

Caritas Services Limited

Northenden House

Inspection report

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Sale
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

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

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

People felt safe while living at Northenden House and we received positive feedback from people and their relatives.

Improvements had been made to the home medicines systems following the previous inspection in May 2019. There were also improvements made to aspects of the governance systems, however further improvements were required with better oversight in some other areas. "

Fire safety arrangements needed to be improved to ensure the staff team were safely equipped and knowledgeable on how to deal with emergencies such as a fire.

Personal and protective equipment such as face masks were not always being used in accordance with Public Health England guidance to mitigate the risks associated with Coronavirus. As a result, the provider updated their policy and procedures on managing the risks associated with the Coronavirus in line with the latest guidance from Public Health England for care homes.

Procedures to support the safe recruitment of staff were followed and there were enough staff on duty day and night to provide the support people needed. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns.

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

Rating at last inspection

The last rating for this service was requires improvement (published 12 August 2019).

Why we inspected

This was a planned focused inspection based on the previous rating.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. We notified the Local Authority Quality Improvement Team of the areas of concern we identified, and we also contacted the local infection control team in regard to the homes approach to managing the Coronavirus.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Northenden House

Detailed findings

Background to this inspection

The inspection

We carried out this focused inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act under the domains of safe and well-led, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a care home. It provides accommodation and personal care to people living at Northenden House. The service had a manager registered with the Care Quality Commission, however this manager was no longer the homes manager and they needed to deregister.

Notice of inspection

This inspection was announced 24 hours prior to the inspection taking place. This was because infection control arrangements had to be agreed with the provider prior to our visit to mitigate the risk of any cross contamination or transmission of Coronavirus.

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 authorities with whom the service works. On this occasion the provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the business and relationship manager, home

manager, deputy manager, one nurse and two support workers.

We reviewed a range of records. We reviewed the majority of the documentation remotely by asking the provider to send us key information prior to meeting with them. This included two people's risk associated assessments and multiple health and safety records. We looked at two staff records in relation to recruitment. 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 quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection, assessing risk, safety monitoring and management

- There was access to personal protective equipment such as gloves, aprons and antibacterial gel for staff to use to prevent the spread of infection. Although the service had the appropriate equipment in place, we were not assured the provider was doing all that was practicable to ensure infection outbreaks could be effectively prevented.
- During our visit we noted staff including the manager were not adhering to the latest Public Health England guidance in respect of this equipment to mitigate the risk of Coronavirus. Personal protective equipment such as the use of face masks were not in use by staff working in communal areas to prevent and mitigate the risk of this infection.
- When spoken with, the manager they felt they were following the recommendations set by Public Health England, but after further review of the latest guidance the manager accepted the home misinterpreted the guidance. Once this was realised the staff team began to wear the face masks.
- The providers policy and procedure were also not robust at mitigating the risk of Coronavirus. The provider updated their policy and procedures to ensure it clearly covered the use of face masks and testing. We contacted the local authority infection control lead to ask them to support the home in this area.
- Safety checks connected to the home's passenger lift had not been completed. During the inspection it came to light the passenger lift examination had never been carried out and this had been overlooked in error by the provider. Regulation 9 of 'Lifting Operations and Lifting Equipment Regulations' 1998 (LOLER) states the passenger lift must receive a thorough examination at least every six months if the lift is used at any time to carry people. The LOLER inspection was arranged shortly after the inspection, we await the certification.
- The previous manager had completed the homes fire risk assessment; however, we were concerned to learn this manager had not received comprehensive training or had experience in fire risk assessments. The provider gave us assurances an external fire safety company would soon undertake a new fire risk assessment. The homes approach to fire drills also needed to be addressed, as the current approach did not clearly record or take in to consideration whether the drills had been effective and whether the staff team had a comprehensive understanding of the fire safety arrangements.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as good infection control procedures were not being maintained and aspects of the homes safety was not robust.

- Risks to people were assessed and monitored with plans in place to reduce or remove risk. People's care records clearly showed any risks, for example, of self-harm, poor nutrition or falls. Additional support plans

were in place to monitor ongoing risks and records showed that where risk had changed staff had put suitable measures in place.

- The service continued to adopt positive behaviour support techniques and encouraged positive risk-taking to improve people's quality of life. Positive behaviour support is a person-centred approach for people who may present anxious or distressed behaviours, which impact their wellbeing.

Using medicines safely

- Medicines systems were now well-organised, and people received their medicines as prescribed. Clear information was recorded within risk assessments and medication plans as to the support people required.
- People received medicines as prescribed by staff who were trained and assessed as competent. Staff involved in administering medicines had received appropriate training. Procedural guidance was in place for staff when administering medicines.
- The provider had arrangements in place for the checking in, return and safe disposal of medicines and excess stock was kept to a minimum. Medicines audits were carried out to ensure medicines were administered and handled safely.
- The service had a locked treatment room that stored people's medicines. However, we found from the clinic room temperature records it had exceeded 25°C on occasions. If the temperature of the medication clinic room reaches above 25°C this can potentially spoil the medication. We were provided with evidence of quotes obtained by the provider, confirming they were aware of the temperatures issues and they were in the process of purchasing a new air conditioner unit for this room.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblowing policies were in place and staff had training on these. Staff had a good awareness of safeguarding procedures. They knew who to contact if they had any concerns.
- The service reinforced safeguarding protocols through supervision, staff handovers and meetings. The manager had liaised with the local authority when safeguarding concerns were raised.
- People looked at ease and comfortable with staff. They consistently told us they felt safe. One person said, "Yes I do feel safe here."

Staffing and recruitment

- Robust recruitment processes were in place and staff followed these to ensure only suitable people were employed. People told us they liked the staff.
- Staffing levels were appropriate to meet the needs of the people using the service. Sufficient staff were available to meet people's needs promptly throughout our inspection and to enable people to follow their chosen activities.
- People and their relatives told us staff were kind and caring and had the right character and personal attributes to care for them. One person's relative told us, "The staff are always polite and know [person name] care needs."

Learning lessons when things go wrong

- Accidents and incidents clearly documented details of what happened, action taken to manage the accident/incident and lessons learnt.
- The service continued to monitor accidents and incidents for any themes or trends, which might indicate they could make changes to improve the safety of the service.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Overall performance at the service had improved. Key improvements to areas such as medicines management, risk assessments and care planning had been made.
- Although the provider had auditing systems in place, we found some areas had been overlooked, which did not provide assurances the provider had good oversight of the home.
- For example, the providers auditing systems failed to establish the passenger lift had never received a LOLER examination, the homes approach to managing the Coronavirus was not robust and the fire safety systems such as the assessment and evacuation drills were not sufficient.
- During and after the inspection we requested the providers audits for the service, however these were not provided. The homes business and relationship manager provided assurances shortly after the inspection that the service was in the process of assessing all quality assurance systems and addressing how to improve oversight at the home. We understand going forward this would include increasing provider visits and completing a mock audit on a quarterly basis. We will monitor the progress of this at our next inspection.

We found inconsistencies in respect of effective systems for governance and oversight. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a manager registered with CQC, however they were no longer undertaking the managers role. The provider appointed the homes clinical lead manager in July 2020 to become the homes manager. At the time of the inspection CQC were awaiting the new managers application to become the registered manager and the previous registered managers application to deregister with CQC.

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

- People and relatives were satisfied with the quality of care they received from the service. One person said, "The staff are great." Another person's relative said "I cannot fault the staff and I have had found an improvement in the communication at the service."
- The culture of the service was positive and inclusive. Although we only spent a short time in the service, we saw that there was a relaxed atmosphere between people and staff. Staff spoke about people with care and compassion.

- Regular meetings continued to take place with staff and people including a daily handover where the staff on duty met to raise any concerns or information to be aware of.
- The provider received support from the local authority, performance and quality improvement team. The provider had also developed an ongoing action plan, detailing what action would be taken to drive improvement and ensure quality and safety at the service.

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

- People and relatives spoke positively about the management team. They told us they were able to speak with them and observations showed people approached the managers without hesitation if they wanted to speak with them.
- The provider had fulfilled their legal obligations in relation to notifying CQC of important events, and action they had taken to resolve or improve things. The provider had displayed their inspection rating clearly in the entrance to the service.

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

- People provided consistently good feedback about the service. This matched feedback the service had gained which showed people were very happy with care and support. Feedback consisted of surveys and care reviews. Once feedback was received, this was then analysed, and measures put in place to support continuous improvement of the service.
- Staff told us that they received surveys, which gave them the opportunity to provide feedback on the service. Feedback was generally positive, and an action plan was devised to follow up on some of the staff comments. Such as to improve communication at team meetings with night staff also being in attendance.

Working in partnership with others

- The service worked effectively with partner agencies. We spoke with a commissioning organisation who told us the service had been improving and working with them effectively.
- Due to the lockdown and visitor restrictions due to the Covid-19 (coronavirus) pandemic, professionals were not routinely visiting the service to help reduce infection risk, but were providing remote support and guidance which had worked well.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider did not have effective systems in place to monitor aspects of the safety connected to the premises and Covid-19.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	We found inconsistencies in respect of effective systems for governance and oversight.