

# Northleach Court Care Home Limited

# Northleach Court Care Home with Nursing

## 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

### About the service

Northleach Court Care Home with Nursing is a residential care home providing personal and nursing care to 31 older people at the time of the inspection. The service can support up to 40 people in one adapted building.

### People's experience of using this service and what we found

People's health and social care needs were assessed. Action was taken to reduce risks and to deliver care according to people's needs and preferences.

There were enough staff in number and skill to meet people's needs and provide care and support in a person-centred and meaningful way. Arrangements were in place to reduce risks associated with infection. People were supported to take their medicines and action had been taken to mitigate risks associated with medicine administration.

People were supported to eat and drink enough in a way which suited their individual needs.

People were provided with help to enjoy social activities and activities which more meaningful to them personally.

Managers and administration staff were approachable and accessible to people and their relatives. Staff and managers worked as one team to provide better outcomes for people. There were arrangements in place for managers to communicate with people, relatives and staff and to obtain and listen to their feedback.

The registered manager promoted an open and relaxed culture which benefitted people's wellbeing. They empowered staff to feel able to challenge poor practices and to feel included in how the home was run.

The new provider had made improvements in relation to the premises, infection control and quality assurance since acquiring the service. A full refurbishment plan was in place for the home.

People views on the service were sought. Regular people and staff team meetings took place. Quality assurance systems were in place to enable the service to identify areas for improvement and ensure people received a good quality service.

Staff told us they had received appropriate training which supported them to carry out their role. Staff told us they could seek advice from the manager and carers. The manager and staff were passionate about the care they delivered and were driven to improve the service.

The manager acted on concerns to ensure people received care which was safe and responsive to their needs. Staff were trained in safeguarding people and protecting them from harm. Any concerns or accidents

were reported and acted on.

The manager monitored the delivery of care through staff observations and feedback from people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 27 November 2018). Since the last rating was awarded the provider has altered its legal entity and was registered by CQC under the new legal entity on 2 August 2019. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was the first inspection of the service under the new legal entity. Although the previous requires improvement rating was not awarded to this provider, they had full knowledge of the service's inspection history and were responsible for maintaining and improving the service, including addressing any issues from the last inspection. We have found evidence that the provider has made significant improvements to improve the ratings.

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 ●

# Northleach Court Care Home with Nursing

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Northleach Court Care Home with Nursing is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including a representative of the provider, registered manager, nursing staff, domestic staff, care workers and the chef. 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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training information and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People's skin care needs were identified and assessed by nursing staff and care staff at Northleach Court Care Home with Nursing. Nursing staff completed risk assessments in relation to people's health and wellbeing as well as the actions required to reduce these risks. People's skin condition was monitored, and each person was placed at high, medium or low risk so staff were able to provide effective care and treatment. Risk assessments were in place for other areas such as; falls, mobility and the environment.
- Each person had a detailed mobility risk assessment which included guidelines provided by healthcare professionals. We observed care and nursing staff assisting people with their mobility and following their assessed care plans.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received relevant training and knew how to recognise potential abuse and report any concerns. Managers adhered to multi-agency safeguarding procedures; they reported safeguarding concerns and shared relevant information with appropriate professionals to help safeguard people from abuse.
- Staff told us they felt able to challenge poor practice and report their concerns to the registered manager. Where poor practice had taken place, the registered manager had acted to address this.

### Staffing and recruitment

- There were enough staff on duty to meet people's needs. The home was actively recruiting new staff and the registered manager told us staff recruitment had improved and less agency staff were being used to cover shifts. One nurse, told us, "Since the last inspection, staffing has improved and increased. We now have regular and consistent staff which really helps us all."
- Staffing numbers and staffs' skills and knowledge were reviewed when organising the duty rotas to ensure there were enough staff with appropriate experience and knowledge on duty. The registered manager confirmed, in the event of staff absences, agency staff were used, and both managers would always offer to help them if needed.
- Staff recruitment systems and records showed pre-employment checks were completed and satisfactory to help protect people from those who may not be suitable to work with them.

### Using medicines safely

- People received their medicines as prescribed. Nursing staff kept a clear record of the support they had provided to people regarding their prescribed medicines. Staff had systems they followed to ensure people were protected from the risk of medicine errors. There had been one medicine error in the previous month and this had been dealt with by the registered manager and nursing staff completing more regular audits. Nursing staff received training to be able to administer people's prescribed medicines. Staff competency to

manage and administer people's medicines was assessed to ensure they managed people's medicines safely and effectively.

- People were given time to take their medicines in a calm and patient manner. Staff asked people who had 'as required' pain relief medicine prescribed if they wanted these medicines and acted upon their wishes.

#### Preventing and controlling infection

- The home was clean and presentable on both days of our inspection and the provider told us a full structural and aesthetic refurbishment and maintenance plan was in place. We saw the future plans and each bedroom was due to have an ensuite to improve infection control procedures. The provider told us contractors were due to start early in 2020. Staff protected people from the risk of infection. Staff had received training on infection control, which gave them the knowledge and skills to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection.
- Housekeeping and laundry staff had the equipment they needed to clean the home and protect people from the risk of infection. Infection control audits were carried out monthly by the registered manager.

#### Learning lessons when things go wrong

- Incidents and accidents were reported, recorded, investigated and analysed to find out why things had not gone to plan and ensure appropriate action was taken to keep people safe. Any learnings identified through investigations was shared with staff and used to prevent similar incidents occurring in future.
- Clinical risk meetings were held with nursing staff and managers monthly to discuss areas such as; wounds, pressure ulcers, weight gain/loss, diabetes, required equipment and nutrition. This meant concerns were actioned and people's current needs were being managed effectively and lessons learnt from areas of concern.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and/or provider carried out an assessment of new people who had been referred to the service to confirm that staff could effectively meet the needs of the person. The assessment was completed in partnership with the person, involved relatives and health care professionals where appropriate. This information was used to inform the person's personalised care plan with the focus of providing person centred care and support.
- People's needs were assessed holistically and reviewed regularly, with appropriate involvement of health and social care professionals and people's close relatives when indicated. Regular reviews of people's care and support needs were in place. The registered manager told us, "As we are going to electronic records, we are able to see people's current needs."

Staff support: induction, training, skills and experience

- The home's training record showed staff completed regular training in subjects relevant to their work. Both, computer based and face to face training was provided. Staff who were new to working in care and those newly employed completed effective induction training and the care certificate. This gave them the knowledge and skills to deliver care to a basic recognised standard, including an understanding of the provider's policies and procedures. All newly employed care staff worked with more experienced care staff until they were confident and competent to work alone.
- Staff had access to supervisions (one to one meeting) with their manager. These covered areas such as; training requirements, professional development and discussing people's needs. Staff told us supervisions were carried out regularly. One staff member we spoke to said, "I feel listened to and supported."

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

- In September 2019 the home had changed the food from ready made meals which were delivered, to fresh home cooked food with two new chefs who had been employed. People and relatives were given sample menus in advance and a positive response was given by everyone. We saw two lunch time meals, and everyone appeared to be enjoying their meals. One person said, "This is good." One relative said, "The food looked lovely when I visited."
- Several people living at the home required staff support to ensure they ate and drank enough. Some people had complex needs related to their swallowing abilities and loss of cognitive ability. People's complex needs was clearly documented in care plans and guidance was available for all staff to support them to ensure people ate and drank safely and effectively. Audits of people's nutritional intake and weight were carried out monthly to ensure people were being monitored effectively and action taken to minimise the risk of malnutrition or significant weight loss.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included key contact details of people's GP, district nurse, pharmacist, and relatives. Staff prompted and supported people to access healthcare. The GP visited the home regularly.
- Staff knew people well and assisted people in monitoring their health and well-being to ensure they maintained good health and identified any problems.
- Staff told us they understood the importance of promoting people's oral health, including assisting people to do as much for themselves as possible, such using a toothbrush.

Adapting service, design, decoration to meet people's needs

- Written and pictorial signage helped people locate their bedrooms, toilets and bathrooms. Each person had a picture on their door and also a sign to say if staff were carrying out personal care to respect their dignity at that time.
- Communal bathrooms and toilets had adaptations which helped people use these more easily. This included call bells, disability hand-rails and specialised hoists for helping people to bathe. We saw one person being escorted by staff in their wheelchair to a shower room to have a shower as that was what they wished to do before lunch. The registered manager told us, signage for those people living with dementia would be updated as part of the full re-decoration plan in place for the home.

Supporting people to live healthier lives, access healthcare services and support

- Staff knew people's preferences and choices for their meals and were aware of people's individual needs. People's care plans gave staff all of the relevant information in regard to people's healthcare and preferences.

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 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. 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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager ensured appropriate DoLS applications were made to the local authority. They also followed up on applications not yet processed by the local authority.
- People were supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA). Staff asked people's permission to provide them with the care they needed. People and their relatives told us they were always informed of the care being provided and given choices about the support they received. Each person's care plan gave staff clear guidance on people's mental capacity. A monthly DoLS audit recorded if a DoLS had been applied for and/or granted and any conditions associated with them. DoLS were triaged as low, medium and high risk.
- Guidance for staff was recorded in people's care plans about what support people needed to make daily decisions and choices. We saw staff supporting people to make a range of daily choices and decisions. One person wished to have their 'doll' with them whilst eating lunch. We saw staff support this decision and the person appeared happy and content holding their doll until their lunch arrived.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 received care from staff who were kind and who knew them well. One person said, "Its good here."
- Staff were respectful of people's diverse needs. People and their relatives told us they were treated with a non-judgmental approach and staff respected their wishes, views and choices. The staff we spoke with told us they were aware of the importance of offering people choice to enable and empower people to make their own decisions about their care. People and their relatives confirmed they were fully involved in decisions about their care and daily support.

Supporting people to express their views and be involved in making decisions about their care

- Resident meetings were held every month and minutes were taken to reflect discussions, actions and outcomes. In the 'resident meeting' held in November 2019, people were able to make suggestions for Christmas including hymns, a party, decorations and any food or drinks they would like if they wished. One person suggested mini sausage rolls and pork pies for the party. Another person wished to have a glass of wine with their Christmas dinner. This meant people, who had the cognitive ability were able to contribute to ideas and enjoy activities and celebrations on offer at the home.
- People and their relatives told us they were fully involved in conversations relating to making decisions about their care and support. This was during the initial assessment of their needs and continued at frequent intervals or when needs changed

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff encouraged people to retain and promote levels of independence as far as they could. Relatives told us staff supported people to carry out some of their own personal hygiene and maintain their mobility. The staff we spoke with told us how it was important to enable people to participate in their care and do as much as they could for themselves as it would allow them to maintain a level of independence.
- People and their relatives told us they or their family member were treated with dignity and respect. They also told us the staff upheld people's privacy when they provided care. People told us how staff would ensure doors and curtains were closed when supporting people with personal care so their privacy was upheld.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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

- At the time of our inspection the service was implementing an electronic care planning system. The registered manager and provider were ensuring each person's file contained a clear summary of each person's needs and preferences for staff guidance. External support staff had been brought in to help with this process and to support the service to transfer relevant information so that staff and the registered manager could do their daily roles with no extra workload. Staff spoke positively about the system, how it gave them the information they needed and allowed them to write specific information in 'real time'. A selection of areas documented in the new care plans were; Eating and drinking, Mobilisation, Skin integrity, Faith and Spirituality, Communication, Sleeping and Medication/Medical conditions.
- People were supported and reassured by staff when they became anxious or agitated. Care and nursing staff followed guidance assessed through recognised screening tools. Professional support had also been sought and acted upon to ensure people's individual wellbeing had been promoted. One person appeared agitated when entering the dining room for lunch and we saw staff guide them with a friendly hand to their preferred seat.
- In January 2020 one person had been placing themselves on the floor. A referral was made for a health professional's visit, a seating assessment and their care plan was updated. This meant the person received a review of their care and support needs and external health professional help to ensure they were safe and plans put in place to reduce risks associated with them

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.

- Information was provided to people in a format which was appropriate for them. People could have access to information discussed in residents' meetings in picture or photographic format. People could respond using facial expressions or by their body language and this was clearly documented in the meeting minutes. One person had smiled when shown pictures of a local playgroup visiting and singing. This meant people were able to have a choice, even if they could not communicate by speaking.

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

- People and their relatives spoke positively about the activities and events at Northleach Court Care Home with Nursing. Activities took place daily and an activity co-ordinator had been employed to co-ordinate and

deliver these. Activities such as; singing, skittles, classical music, tennis, a silent disco were on offer if people wished to participate. The local Northleach church choir visited regularly, which we were told people thoroughly enjoyed. A regular hairdresser visited the home every week.

- The home had introduced a new 'Goldfish card system' where each day cards were put into a bowl detailing a nice thing to do for each person. Staff would take a card at the start of their shift and implement what was on their card. Some examples were; 'Talk to [person's name] about his favourite T.V programme' and 'Give [person's name] a hand massage' and 'Sit with [person's name] and go through her dog breeding book'. We were told this gave people the opportunity to have some 1:1 time and it was positive for building relationships between people and staff, in particular for those people who wished to stay in their bedrooms.

#### Improving care quality in response to complaints or concerns

- People's complaints were responded to in accordance with the provider's policies. The registered manager kept a clear record of concerns, complaints and compliments. The registered manager used information from complaints as a way to drive improvements within the home.
- People and their relatives felt able to raise their concerns to the registered manager and provider and were confident they would be addressed. Comments included: "I feel listened to, and if I had a problem I would say." And "No concerns. The manager listens." One relative had made a complaint in October 2019 regarding dentures and this had been resolved appropriately.

#### End of life care and support

- People were supported at the end of their life by care staff and other healthcare professionals where required. There were arrangements in place to ensure necessary medicines and additional healthcare support was readily available for people to maintain their comfort at the end of their life. One staff member told us people who had required end of life care had been treated with dignity and respect in their final days.
- Care plans clearly documented people's end of life wishes. There was no-one receiving end of life care at the time of our inspection however; the registered manager told us people and their relatives had the chance to discuss end of life wishes and have a plan in place for the future.

## 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff were supported by the registered manager and provider and understood their individual roles in supporting people at Northleach Court Care Home with Nursing. Comments included: "I feel very supported; the office door is always open and [the office] has moved now so it's closer." and "Things have really changed. I really feel this is a good place to work now."
- The registered manager and team understood their responsibility to be open and honest with people and their families when things went wrong. A clear system was in place to for staff to report any concerns, accidents and near misses promptly. The manager was aware of their legal obligation to report any concerns to CQC and to do so with transparency and to take action and learn from any mistakes. A recent incident had been reported appropriately to CQC and the local authority's adult safeguarding team.
- The people and relatives we spoke to praised the impact of the registered manager on the service. Staff told us the manager had an open-door policy and was available to support staff at any time. The staff we spoke with told us morale was good amongst the staff and the strong leadership from the management was a contributing factor to this.
- The manager and staff worked well together to ensure people received personalised care which met their needs and took in to consideration their preferences.

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 and provider told us they had made some changes to old systems and processes and this had impacted on staff and people whilst new procedures were being embedded. They told us, they were open and honest through their communication about how and why the changes were important and why they were needed. Any concerns or complaints were dealt with effectively and appropriate responses given.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Monthly management meetings were held with the registered manager and provider. Minutes of the meetings were available and showed areas such as; infection control, accidents and incidents, health and safety, care plans and maintenance were discussed. Any actions and timescales were clearly documented so improvements could be made. The registered manager told us, "The meetings ensure we are covering all areas and auditing. We can then clearly see where we can improve. I feel fully supported by the new

provider."

- The management team undertook regular spot checks and audits to observe the care and support provided by staff. Observations of practice recorded aspects of service delivery such as staff interactions with people, person centred care and practical skills.
- The manager and provider were clear about their responsibility to ensure the service provided to people met their needs but also met regulatory requirements.

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

- Staff told us that staff meetings took place on a regular basis and they felt supported by the registered manager. Staff told us the registered manager was proactive in keeping them informed of any changes. Secure systems were used to communicate and share any changes in people's care needs and the service's policies and procedures.
- Surveys had been sent out to get views about the service from relatives and all the results were analysed to identify where improvements to the service could be made.

Continuous learning and improving care

- The service worked openly and in partnership with other care providers and community agencies including commissioners and safeguarding teams.
- Effective quality assurance checks were carried out by key staff members, the registered manager as well as the provider. These included checks on people's medicines, care plans, skin integrity, nutrition, hydration and tissue viability, infection control, accidents, incidents, call bells and monitoring of the care being delivered. Any issues identified in the audits were shared with the care staff and nurses and actions identified were completed. A new and updated electronic system was being introduced which would detail more information in 'real time' and provide outcomes for people and identify training requirements for staff.

Working in partnership with others

- The service worked in partnership with other agencies such as health care professionals and commissioners to ensure that the service met the support requirements of people. The provider had made changes to how they received medication to try and improve systems and processes in place.