Northway House Residential Home Limited

Northway House Residential Home

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

Summary of findings

Overall summary

We undertook an unannounced inspection of Northway House Residential Home on 3 and 5 December 2018. When the service last received a comprehensive inspection in November 2017 we found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches included the following failures; Statutory notifications had not been made as required. The care and treatment of people was not always person centred and met their needs and preferences. People risked being deprived of the liberty without legal authority. Systems and processes to investigate allegations of abuse were not effective. The premises were not appropriately maintained. The provider had not ensured systems to assess, monitor and mitigate the risks to people were effective. Following this inspection we rated the service Requires Improvement

Following the inspection in November 2017, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective, Responsive and Well-Led to at least a good rating.

On 31 March 2018 we undertook an unannounced focused inspection of the home to check the most significant issues from the last inspection. The team inspected the service against one of the five questions we ask about services: is the service Safe? This is because at the last inspection the service was not meeting some legal requirements; we had significant concerns about a choking risk which had not been managed appropriately. During the focussed inspection, we found the registered manager had made the required improvements. Following this inspection, the rating of Requires Improvement did not change.

During this inspection, we found the required improvements from the last two inspections had been made and we rated the service good.

Northway House Residential Home 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 did not provide nursing care. Northway House Residential Home is able to accommodate up to 29 people in one adapted building. At the time of the inspection there were 23 people living in the home and another six people staying there for respite (short term) care.

There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Systems, processes and standard operating procedures around medicines were reliable and appropriate to keep people safe. Monitoring the safety of these systems were robust.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were suitable recruitment procedures and required employment checks were undertaken before staff began to work at the home. Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring.

Staff knew the people they supported and provided a personalised service. Care plans were in place detailing how people wished to be supported and families were involved in making decisions about their care.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

Staff told us the registered manager was accessible and approachable. Staff and relatives felt able to speak with the manager and provided feedback on the service.

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.

Plans were in place to manage risks for people and staff. Accidents and incidents were recorded and responded to appropriately. People were being protected from abuse because staff understood the correct processes to be followed if abuse were suspected.

People were protected from the risks associated with poor staff recruitment.

There were enough staff to meet people's needs.

People could expect to receive their medicines as they had been prescribed because safe systems were in place for the management of medicines.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Is the service caring?

Good

The service was caring.

Staff were knowledgeable about the care people required and the things that were important to them.

Staff were respectful of people's privacy. We saw positive interactions between staff and people using the service. People

responded well to staff.

The home had links to local advocacy services to support people if required.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Relatives felt the staff and manager were approachable and there were regular opportunities to feedback about the service.

People could be confident concerns and complaints would be investigated and responded to.

Is the service well-led?

Good

The service was well led.

The registered manager had made changes following the last inspection to make improvements and meet legislation.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The registered manager and the provider checked the quality of the service provided and made sure people were happy with the service they received.

Northway House Residential 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 3 and 5 December 2018 and the first day was unannounced. The inspection was carried out by one Adult Social Care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). We used information the provider sent us in the PIR. 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 looked at the information in the PIR and also looked at other information we held about the home before the inspection visit.

During our inspection we spoke with five people who lived in the home, five visitors, four care staff, the activity coordinator, the Head of Care and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed care and support in communal areas, spoke with some people in private and looked at the care records for four people. We also looked at records that related to how the home was managed.

Good

Is the service safe?

Our findings

At the previous comprehensive inspection of November 2017, we found one person had a choking risk which was not being managed. We served a warning notice for this and undertook a focussed inspection in March 2018 to check the provider was meeting the relevant legal requirement. We found the required improvements had been made.

During the previous comprehensive inspection, we found risks associated with malnutrition, obesity and dehydration were not always effectively managed because staff did not complete fluid balance charts fully. One person at risk of weight loss was not being monitored. Systems and processes to protect people from abuse were not fully effective. There was no Whistleblowing policy in place to guide staff. During this inspection, we found the required improvements had been made. Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. People with nutritional risks were being monitored. The registered manager had new systems and policies in place to support this

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. New safeguarding and whistleblowing policies had been put in place and staff told us they were aware of them.

The registered manager reviewed the safeguarding process and made changes following the last inspection. They kept a log of safeguarding concerns. This showed staff raised any concerns and these were followed up. Where allegations or concerns had been bought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. Staff received additional training where necessary. People told us they felt safe at the home and with the staff who supported them. People said, "I've got no concerns", "I'm fine" and, "I'm very safe, I don't feel anything else."

At the previous inspection, a breach of regulations was identified around assessing risks for people. A follow up inspection found this had been addressed. During this inspection, we found the improvements had been sustained. The registered manager had introduced a new training course for staff around risk assessments and managing risks. A daily eating observation for people at risk of choking was in place. Staff contacted the Speech and Language Therapist if they had any concerns or questions. Where people were at risk of their skin breaking down, staff recorded how often they were supported to change position. One member of staff said, "We probably go in to see people five times more than two hourly and fill the charts in every couple of hours or when people need it." People used airflow cushions and self-adjusting pressure relieving mattresses to reduce the risks of pressure ulcers. However, people were given choices about whether they stayed in bed and which chairs they used. One person had a pressure ulcer; staff maintained regular communication with the district nurse to ensure they followed the guidance provided.

Where people suffered falls, information was recorded about the area in the home where the person fell and any reasons that might have contributed to the fall, such as whether they had any mobility devices nearby and if they were wearing appropriate footwear. The person's falls risk assessment was updated. Where people fell unexpectedly or seemed to have a history of falling, a GP was asked to make referrals to the falls team. This meant information was available for healthcare professionals.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Staff personnel files contained copies of their application form, two satisfactory references and confirmation that a satisfactory Disclosure and Barring Scheme (DBS) had been obtained. These showed that appropriate checks had been completed to ensure they were suitable to work with vulnerable people.

People had mixed views about whether they were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People told us, "There are usually enough staff, but every now and again they're short. Yesterday was a bad day, they didn't have enough staff to take people back to their rooms after tea", "There's a big turnover of staff" and, "Carers I knew have gone." Other comments included, "There are not enough staff at weekends" and, "When you press the button there's not always enough staff to respond, sometimes I have to wait." A relative told us, "People have increasing needs and there are more people with dementia, I think staff do their best under difficult situations." However, another person told us, "I think there are enough staff; there are bound to be a couple of days but someone always comes if I ring the bell". A family friend said, "We've only got to ring the bell and staff deal with it."

Staff confirmed there were days when there weren't enough staff. Staff said, "We phone around and get other staff to cover where possible, and occasionally use agency staff" and, "All staff have the same training, so when we're short staff are pulled off cleaning to provide care." Other comments included, "We've got more residents but our staffing numbers have also gone up" and, "Everyone gets on well together, if staff are off sick other staff will step in." Our observations were that there were enough staff at the time of the inspection.

The registered manager had engaged another manager for weekends; this meant management cover was always available. The registered manager said, "We get quite a few staff who think the grass is greener elsewhere, then they come back." Any new staff were not included on the rota, they shadowed experienced staff until they were competent. This was agreed during supervision and with discussion with the member of staff concerned.
When staff changed shifts, information was shared between them during handovers. This meant staff had up to date information about people's conditions and any actions which needed to be followed up were identified.

During the previous comprehensive inspection, we noted the premises were not appropriately maintained. During this inspection, we found the required improvements had been made. The registered manager explained the work that had been completed. Previously, a ceiling was leaking. The ceiling had been properly dried out and painted. Water ingress had been observed through skylights in a corridor; a temporary repair had been competed for winter and the skylights will be replaced in the summer. Where carpets had been stained, a contractor had been booked to deep clean carpets stained by water damage. The registered manager told us the carpets will be changed in due course when the work has been completed, estimates were seen for this. Our observations of the home were that it was clean and tidy with some areas in need of decoration. However, the registered manager had a rolling programme to replace carpets and decorate the home. Different areas of the home had been painted different colours to help people find their way around. The quiet lounge had a library area and books with large print. One room was

used for storage of equipment such as hoists. The registered manager told us this room used to be used as a TV room, however everyone now had a TV in their own room. The registered manager told us of their plans to build a storage area outside for equipment.

Where people took medicines which meant they needed to avoid certain foods, this was not always recorded. One person used an anticoagulant (a blood thinning medicine) which reacted with cranberry juice, there was no information about this to guide staff. Staff told us, "This person doesn't drink cranberry juice." However, the Head of Care immediately made changes to this person's care plan and ensured staff would be made aware of the risks by adding the information to the next handover sheet. Where other people took medicines which reacted with grapefruit, this information was available and staff were aware. Other people took different anticoagulants associated with risks if they fell and hit their heads; this information was not in their care plans. All staff we spoke with said, "We phone for an ambulance straight away if people have fallen and hit their heads." Although this meant risks for these people was being managed, the Head of Care immediately updated people's care plans and made staff aware of these changes.

A new medicines policy had been put in place; this met the required guidelines. The policy stated staff could only administer medicines when they had been suitably trained and deemed competent by the registered manager. People's medicines were administered by staff who had their competency assessed every six months to make sure their practice was safe. Staff were observed informally as well as having monthly formal observations.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Some people were prescribed medicines on an 'as required' basis. Protocols were in place for these. People told us, "I'm happy to trust staff to give me what my GP has prescribed" and, "I can ask for paracetamol if I need it."

Risk assessments were seen for topical medicines which contained paraffin. These covered the potential for the dressings to become flammable, any allergies to the products, the home environment, the work environment, people who may self-apply creams, smoking and inappropriate storage.

An audit by the pharmacy which provided medicines made two observations for improvement. These were to use 'date opened' stickers for medicines and record any changes to dosages of medicines as a new entry. Both actions had been completed. The pharmacist noted staff showed "Good medicines management". The pharmacy conducted audits every six months and the Head of Care conducted audits every second week. There have not been any medicines errors for the last ten months.

Staff had guidance about the evacuation procedure. Emergency evacuation sledges were in place and staff told us they knew how to use them. A place of safety had been identified so that in the event of an evacuation people would have somewhere they could be taken to. Local taxis had been identified to move people. Records showed that regular fire alarm and emergency lighting tests were completed. Annual inspections were carried out by external specialists.

Personal Emergency Evacuation Plans (PEEP's) gave staff guidance about the assistance people would need, including the equipment they would need and how many staff the person would need to support them. We found the PEEP's could be improved by noting the different support people would need if they were asleep in bed at night when there were fewer staff on duty, or awake and in communal areas during the day. The Head of Care assured us they would review the PEEP's immediately and make staff aware of this.

A new infection control policy had been put in place. Infection control audits were carried out every three months. People who required hoisting were assessed for the size of sling they required and each person had at least two slings; this meant there were enough to wash one and have one to use. Staff said, "People have their own slings and there are always spares. If one gets dirty it goes straight in the wash." Staff confirmed they had the items they needed and said, "We've got everything we need, gloves, aprons, anything we need." Areas of the home were deep cleaned regularly. Cleaning schedules were in place and the registered manager audited these to ensure they had been completed. Substances used for cleaning the home were audited to ensure they were stored safely and used according to manufacturers' instructions.

The registered manager ensured water tests for Legionella were completed, the last test was done in April. The Registered Manager was changing the way Legionella testing and disinfection was completed and this was in progress. The home had three sets of Combi boilers in place so water was heated as it was needed; this meant the water was not stored in hot water tanks and reduced the risks of Legionella infections.

Asbestos checks were carried out annually; the last asbestos inspection review report didn't identify any hazards; the home was considered low risk. PAT testing was done annually. Equipment such as hoists, stand aids and chairs were checked every six months. Fire extinguishers were checked every six months. Fire extinguishers were strategically placed throughout the building. All radiators had been covered and window restrictors were in place. First aid kits were in place. This meant the registered manager ensured the health and safety risks to people were reduced.

Good

Is the service effective?

Our findings

At the previous comprehensive inspection of November 2017, we found where people appeared confused, they had not had their capacity assessed to consent to care or treatment or to consent to living in the home. The registered manager and other senior staff undertook further training and referred to the local authority for advice. During this inspection, we found the required improvements had been made.

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.

Families, where possible, were involved in person centred planning and "best interest" meetings. A "best interest" meeting is a multidisciplinary meeting where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. The registered manager understood their responsibilities around best interest decisions. This meant the registered manager had followed the requirements of the MCA. Staff told us, "Staff know about best interest decisions."

People were always asked for their consent before staff assisted them with any tasks. Three people used bed rails; these had been provided at the person's request. These were evaluated and reviewed every six months and the person was asked monthly if they wished to continue with them. The Head of Care was aware of the measurement and fitting requirements and ensured the bed rails were safe. Where necessary, people had low profile beds and could use mats at the side of the bed, which meant the minimum restrictions were in place.

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 and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

The registered manger had developed a new DoLS policy and procedure for recording DoLS was in place. The system in place recorded the dates any DoLS applications were sent, expiry dates, dates of meetings and dates notifications were sent to CQC. Three people had DoLS applications in place, two of these had been authorised and one was being further assessed. There were no conditions attached to these DoLS authorisations. The registered manager said, "I think people should be allowed to take risks, but where people would be at risk of harm such as stepping under a bus, we've taken action to keep them safe. There are no locked doors, however they are alarmed to warn staff. Staff accompany people who want to go out."

Staff confirmed this and said, "There's an alarm that tells us if [name] is going out; we go out with them" and, "[Name] likes walking alone, so I walk behind them so they've still got their independence but they're safe." Other staff said, "Some people have DoLS so they're not allowed outside without someone being with them. DoLS is wider than this, it's about consent, for example for bed rails, and their capacity" and, "People don't have to do anything, they can be left alone if they want, I respect that."

People considering moving into the home had a dependency risk assessment completed; the registered manager used a well-known dependency tool. The registered manger contacted families and GP's to gather background information and past histories. The registered manager said, "We rely on the honesty of staff and families we ask questions of." As part of the initial assessment, families were asked to complete a form called 'Understanding You'. Social workers often provided another form called 'This is Me'; however, the registered manager said, "We always do our own assessments as well." This meant staff had more information about people who moved in to enable them to meet people's identified needs.

People and their relatives were given a newsletter which explained that the front door had been alarmed to protect people who needed to be escorted when they wanted to go outside. The newsletter explained that a member of staff would let people in and out of the building. One person told us, "I can go out whenever I want, I'm going home with a friend and having a meal out tonight."

The home had links to local advocacy services to support people if they required support. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. Information about advocacy services was displayed on the notice board. One person had an advocate at the time of our inspection. Others had been offered and refused the services of an advocate.

Staff told us, and records confirmed, most staff had completed training in MCA/DOLS. Managers had also received a higher level of training which had been provided by acute services.

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff told us, and training records confirmed staff received training for topics such as Emergency First Aid, Infection Control, Food Safety and Hygiene, Medication and Moving and Handling. Staff told us they felt the training they received gave them the skills they needed for their roles. Staff said, "We've done so much training it's unbelievable", "The training is really good" and, "We're always being offered training." A member of the night staff team told us, "We get the same training as everyone else." Other staff said, "Some of the training is common sense, but it gave me a confidence boost" and, "I want to do the same training three or four times, they let me do this if I'm not sure."

Staff confirmed that accredited training was provided by a range of training providers and said, "We have online training as well as external trainers" "The manager is hot on training" and, "We're supported to do additional training." The registered manager said, "I like all staff to be trained on everything" and, "We're designing a course for our residents to tell them about dementia, how it affects people and how we deal with the changes."

Training the registered manager considered to be mandatory included communication and record keeping. There were 15 courses the registered manager expected staff to complete. They told us, "Duty of Care Course makes the care provided in the home personal to the home" and, "I'm quite keen on training and education and always trying to get staff doing more." The deputy manager (Head of Care) said, "I've done L5 and I feel I've got more confidence."

People were supported by staff who had undergone a thorough induction programme which gave them the

basic skills to care for people safely. All new staff completed The Care Certificate. The Care Certificate is a nationally recognised standard which gives staff the basic skills they need to provide support for people. At the time of our inspection one member of staff was completing this and another member of staff was due to start.

Staff were supported with bi-monthly supervisions; these were both formal and informal. If staff required supervision more frequently, this was provided. Staff said, "We have regular supervisions but if I needed more I could ask."

Staff completed annual self-appraisal assessments where they could highlight their achievements, learning and training needs and longer-term objectives as part of the appraisal process.

Staff were encouraged to become Champions for a range of care topics. Champions covered topics such as dysphasia, oral hygiene and diabetes. Champions shared their knowledge and learning with other staff. This meant staff had up to date information available to them.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. People's views of the food were mixed. They told us, "I find the food difficult, the meat is quite chunky and there's too much on my plate" and, "I think the meals are microwaved." Other people said, "I have no complaints about the food, it's always a good dinner", "We get two choices for dinner; I think this is very, very good" and, "They change the menus; I've had a good variety for tea such as egg on toast or cheese on toast. I can have a bacon sandwich if I want." Other people told us, "The food is good, I'd say it was excellent" and, "The food is excellent." All staff had completed food and fluid training, where they learned about measuring fluids and food and which utensils to use. Staff recorded information about people's nutritional intake and sought professional advice where necessary. Staff kept 24-hour records of some people's intake, so if people were not meeting their daily intake staff would encourage people to have more. Staff maintained daily contact with GP's where people were losing weight or if staff had any concerns.

People were weighed regularly and any differences were monitored. One person was underweight. We found they were weighed weekly, their food and fluid intake was monitored, staff assisted the person to eat and a dental appointment had been booked. A GP was informed if people refused the nutrition they required. People were given supplements as they needed. The cook fortified foods for some people. People had fresh drinking water available in their rooms which was placed within their reach if they were unable to get up.

The kitchen was in process of being refurbished. The cook showed us the work that had been done and explained the improvements still to be completed. They told us, "I'm hoping [tiling] will be done by the end of the week." The cook had information about different dietary requirements, allergies and people's preferences. They told us, "We go around with the menus so we get to know people's likes and dislikes." One person didn't want the meals on offer and had been provided with an omelette as an alternative.

At lunch time we saw that people could choose where they ate their meal. One person who had declined to eat earlier was given fresh food and encouraged to eat. People were offered a glass of wine to have with their meal. Where people needed additional support to eat staff provided this appropriately. One member of staff said, "Where people have capacity we can still help them, especially with food, so I'll say 'Would you mind if I help you' because they may be embarrassed."

People could have snacks such as fresh fruit, chocolate bars and toast at any time. The cook told us, "If people want anything and we haven't got it, the registered manager will get it."

Good

Is the service caring?

Our findings

From our observations, we could see that people were relaxed in the presence of staff and looked happy. People told us, "I've got everything I need", "Staff are very kind people" and, "The girls are very kind." Other comments included, "Staff are wonderful", "I really love it here" and, "I can't stress how grateful we are and how lovely some of the carers are."

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. For example, staff had recorded, "[Name] is having a lie in this morning, declined any help" and, "Looking forward to a manicure later" in one person's daily notes. One person told us, "They ask me if I want to stay in bed and it's my choice what time I get up." Staff said, "I enjoy my work", "We make sure people get kind and considerate care" and, "Whenever I've been on holiday I look forward to getting back, I miss the residents and staff!"

To help staff understand the needs of the people they supported, a pen portrait of the person was on the door to their rooms. This gave information such as 'I like to be addressed as' and information about the person's background. A family friend told us, "Staff know [name's] likes and dislikes." Staff said, "We have to make sure people know what we're doing, so we always ask them and give them options", "Everyone's needs are so individual, but they have choices" and, "If someone says 'No', I would respect this." Other comments included, "We have different ways of giving people choices, such as showing them."

The Provider Information Return, (PIR) stated, "We care about what our residents think and ask them relevant questions about their care, which includes how they are treated by care staff, management and other staff. We are keen to make sure that residents are treated with dignity, respect and their choices are taken into account." People told us that staff respected their needs and wishes and they felt that their privacy and dignity were respected. Throughout the inspection, we observed staff knocked on people's doors before entering and treated people with respect and courtesy.

Each person who lived at the home had a single room where they could see personal or professional visitors in private. People told us they could have visitors at any time. Relatives told us, "I like the fact I can call in at any time" and, "It's an open house for visiting, there's no set times. They understand that people work and can't get in at set times, we can phone at any time too."

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people could say how they felt about the caring approach of the service. People's views were sought through care reviews and annual surveys.

People were assured that information about them was treated confidentially and respected by staff. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. People's documents were stored in the office in a locked cupboard. The office was always occupied by members of

staff, but if required could be locked. By doing this people's private information was protected from being seen by unauthorised parties.

People were asked about their equality and diversity needs. For example, people were asked if they had any religious preferences, how they preferred to identify themselves and if they had any cultural requirements. Where people expressed any preferences, these were recorded and staff knew how to support the person. Staff said, "Where people have said they want female only carers, this decision is respected."

One person told us, "They have a laundry here which is very, very good. The lady who does it is brilliant, she does an excellent job." A family friend confirmed this view and said, "They do all the washing and ironing, it's lovely. Clean towels every morning too, very good service."

Good

Is the service responsive?

Our findings

At the previous comprehensive inspection of November 2017, we found people had not been consulted about their wishes for bathing/showers. During this inspection, we found the required improvements had been made. People were asked daily if they would like a bath or a shower.

People had mixed views about the activities on offer. Some people told us they couldn't take part in a range of activities according to their interests. People said, "They don't do much, there's not really anything to do here", "They have a Church service but there's not much else" and, "They're limited with what they can provide with the residents' they've got." Other comments included, "I don't really want to do activities, I prefer to stay in my room", "Staff will do the crossword with me" and, "I can do activities if I want. Staff will take me down for the Church service and they do my nails." A family friend told us, "We can get a wheelchair and go into town, staff will take us in" and, "If we go out for a coffee they'll put dinner back if we're late."

Staff said, "I feel we could do more activities such as going for a walk" and, "[Name] does activities, but we play games and take people out to the bank or a shop." Other staff told us, "If I could improve anything it would be activities. Lots of people like to stay in their rooms, we do go and have a chat but we could do something like play a game of cards" and, "I'd like to see a group of four or five people together for activities." However, other staff said, "There used to be more group activities but as people's needs have changed, everyone is different so group activities weren't working" and, "There is a range, such as outings, bingo, playing cards, doing nails and hair, singing, baking, crafts, quite a lot." An activities leader told us, "If I wanted to purchase anything it's never a problem" and, "Staff get involved with activities such as quizzes, dominoes and crosswords." Staff other than activities staff did activities with people. At the time of the inspection, staff and people who wished to be involved were putting Christmas decorations up. One person said, "The Christmas decorations are lovely." Activity staff planned a month's activities and gave people a copy so they would know what was available. Staff were also gathering people's preferences for activities and asking them what they would like to do. One person told us, "The girls are very good at art. I love making cards." They showed us the decorations they had made, which were on display.

The September newsletter informed people about the internet access, which has been provided throughout the home. The registered manager told us, "One person has a tablet. We help people who would like to see what's on the internet."

People were supported to maintain contact with friends and family. Relatives said, "The managers are always willing to talk, same with the other staff" and, "They're as good as gold, that's why we chose Northway House. It's a close-knit family, homely and more personal." Other comments included, "We can phone and get an update, they're very good and approachable" and, "If you need to know anything they're professional and you get answers."

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the

person's needs and expectations. Two relatives told us, "It's absolutely marvellous, whatever questions we've asked have been answered." The registered manager used a document called. 'Planning Ahead', which helped people make decisions about their preferred priorities for care. Ten people had completed these and others were work in progress. Where people had declined to do this, their decisions had been respected. Where necessary, people wore pendants which they could use for calling staff.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Relatives told us, "We've talked about [Name], what they like, dislike and their background" and, "The more they know the easier it is, we've been involved in the care plan and they listened to what we said." Staff told us, "Seniors update the care plans, but we do the daily records" and, "We update the records for personal care, people's moods and activities." A member of the night staff team said, "I know what's in people's care plans; I do the night care ones." Other comments included, "Whatever the date, we review the person in that room, so on the 3rd we review the person in room three. People are involved in reviews wherever possible" and, "We see care plans so I know people's likes, dislikes and needs." Staff confirmed they'd had training for updating people's records.

One relative told us they were aware of the person's care plan. People had signed their care plans where they were able to.

People's health needs were reviewed regularly and as required. Where necessary health and social care professionals were involved. An example of this was visits from the district nurse to visit some people. People had hospital passports which identified information hospital staff would need to know to be able to provide care and support for the person. The information in these documents was held together with a summary of health needs and were sent with an individual when they attended hospital. This meant that necessary information was shared with other professionals at key times to ensure care needs were appropriately met. The registered manager was trialling a 'red bag' scheme, which was intended to ensure people's belongings weren't lost if they were admitted to hospital. Information about the person, such as their medical records, as well as personal items such as dentures and hearing aids, were all kept together. Initial trials have proven to be successful at preventing the loss of personal items.

One person had a book with pictures which staff used to communicate with them. The person's care plan contained information about how staff should support the person, and this information would be shared with other professionals as necessary. A transfer form was used to inform other professionals about the person's communication needs, thinking and decision-making ability as well as physical needs. Staff said, "We're still able to have a conversation with [name], but sometimes they prefer to use the pictures." The registered manager developed a communication and record keeping training course to support staff with this. They told us, "I think the courses are good, we've been able to adapt them to the needs of home."

There were monthly meetings for people who lived at the home and their relatives. People and their relatives could discuss anything they wished in the meetings.

The registered manager sought people's feedback and acted to address issues raised. The Provider Information Return, (PIR) stated, "All complaints and concerns from residents and their representatives are taken seriously and complaints are logged so that they can be monitored and responded to in a timely manner." Each person received a copy of the complaints policy when they moved into the home. People said that they would feel confident to speak to a member of staff if they were worried about anything. People said, "I know how to make a complaint and if you did make one, the staff would deal with it" and, "I've not got any complaints." One person said, "If I'm not happy about anything I talk to staff; they'll deal with it straight away." A family friend said, "There's nothing wrong here." Relatives said, "The registered

manager is always responsive when I raise things, they're only minor things. They're always very receptive" and, "They're very open, and will look into anything raised." Staff said, "We've not had any complaints, but if there are any grumbles people know they can talk to us and we do what we can or speak to seniors."

Staff had received several thank-you cards, especially after supporting people through the end of their lives. Comments included, "Thank you once again for all the care and love you showed [Name] during her stay and particularly the last few weeks of her life. It was such a comfort to me to see how much the staff cared and I will never forget the kindness shown to [Name]" and, "I would like to thank everyone for the kindness given to me during the last few days of [Name's] life, you will never know what a great help that was to me." At the time of the inspection, no-one was at the end of their life; however, the registered manager had created an end of life training course which gave staff the information they needed to support people at the end of their lives. This meant staff had Information about different religious beliefs and the requirements of each at the end of people's lives.

Good

Is the service well-led?

Our findings

At the previous comprehensive inspection of November 2017, the home was not meeting the requirements for sending notifications to the Care Quality Commission (CQC). During this inspection, we found the required improvements had been made.

The registered manager had brought in a new process for recording information, which meant notifications which needed to be sent to CQC were dealt with promptly. The registered manager also undertook refresher training about the kind of information which should be shared with CQC. Senior carers were also made aware of the requirements for notifications, so that in the event a manager was not present, the senior carer would be able to submit notifications. The registered manager audited files every month to ensure all necessary notifications had been made. The registered manager had a log of all notifications made. These notifications linked to safeguarding notifications and DOLS records. This meant the home had notified CQC of all significant events which have occurred in line with their legal responsibilities. The registered manager submitted a Provider Information Return (PIR) on 9 October 2018.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. The registered manager had a list of audits and dates that should be completed. Previously, audits were completed six monthly or annually; audits were now being done more regularly; some audits were done fortnightly. Audits included monitoring accidents and incidents, monitoring DOLs applications, safeguarding referrals and other checks. There were a variety of other audits which included the environment, staff training, fire safety risk and infection control. The registered manager also undertook a weekly inspection of the home.

In addition, there were also a number of maintenance checks being carried out weekly and monthly. These included the water temperature and safety checks on the fire alarm system and emergency lighting. We saw that there were up to date certificates covering the gas and electrical installations and portable electrical appliances.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. Staff said, "We're well-led" and, "If ever I've got a problem there's always a manager on call. I do get the support I need, it's not needed very often." Other comments included, "I think the managers do their best, some of the shortfalls we had have been dealt with", "This manager is a lot better than the last manager, the changes they've made have been for the better" and, "The manager listens to us, we can approach both the manager and the Head of Care, they're both very good." Another member of staff told us about the changes that had been made since the last inspection and said, "We've redone training and if we haven't done the food and fluid charts we're called back in to do them."

The registered manager said, "We have an open-door policy, anyone can come in and have a chat with us" and, "I like to go out on the floor to see what's going on." People told us, "The management are knowledgeable and pleasant, we can talk to them" and, "I think they do a very good job." Staff said, "The

managers do a good job. They've picked up their hands and got down to it" and, "They're very supportive and understanding."

The registered manager has worked with the local authority over the past year and said, "They are very good. We've had safeguarding and DOLs training from them which we found hugely beneficial."

The registered manager produced a newsletter regularly, to inform people and their relatives about activities and changes in the home. The newsletter dated September 2018 informed people about the decorating and upgrades that were taking place; this included information about the renovations in the kitchen and the changes made to the quiet room.

People and their relatives were given the opportunity to provide feedback via an annual survey, which they could complete anonymously. Families confirmed they had been given the opportunity to complete a survey, giving their views of the service. The latest survey had only recently been given out and the registered manager was awaiting return before analysing the results. We looked at seven replies; six of the seven had scored the home good or very good in all aspects. Questions were asked about all aspects of care and the person's experiences of living in the home. Comments on the feedback forms included, "[Names of staff] are very good with Dad; he has a very good relationship with them."

A variety of staff meetings were held, including kitchen staff meetings, care staff meetings, medication staff meetings senior carer's meetings and general staff meetings. Agenda items included informing staff about decorations and maintenance, training and equipment. Topics discussed included safeguarding and whistle blowing, complaints. Residents needs were also discussed. Staff said, "We have regular staff meetings" and, "I'm always asked if I want to raise anything."

Family members told us meetings were also held for residents and families. They said, "We can raise anything we want to, but not a lot of people say anything because there's no need." Records showed topics for discussion also included safeguarding, staff training and information about the premises, food and QA questionnaire.

The Registered Manager had obtained new policies and procedures. Staff said, "We've had quite a few meetings about the new policies and procedures. They're a lot, lot better than when I first came here."

The registered manager had a clear vision for the service , which was to provide a happy and caring home where people felt safe, happy, valued and where staff were valued as professionals. Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. Staff said, "We can talk about training, personal care, food – anything" and, "I had one not long ago, it's useful because I know if I'm doing something right or wrong."

Providers are required to display the ratings from inspections so that people, relatives and visitors are aware of these. The rating from the previous inspection was displayed prominently at the home.