us they would meet with the person and any other relevant people to ensure they could meet the person's needs.
• Once this information was gathered and the person moved in additional nationally recognised assessment tools were completed and the information helped to inform the development of people's care plans and risk assessments.
• The registered manager was clear that any specific training needs would be delivered prior to a person moving in if this was required. They provided an example of when this had taken place.

Staff support: induction, training, skills and experience
• People were cared for by staff who received appropriate training and support.
• Staff completed an induction when they started working in the home which included the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
• Care staff were encouraged to obtain vocational qualifications. Registered nurses were supported to maintain their professional registration.
• Staff received training to enable them to have the skills and knowledge to meet people's needs effectively. Staff told us they found the training helpful in their role and were able to talk to us about what they had learned from this.
• The provider checked out staff knowledge with the use of annual competency assessments in a variety of subject areas; All staff were supported through supervisions and appraisals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

• People were supported to access healthcare professionals as needed.

• Records reflected other professional's involvement including dentists, opticians, speech and language therapist, chiropodists and older persons mental health professionals.

• Handovers between staff took place at every shift change. Daily heads of department meetings had just commenced at the time of the inspection. These all aimed to ensure good communication, team working and a raised awareness of people's changing needs.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People and their relatives told us they felt staff were caring and that they were listened to. Comments included; "They treat me well and I have a laugh with the staff. Nothing is too much trouble"; "The carers talk through with me what they do and they treat me with privacy, dignity and respect. We have good rapport." A relative told us, "Mum has advanced dementia. The staff are well trained. I think they are wonderful. I can't criticise them. I see how hard they work and how compassionate they are. Most carers love mum. It's the little things they do, like holding her hand, give her a kiss and sing a song to her. They give her extra time above meeting her physical needs."
• Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices. The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. Staff recognised people's diverse needs and there were policies in place that highlighted the importance of treating people as individuals; The provider ensured staff received training in dignity and respect; person centred care and equality and diversity to aid their understanding.
• The registered manager and staff were clear that discrimination would not be tolerated and were confident any human rights or equality needs people had would be met.
• The atmosphere in the service was warm and friendly with staff observed to give individual attention to people when needed.
• Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect. People were clearly relaxed and comfortable in the company of staff.

Supporting people to express their views and be involved in making decisions about their care
• People and their relatives were involved in the planning of their care as much as possible. Staff ensured that relatives and others who were important to people were kept updated with any changes to the person's care.
• Where needed, people were supported to access advocates. An advocate is someone who can speak up on behalf of another who is unable to do this for themselves.

Respecting and promoting people's privacy, dignity and independence
• People told us they felt staff respected them. One person said, "When they are washing me, they make sure the curtains and my door are closed." A second person told us, "I mostly do things for myself but the staff

respect my privacy and they knock when they enter my room."
• Peoples' right to privacy and confidentiality was respected. Doors were closed during personal care. Where needed conversations in public areas were discreet. Records were stored safely.
• People were supported to maintain as much independence as possible. Equipment aids were used in order that people could continue to eat meals independently and mobilise around the home.

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
• Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
• Staff involved people and their relatives where appropriate in the support. They gathered information from a variety of sources to ensure that the support plans implemented were based on the individuals needs and preferences.
• One person told us, "My daughter deals with my care plan and all my money. Matron visited me in the hospital before I was discharged to (another care home) and then came here." A relative said, "We have been involved in her care plan and were able to decide what was best for her. Her care plan is reviewed every 6 months. They try to involver her."
• Staff responded to people's needs and sourced external input from other professionals to ensure their needs could be met. For example, we saw that staff had referred one person to the GP for a medicines review following a number of falls. Tissue Viability nurse support had been requested for some people and we saw that some people who had been admitted with pressure damage had received care and treatment that had led to the wounds healing.

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 are 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.
• Staff understood peoples' communication needs and the registered manager assured us that information would be provided in a format that people needed to help them understand. Menus had been provided in a written format for those people who were hard of hearing and large print documents had been provided where needed. One person who first language was not English had communication cards to support them and staff to communicate effectively.

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
• One person told us, "I like to do word searches. They (activities staff) tell me what activities are happening. I also go into the garden if the weather is nice and meet my friend and we have a laugh. I go the hairdresser, upstairs once a week." A second person said, "I don't want to do the activities. Someone comes to me and

we do the quiz in my room. I'm happy as I am here on my own or if I have visitors."
• An activities plan was in place and on display. This was based on what staff knew people liked to do. Activity staff were observed to positively engage with people generally and throughout specific activities.
• Activity staff offered both group and individual activities. They encouraged people to be as involved as possible and used information they had gained about people's likes and dislikes to plan activities.
• Staff were working to develop community based activities and events. A recent fete had taken place and people spoke positively about this event. A local primary school visited once a week and people had visited the school. Coffee and chat sessions at a local scout hut were attended and a recent knit and natter groups with a community group had started.

End of life care and support
• Staff had received training in end of life care and had worked with a local hospice to ensure they could deliver the 6 steps of End of Life pathway for people. This is a national strategy which leads from initial discussion about death and future care, on to assessment and the provision of high quality co-ordinated care and support through to the final days and end of life.
• End of life discussions had taken place with those people who were happy to have these discussions and we saw that planning for people's end of life care had started.

Improving care quality in response to complaints or concerns
• A complaints procedure was available, and people knew how to access this. People were confident that if they raised concerns these would be addressed, and appropriate action taken as a result.
• One person said, "If I was unhappy I would speak to Matron" and a second said, "if I was unhappy, I would start with the nurse. I've never made a complaint". A relative told us, "If I was unhappy I would talk to Matron or her Deputy or the senior carer. The only issue I had was they were putting mum to bed in the afternoon and she wasn't tired. When I visited in the evening she was agitated. I spoke to the Matron and since then there has been no problem. They listened and addressed my concerns.'
• Records confirmed that any concerns or complaints reported had been investigated, responded to and action taken to prevent reoccurrence.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People spoke positively about the management of the service and told us they would recommend the home to others. Relatives confirmed this. A relative told us, "Matron (registered manager) explained about the CQC report. After visiting and mum coming to live here I wasn't concerned. I'm confident with the care my mum receives, and I have no issues with the home. I think the home is well led. Overall I'm very happy."
• Staff told us they saw the management regularly and thought the registered manager had bought positive changes to the service. They described the registered manager as very nice and approachable. They said the registered manager always had time for staff, listened to them and gave them feedback. Staff felt the registered manager cared about both people and staff.

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 demonstrated an open and transparent approach to their role. Staff confirmed the registered manager worked in this way and said they always encouraged staff to reflect on their practice and learn lessons where these were needed.
• There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•There was a clear staff structure throughout the service. The registered manager was supported by a nursing deputy manager, care deputy manager, team leaders, senior carers and carers. All staff were clear about their roles and responsibilities towards people living at the home. Champions roles had been introduced into the service and staff were receiving additional training to support them in these roles.
• People, relatives and staff were confident about raising any issues or concerns with the registered manager and said their door was always open.
• The provider had a range of quality assurance process in place, including multiple audits of the service. Most of these had been effective and led to contact with other professionals or improvements being made.
• The provider was in the processes of completely reviewing their quality assurance processes and the newly developed system had been trialled at Northcott House. Following this a comprehensive action plan had

been developed, including areas aimed to make further improvements to the service, introducing more regular meetings, analysing information gathered from call bells and ensuring protected mealtimes.

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

• Staff told us that communication had improved and had become more open since our last inspection. Staff meetings had been established where staff could raise their concerns. One of the main complaints from staff was a high use of agency (non-permanent) staff. The management team had responded to the staff in 'you said, we did' displayed in the foyer. The response indicated that the provider had increased the drive-in recruitment of permanent staff. A 'Voice box' to enable anonymous reporting of concerns had also been recently put in place. Staff confirmed they could make suggestion and were listened to.

• A new meeting for heads of departments had been established. • A relative told us, "Communications is good. There is a relative meeting tomorrow. Unfortunately, I can't attend but I have spoken to Matron (registered manager) and she said she would send me the minutes. There are one or two relatives' meetings held each year." The registered manager planned to increase the frequency of these.

• Feedback surveys were given out twice a year to people, relatives and health and social care professionals. Feedback from this was positive. One social care worker commented, 'care plan was very sensitively written without breaking any confidentiality. Very skilled person-centred care plan'. Following feedback, a 'You said, we did' poster was created which demonstrated people's feedback had been acted upon. For example, people had suggested a wider variety of activities. Cinema clubs, music clubs and gardening clubs had started.

Working in partnership with others

• Staff had developed links to other resources in the community to support people's needs and preferences. For example, local churches provided religious support to those who wanted this.

• Staff worked closely with other health professionals to ensure people received the support they needed.