Action for Care Limited

Northfield House

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

Northfield House is a residential care home for up to eight adults with a learning disability or autistic spectrum disorder.

We carried out an announced inspection of this service on 10 October 2017. The provider was given notice the week before we visited because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. This was the first inspection of this location since it was registered under a new provider, Action for Care Limited, in December 2016. At the time of our inspection, there were seven people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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 understood their responsibility to safeguard adults who may be at risk of abuse. Robust recruitment checks were completed and sufficient staff were deployed to provide safe care to people who used the service. We made a recommendation about medicines management although overall medicines were managed safely.

Positive behaviour support plans were used to promote people's wellbeing and safety. The use of these had resulted in improved outcomes for people who used the service. Care plans and risk assessments were detailed and these guided staff on how to provide safe care and support.

We observed the service to be well maintained and the registered manager completed regular audits to monitor the quality and safety of the environment.

Staff had received appropriate training and support for them to fulfil their roles effectively. People were supported to have maximum choice and control of their lives and staff support people in the least restrictive way possible; the policies and systems in the service support this practice.

Staff supported people to eat a varied, nutritious diet. People had access to a range of healthcare services to maintain their health and well-being.

Staff were observed to be respectful and positive relationships had been established. Staff supported people to engage in a wide range of activities and to access the community.

Staff demonstrated a good understanding of people's needs and could communicate effectively with people. People's care and support was kept under review to ensure it met their needs and care plans were detailed and person-centred.

Systems were in place to gather and respond to feedback. The registered manager completed a range of audits and spot checks to monitor the quality and safety of the service. People told us the registered manager was approachable, supportive and responded to feedback.

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.

Positive behaviour support plans and risk assessments were used to guide staff on how to meet people's needs in a safe way.

The provider followed safe recruitment practice. There were enough staff deployed to meet people's needs.

Staff understood how to safeguard adults who may be at risk of abuse and avoidable harm.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

Appropriate arrangements were in place to ensure staff received training and support to enable them to provide effective care.

People's rights were protected in line with relevant legislation and guidance on best practice.

People's nutritional needs were met.

People had access to healthcare services.

Is the service caring?

Good

The service was caring.

People were treated with respect and staff were kind and caring.

People were offered choice over their daily routines.

Is the service responsive?

Good

The service was responsive.

People's care preferences were taken into account in their care and support.

Care plans were detailed and these were reviewed on a regular basis.

There were systems in place to manage and respond to complaints about the service provided.

Is the service well-led?

Good

The service was well-led.

Feedback about the management of the service was positive.

Staff told us the registered manager was approachable and supportive.

Systems were in place to monitor the quality of the service and drive continuous improvement.

Northfield House

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. The inspection was planned to check whether the provider was 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 comprehensive inspection took place on 10 October 2017. The provider was given notice the week before we visited because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out 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.

Before the inspection, we looked at information we held about the service, which included information the provider submitted as part of the registration process and notifications. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We also contacted the local authority's adult safeguarding and commissioning teams to ask if they had any relevant information to share about the service. We used this information to plan our inspection.

We did not ask the registered provider to complete a Provider Information Return (PIR). This 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.

We spoke with two people who used the service and one relative. We looked at care files and associated medicine records for three people. We observed interactions between staff and people who used the service to help us understand the experiences of people who could not tell us directly about their care. We looked at communal areas and with their permission we looked in people's bedrooms.

We spoke with the registered manager, deputy manager and four care staff. We reviewed the staff handbook, recruitment records for two staff, training records, staff rotas, meeting minutes and other records relating to the management of the service.

Good

Is the service safe?

Our findings

We observed people were comfortable walking round the service and were at ease with staff who supported them. One person told us, "I have a key to my room. I feel safe." A relative explained their family member required careful supervision and support to ensure their safety. They said, "[Name] is not able to understand the consequences of what they are doing and is supported to make better choices."

The registered provider had a policy and procedure on managing medicines. This included the process for prescribing, handling and administration of people's medicines safely. Staff had received training on medicines handling and we saw checks were completed of their practice to ensure they had the necessary knowledge and skills to support people with their medicines safely. Care plans included people's individual preferences regarding their medicines. For example, for one person their care plan stated, 'I can apply my own gel if it is placed on my knee then ask me to rub it in'.

Medicines were stored securely in locked medicine cabinets in people's rooms. Staff were aware that the storage conditions could influence the stability of medicines and were recording the temperature of medicine cabinets. The cabinet we looked at had a thermometer so that the temperature could be monitored, which is required if there is any concern that the temperature is above 25C. However, this was not the maximum / minimum thermometer recommended. We discussed that staff used a system of secondary dispensing, which is not best practice. The registered manager told us that they were going to start using a new pharmacy. They said secondary dispensing had only recently been introduced and would be discontinued.

We recommend the provider reviews the safe storage and administration of medicines.

Records were maintained of medicines given and the amount of stock was monitored. Protocols were in place to guide staff on the administration of emergency medicines, together with a seizure action plan. Separate arrangements were in place for the storage of controlled medicines. This meant that people affected had an individualised plan for the management of their epilepsy and staff had suitable guidance on how to respond to seizure emergencies. Protocols included information about medicines prescribed to be taken only when needed and a record was kept of when and why these were used. This showed us safe systems were in place to ensure people received their prescribed medicines.

Comprehensive risks assessments were in place. These included the measures to minimise risks both inside the person's home and in the community. Staff had received training on the use of physical interventions to guide or redirect people to ensure their safety and the safety of others when needed. We saw people's care records included the strategies staff used included steps for reducing known triggers for a person's behaviour and use of breakaway techniques. A record was kept of any incidents and the registered manager analysed these to determine any emerging themes or trends.

People's care records demonstrated appropriate action had been taken to reduce the need for physical intervention. Positive behaviour support plans were used in consultation with specialist services to support

positive behavioural change and improve people's lives. Information relating to incidents was also used as evidence of progress at reviews and to consider any issues that may help avoid the need to use restraint in the future. This showed us that effective safeguards were in place to ensure only appropriate physical interventions were used.

During our inspection we observed staff used strategies to good effect with people throughout our visit. For example, staff had been deployed to distract one person who became upset at handover times. Staff offered prompt reassurance to deescalate the situation and this helped to reduce the person's anxiety and distress.

There was a safeguarding and whistleblowing policy in place and staff completed safeguarding training. Staff demonstrated an understanding of the signs which may indicate someone was being abused and could describe what they would do if they had any concerns. Staff told us they would not hesitate to raise any concerns and had done so in the past. Records showed the registered manager had referred a safeguarding concern to the local authority and action had been taken to keep people safe. We discussed with the registered manager about reporting to CQC and are confident they understand their responsibilities in this regard.

The registered manager told us about recent staff recruitment and we saw they had followed appropriate recruitment checks to ensure only suitable staff were employed. Recruitment records showed new staff were interviewed and references were obtained. The provider ensured Disclosure and Barring Service (DBS) checks were completed. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with people who are vulnerable because of their circumstances.

Recent staff recruitment had largely removed the need for agency staff, but when agency staff were used, profiles were obtained to ensure they had the necessary training and that appropriate recruitment checks had been completed. A relative told us there was always, "Plenty of staff."

On the day of our visit we saw enough staff were deployed to meet people's needs in a timely way and to enable people to go out when they wanted. Records showed that people received one to one support in line with their contractual agreements. At night, there were two members of staff on duty, one of whom was asleep and available if needed. The registered manager told us that following consultation the provider intended to increase night staffing to two staff awake at night. They said this decision followed government guidance on wage entitlements for night workers.

A fire risk assessment had been completed as required and in addition, to routine maintenance checks each person had a Personal Emergency Evacuation Plan (PEEP). These contained important information to guide staff and the emergency services on how to safely evacuate the building in the event of a fire. Health and safety checks were made to ensure the premises and equipment was safely maintained. Checks completed covered portable electrical appliances, gas services and water temperature checks to manage the risk of legionella. A business continuity plan was in place. This included guidance on responding in the event that alternative accommodation was needed because of a fire, flood or other emergency. We discussed with the registered manager keeping this essential information together so it was easily accessible in an emergency.

Good

Is the service effective?

Our findings

We received positive feedback about the skills, knowledge and experience of staff. However some concerns were raised about staff understanding and knowledge with regards to the new staff and their knowledge of autism. We looked at these issues during the course of our inspection by speaking with managers and staff, observing staff practice and reviewing staff training and supervision records.

The registered manager described the training staff completed which included individual coaching, online e-learning courses and an increasing use of classroom based group training. Topics covered included food hygiene, first aid, physical intervention, fire safety, health and safety, infection control, first aid, safeguarding, medicine management, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We saw that autism awareness training had been arranged for new staff. Appropriate arrangements were in place for refresher training so that staff skills and knowledge was kept up-to-date.

Staff told us that the registered manager was supportive and they were positive about the training they had undertaken. A newly appointed care worker told us they shadowed more experienced workers until they felt confident to work alone. They said that they were well supported within the team and they enjoyed their work. Another care worker told us that the registered manager was approachable. They said, "We are doing more training together as a team and that is really positive." When asked, another care worker said, "Yes, I am well supported. [Registered manager's name] is a good manager."

Records showed that staff had received regular supervision. This meant that staff had the opportunity to discuss practice issues as well as identifying any training needs or support they required. The registered manager told us that senior staff would begin to take on a supervisory role once the team was fully established. During our visit we observed that staff were confident and were attentive to people's needs and acted quickly to prevent situations from escalating.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and DoLS. At the time of our inspection, DoLS authorisations had been granted for three people who used the service. Appropriate paperwork was in place. Records evidenced DoLS authorisations had been submitted for the remaining people who used the service and these were waiting to be assessed by the supervisory body. Effective management systems were in place to ensure new authorisations were submitted in a timely manner.

Best interest decisions included people's relatives and health and social care professionals. We found that

consent was appropriately sought and that people's rights were protected. We discussed with the registered manager the mental capacity assessments undertaken, to ensure these focused on the person's capacity to make a particular decision. They agreed to review these and update them as required.

We observed staff sought people's consent with regards to what they wanted to do and how they spent their time. Examples included, "Shall we look in the cupboard and see what we can bake?" "Do you want to go out? Where shall we go?" At the same time we saw staff encouraged and guided people in the choices they made. For example, for one person it was suggested they might want to look on the internet to give them some different ideas about what they could buy before they went out.

People were offered a wide range of foods with plenty of fresh fruit and vegetables to maintain a well-balanced and nutritious diet. Staff showed a good understanding of people's special dietary requirements. They told us the menu was planned with input from people who used the service and known food preferences. Information regarding a healthy diet was included in people's records and displayed on a poster in the service.

Staff adopted people's preferred methods of communication such as Makaton signing, objects of reference and the use of photographs and / or other symbol based supports. We saw staff put this into practice throughout our visit. For example, for one person who used non-verbal communication they were shown two cereals so that they could choose what they ate for breakfast. A relative told us that staff were skilled at encouraging people to eat a healthy diet. They said, "[Person's name] eats lots of different foods and the variety they eat is great."

People's care files were detailed and these contained contact details and evidence of consultation with a range of health professionals and on-going assessment and review. Staff supported people to attend their medical appointments and records detailed the advice given and any resulting actions or changes to the person's care and support. People had a 'hospital passport' with information about their medical history and health needs, together with details about how best to support and communicate with the person. These were designed to ensure hospital staff could more effectively meet people's needs in case of hospital admission.

Good

Is the service caring?

Our findings

There was a relaxed atmosphere and we observed that people who used the service looked comfortable and at ease throughout our visit. Staff were patient, calm and confident and this helped to reassure people and reduced any anxiety or distress they experienced.

A relative told us that there was always sufficient staff. When asked if the staff were kind and caring, one person gave a 'thumbs up' sign and a smile to indicate their agreement. People received one to one support for part of the day dependent upon their assessed needs. The registered manager told us of recent staff appointments, which they said was an important factor to promote consistent care for people. This helped to forge positive relationships between people who used the service and the staff.

We received positive feedback regarding the permanent staff. A relative told us, "Generally, I am happy with [Person's name] care and feel the home has been good for them." We observed that staff knew people's likes and dislikes and how they liked to spend their time. Information regarding people's interests and preferred lifestyle was also recorded in people's care plans so new staff could get to know about people and recognise what was important to them.

During our visit we observed staff were patient and spoke with people in a calm, respectful manner. Staff were proactive in engaging with people and involving people in conversation before decisions were made. This ensured people's views were taken into account. A notice board with pictures and words was displayed in the dining room to provide people with a visual prompt about their planned activities. Staff told us that some people preferred a set routine whereas others liked to choose on a daily basis. They recognised some people responded better when offered a limited number of choices and said there was no problem in anyone changing their minds about what they wanted to do at any time.

Each person had an allocated keyworker who had responsibility, among other things for liaising with family, medical appointments, and keeping people's support plans and risk assessments under review. The registered manager told us that wherever possible people had a keyworker who shared similar interests to promote meaningful relationships. When required the registered manager told us people would be referred for independent advocacy. For example, one person had been referred to advocacy services to help them with decision making over their future placement.

We observed staff were skilful at offering people choice. We saw that the use of intensive interaction helped staff to proactively engage with people who used the service. The key principle of the intensive interaction approach is staff learn to follow the individual's lead to help them develop meaningful relationships and learn communication skills. We noted the service had a sensory room that contained soft toys, skittles and fibre optic lights which had a soft lay down area and foot massager to stimulate the senses and aid relaxation.

Good

Is the service responsive?

Our findings

People had a wide range of activities they took part in. Examples included trampoline sessions, the cinema, walking, bowling and swimming. A relative told us, "The staff are amazing. They get [Person's name] out every day." Staff had produced a folder of places of interest and information about access and facilities available to assist new staff. They told us that people enjoyed trips out to cafes and garden centres locally as well as trips further afield to the seaside. Several people liked to visit the local social club and had friendships with people who lived outside the service.

People's care files were detailed and included information about people's individual needs, together with guidance for staff on how those needs should be met. Care plans and risk assessments were reviewed so that staff had the updated information they required to provide safe and effective care. Enhanced one to one support was provided in line with people's assessed care needs to ensure people's days were shaped around their care preferences. For example, for one person it was important that they were given sufficient time to prepare before they went out, to avoid them becoming upset or anxious. This information was contained in the person's care plan and we saw staff followed this in practice when we visited. This showed us the care and support provided was person-centred and individualised to their needs.

We observed that staff encouraged and supported people to be independent. For example, people helped with household tasks, laundry and food preparation according to their abilities and wishes. People's files included a one page profile with sections titled 'What people appreciate about me', 'What is important to me', and 'Things I dislike'. This set out how the person wanted to be treated, what was important to them and how they wanted to be supported. This meant that information was presented in a way that staff, including any agency staff could understand and act on quickly. .

Complaints policies and procedures were available. The registered manager told us this was due to be reviewed and they aimed to look at other ways they could make the complaint procedure easier for people to understand and use.

A record was kept of any compliments or complaints received and we spoke with the registered manager about the actions they had taken to resolve issues raised with them. This included speaking with staff at staff meetings and looking at practice issues through supervision sessions. This showed us that the registered manager responded to complaints and looked at ways to prevent their reoccurrence. This included for one person, sound proofing to their bedroom so that the occupant was not disturbed by other noises in the service. A relative said, "They are very proactive if you do need to make a complaint." This showed us people were listened to and systems were in place to respond to any comments or concerns to improve the service provided.

Good

Is the service well-led?

Our findings

The provider is required to have a registered manager as a condition of their registration for this service. At the time of our inspection, there was a registered manager in post.

The registered manager told us about new management processes, checks and audits they had put in place. We discussed these with the registered manager and are confident in the action that they had taken and the improvements that had been made. We saw that effective management systems were in place for weekly, monthly, quarterly and annual checks of all aspects of the service. The provider also completed an annual quality assurance survey with relatives and professionals.

The registered manager and deputy manager were open and transparent when discussing the culture within the service. Both were confident of a culture of continuous improvement with a new staff team and feedback we received from relatives and staff supported this view. Following our inspection we spoke with the operations manager who confirmed the quality assurance system had been reviewed to identify shortfalls and to ensure continuous learning took place. This showed us that the registered manager had appropriate management support in place in order for them to continue to fulfil their management role effectively.

Regular audits undertaken included health and safety checks, care plans, medicine management, daily notes, and accidents and incidents. An action plan had been developed in response to shortfalls including with regard to medicines management. We saw a number of positive changes were in progress when we visited including improved quality assurance and audit systems. The registered manager and deputy manager carried out additional unannounced spot checks. We saw that when issues were identified, these were addressed. For example, maintenance issues were logged for repair and recorded when completed.

The registered manager understood they are required to inform the Care Quality Commission (CQC) of important events that happen in the service such as any authorisations to deprive a person of their liberty (DoLS). The registered manager had notified CQC of three DoLS authorisations, which had been approved. This meant we could check that appropriate action had been taken.

We observed good relationships existed between people who used the service and staff. We received positive feedback about the service and the changes since the appointment of the new registered manager. Staff told us the registered manager was approachable and said they were well supported. One care worker said, "It is an open door. I can take any issues straight to them [the managers]. The registered manager, in turn, told us that they valued the staff. They said, "I trust my staff and I rely on them a lot."

There was a cheerful, calm, atmosphere throughout our visit and we observed staff communicated effectively with each other and with the people they supported. Staff told us they worked well as a team and that information was effectively shared through regular handovers, supervisions and staff meetings. These also provided staff with the opportunity to discuss any complex cases, issues or concerns.