

Caritas Services Limited

Northenden House

Inspection report

448 Northenden Road
Sale
M33 2RB

Tel: 01619626660

Date of inspection visit:
30 March 2023

Date of publication:
05 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Northenden House is a care home and provides accommodation and personal care for up to 6 people who have a range of needs including autism, mental health needs and/or learning disabilities. There were 4 people using the service at the time of this inspection

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Individuals independence was promoted at the service and staff encouraged individuals to make choices around their care and activities. Care plans were routinely reviewed and updated and reflected the care given to people at the service. Risks were appropriately identified and risk assessments were robust and showed ways to manage and mitigate risks. People were supported to take part in meaningful activities including having access to the community, this included trips to the park, the shop and a farm. The staff team knew individuals needs well and told us they knew individuals triggers and are able to reduce risks through positive behaviour support.

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

Right Care

People received kind and person-centred care. Staff responded to individuals needs well and supported them appropriately. People had access to nursing staff 24 hours a day and the service worked well with external health care professionals when needed. Medicine management at the service was safe and oversight was clear.

Right Culture

People received good quality care from the service and the service knew individuals well and responded well to them. Individuals were involved in the service delivery and also planning of their care. The service had developed "success" plans which showed individual journeys at the service and marked achievements. The service engaged those who lived and worked at the service and acted on feedback.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 May 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 15 March 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Northenden House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Northenden House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Northenden House 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 30 March 2023 and ended on 31 March 2023. We visited the location's service

on 30 March 2023.

What we did before the 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 looked at notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection

During the inspection

We observed the care and support provided to people in the communal areas across different parts of the day, including mealtimes and during activities. We spoke with 7 staff members. This included the nominated individual, the head of nursing, 1 nurse, 1 senior support worker and 3 support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 2 people's care and 4 medicines records and 2 staff files in relation to recruitment. We also reviewed records related to the management of the service, which included incident and accident reports, compliments and complaints, quality assurance audits, minutes of staff, provider and resident meetings and a range of health and safety records. We also observed a medication round and reviewed medication records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At the last inspection, the provider had failed to ensure that medicines records were accurate, which meant there was a risk medicines might be given unsafely. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Using medicines safely

- The management and administration of medication was safe.
- Medication was administered by qualified nurses who had their competency checked annually. The service also conducted monthly checks of nursing pin numbers to check registration was still relevant. We observed a medication round and medication administration was person centred and safe.
- Medication administration records (MAR's) were completed in full with no errors or omissions. Nurses performed daily audits of the MAR's charts, MAR Charts detailed how and when medication should be given. For medication's that offered a choice of one or two tablets depending on symptoms, MARs recorded this number on the record which allowed readers to track how much medicine the individuals had.
- Prescription when required (PRN) medication had protocols that were detailed and thorough and explained why and when different medications should be used. Alongside these when PRN medication was given this was recorded within the MAR and reasons why were documented. PRN medication was not being given regularly, staff told us that if the frequency increased they would ask the GP to review,
- The storage of medication was safe with medication being stored in a secure cabinet in a locked room which only nurses could access. Any over stock was stored separately to not impact current medication usage and although the service was not using controlled drugs that required additional safe storage, at the time of the inspection, the service had the means and facilities to do this safely. Fridge and room temperatures were recorded daily and were within range.
- For those service users who may require covert medication there was a dedicated protocol for this, including when and how to give the medication and the service had taken external pharmaceutical advice in relation to this. Protocols included the relevant capacity assessments and best interest documents.
- Oversight of medicines was clear with regular audits completed by the head of nursing who implemented lessons learned for any issues that had been identified.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes to protect those at risk of abuse at the service were robust.
- The service had appropriate safeguarding and whistle blowing policies in place. Staff received mandatory safeguarding training. Staff told us they know what and how to report concerns and felt confident that

leaders would address concerns.

- People told us they felt safe at the service with one person saying, "I feel very safe here".
- The service completed relevant referrals to the local authority and CQC notifications when required. Following referrals, the service reviewed these to determine if lessons could be learned and shared learning with staff.
- Accidents and incidents had the same audit and review process as safeguarding with actions clearly assigned to staff with defined timescales. Any learning from incidents was shared with staff.

Assessing risk, safety monitoring and management

- Individuals needs were assessed thoroughly and reviewed regularly by qualified nurses. Risk assessments were detailed and allowed some element of positive risk taking such as accessing the community. This access allowed individuals to feel part of the community they reside in.
- The required health and safety checks were completed at the service including Gas safety, legionella, and fire safety.
- The service had Positive Behaviour Support (PBS) plans in place, and these were used to identify potential triggers for any challenging behaviour. Staff told us they knew individuals very well and were able to use PBS to distract and deescalate behaviours often before they started. We saw one example of when a person who used the service became frustrated by the inspector's presence, staff responded immediately and calmly to deescalate using distraction to support the individual.
- The home required some maintenance following some damage from a previous resident however this was being looked at by the service.

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- MCA assessments were robust, and nurse led.

Staffing and recruitment

- Staffing levels at the service were sufficient to meet individuals needs with the service mostly providing 1 to 1 care and support to individuals, staff told us they would benefit from a dedicated domestic staff member to allow them to focus on care and support.
- Interactions with individuals were highly person centred and individualised.
- Staff recruitment at the service was robust. Staff had all necessary pre-employment checks and the relevant Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting at the service was in line with current national guidance and was unrestricted.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People appeared happy at the service; they had lots of 1:1 time with staff to engage in activities that they wanted to do. We saw each resident had a success story which looked at the positive changes that have occurred since they moved into the service.
- People who used the service were able to have meaningful community access with one staff member telling us "My favourite bit about working here is working with the residents and watching them live a fulfilled life"
- One person told us "I'm happy here and they look after me"
- Staff understood whistleblowing and how to do this, there were also posters throughout the service providing relevant contact numbers for staff if needed. There was an easy read how to complain for people who used the service.
- The introduction of senior support workers at the service has had a positive impact, this role had supernumerary time which allowed senior support workers to ensure the planning of activities was meaningful and individualised. Senior support workers also used this time to provide supervision to staff at the service and work alongside clinicians at the service to ensure reviews of people's files were accurate and up to date.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improvement care; Working well with others

- Managers were clear of the role that they played, and this was clear from discussions with them and staff. All staff at the service including the director knew their roles and knew the individuals they supported,
- The registered manager of the service is retiring, and the service is being overseen by the clinical nurse manager, Nominated Individual and an external consultant. The service has appointed a new registered manager who will start in April.
- The service had employed an external consultant following our last inspection, and this has had a positive impact on the governance systems and framework at the service. The external consultant oversaw monthly KPIs for the service and conducted quarterly visits to the service.
- The service completed monthly audits, which looked at a wide variety of care and quality measures. The service met once a month with other services within the group and discussed common themes from audits and shared learning organisation wide.
- The service responded to incidents and accidents and implemented change where needed.

- The service worked well with external agencies as part of multi-disciplinary teams around individuals' health and social needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 service engaged those who used the service well.
- The service hosted monthly "supper" nights where individuals got to choose a takeaway of their choice and then discuss issues and ideas about the home. Actions from these meetings were quickly implemented following meetings such as the buying of additional outside furniture.
- The service conducted questionnaires with staff and relatives and results were analysed by the service, actions from these were clear and were discussed at team meetings to gain staff members opinions.
- Staff told us the service and provider were very open to ideas and listening to those who lived and worked at the service.
- The service provided lots of information in easy read format in communal areas for residents to access.
- We saw evidence of staff meetings for all staff and also separately for clinical staff. The service conducted regular supervisions and annual appraisals with all staff.
- The service understood its duties under duty of candour, they had notified the CQC of important events and communicated with families around care and support. The service displayed its current rating in the reception of the home.