

# Contemplation Homes Limited

## Northcott House

### Residential Care and Nursing Home

#### Inspection report

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Date of inspection visit:  
07 November 2023

Date of publication:  
22 December 2023

#### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Northcott House Residential Care and Nursing Home is a care home that can provide personal and/or nursing care to up to 55 people. At the time of the inspection, they were providing support to 53 people, some of whom lived with dementia and the frailties of old age.

### People's experience of the service and what we found

Risks to people were not always consistently assessed and managed. Risk assessments and care plans did not always contain the information staff needed to ensure the provision of safe and effective care.

People were not always receiving their medicines safely and according to prescriber's instructions. Governance and management systems were not always effective in identifying shortfalls. When shortfalls were identified systems and practice was not always updated to prevent reoccurrence. The registered manager responded to the shortfalls identified at inspection and acted on them to make the service safe. These changes will need to embed into practice to be sustainable.

People, staff, and relatives remarked on a number of positive changes to the service in recent months. These included an extended activity team to aid people's engagement and wellbeing. Changes were made to the menus following people and relatives' meetings, and an ongoing programme of refurbishment of the building to improve the environment.

People and their relatives described staff as being kind and caring. There were safe systems in place for the recruitment of staff. Staff received a raft of training and the registered manager told us they were seeking further knowledge development opportunities for staff around supporting people living with dementia.

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.

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 Good published 8 August 2019.

### Why we inspected

The inspection was prompted in part due to concerns received about medicines, personal and nursing care and staffing. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of safe, effective, and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall

rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Northcott House Residential Care and Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to safety and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective 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** ●

# Northcott House Residential Care and Nursing Home

## **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.

### Inspection team

The inspection team consisted of 3 inspectors.

### Service and service type

Northcott House Residential Care and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Northcott House Residential Care and Nursing Home is a care home with nursing care. 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

The inspection was unannounced.

### What we did before the inspection

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 this information to plan our inspection.

### During the inspection

We spoke with 8 people who used the service and 4 relatives about their experience of the care provided. 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 spoke with 9 members of staff including the registered manager, deputy managers, registered nurses, care workers, administrator, activity staff and the chef. We received feedback from 5 healthcare professionals who have regular contact with the service.

We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance processes, training records, a sample of policies and procedures were reviewed.

# 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 Good. At this inspection the rating has changed to Requires Improvement. 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.

### Assessing risk, safety monitoring and management

- The provider did not always assess risks to ensure people were safe. Staff did not always take action to mitigate any identified risks.
- Not all risks to the environment had been robustly assessed and mitigated. For example, inspectors found a hoist in a bathroom, still available for use, which had failed a service. The registered manager later told us the hoist had been condemned and following the inspection had been removed from the service.
- Risks in relation to fire safety had not all been assessed and mitigated, for example a fire exit door in a shared area of the building was obstructed with plant pots, inspectors were told this was to stop people without capacity leaving the building via the fire exit.
- Pressure relieving mattresses were not all on the correct setting, which meant the equipment was not always suitable to meet people's needs. We found no harm had occurred at the time of the inspection; however, this posed a risk to people who were at high risk of skin integrity breakdown.
- Some people were assessed as being at risk of skin breakdown and were required to be repositioned regularly to mitigate the risk; records did not support this was happening. For example, one person needed to be repositioned every 2-4 hours, their repositioning was recorded twice in a 24-hour period. Other records showed the person's wound was improving so it is possible this is a recording issue and staff were following the risk assessment. However, managers were not able to assure themselves this was the case.

The provider failed to assess the risks and do all that is reasonably practicable to mitigate the risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Medicines were not always managed safely. Some people had prescribed creams, which were not stored securely, had illegible labels and administration was not always recorded.
- We observed there was limited guidance for staff about when and where to administer topical creams, we found no harm, however the lack of guidance and recording meant managers could not be assured creams were administered correctly.
- Prescribed thickener powder used to thicken drinks for people at risk of aspiration was not stored securely and some containers had illegible labels. ●

Some 'as and when' (PRN) medicines did not have detailed protocols to guide staff. For example, when someone could become distressed, they were prescribed a medicine to reduce their agitation. The staff on duty knew how the person would present, however there was no guidance on the steps to take prior to giving the medicine.

The failure to ensure the proper and safe administration and storage of medicines was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staff giving medicines to people, in a kind way, talking with the person to explain what was happening.
- Only staff who were trained and assessed as competent administered medicine. Staff confirmed they received training and were knowledgeable about the tasks they were performing.

#### Staffing and recruitment

- The provider operated safe recruitment processes.
- We observed enough staff to support people on the day of the visit. Staff reported there were enough staff and while we had received mixed feedback from relatives, they generally reported enough staff.
- People told us they had call bells answered promptly. One person said, "If I use my bell, I know the staff will come quickly."
- Recruitment checks had been completed before staff started to work at the service. Disclosure and Barring Service (DBS) checks were completed on all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- People were safeguarded from abuse and avoidable harm
- People and their families told us they felt safe. One person said, "I feel really safe."
- Staff were knowledgeable about their role in safeguarding people. One staff told us, "We do staff for safeguarding competencies. Staff report everything. We talk about safeguarding in supervisions, and it's something to learn from in team meetings."
- Records confirmed staff training and ongoing learning around safeguarding people.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The building was clean and was benefiting from an ongoing process of refurbishment.
- The kitchen was clean and free from clutter, relevant staff received food hygiene training and all staff had infection prevention and control training as part of their learning package.

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- We observed visitors coming to see loved ones throughout the day of our visit. People told us they could have visitors whenever they liked.

#### Learning lessons when things go wrong

- The registered manager spoke about oral health plans. They had identified concerns in respect of hygiene with people's toothbrushes. They spoke about having a color-coded toothbrush system to make sure they are changed frequently.
- Accidents and incidents were reviewed and actions taken to support people who experience falls, for example, the addition of falls detectors in their rooms.



# 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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider did not always ensure the service worked effectively within and across organisations to deliver effective care, support, and treatment.
- Feedback from health professionals was mixed. Some healthcare professionals have provided positive feedback whereas others have expressed some concerns about staff not contacting them promptly about people's health needs and felt this had led to people's care being inconsistent.
- Healthcare professionals told us they regularly did not have care staff to accompany them when visiting people to provide care which could make communication difficult.

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

- People were not always supported to live healthier lives, access healthcare services and support.
- Guidance for staff was not always clear. For example, care records for a person who had a specific health condition did not contain detail of how the condition affected them and how staff could support them only generic information about the condition. However, staff spoken with did know how the condition affected the person.
- For most people, staff ensured people accessed healthcare services when required. People told us they had access to health care. Records relating to oral health care included detailed descriptions of people's preferences and support needs.

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

- People's individual needs were not always met by the adaption, design and decoration of the premises.
- A number of people living with dementia resided in a part of the building with long corridors. All the bedroom doors were the same in design and colour, offering no adaptations to help people orientate or find their own rooms.
- Visual aids were limited. For example, some people had a photograph of themselves on their door, however, they were recent photographs and we did not see evidence staff had assessed if people recognised themselves or if a photograph from their younger days may be more recognisable to them.
- We spoke with the registered manager about the environment and they told us they would review the environment to become better focused towards supporting the needs arising from dementia.

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

- People's needs were assessed prior to them moving into the service, the registered manager had oversight

to assessments carried out by other senior staff. This helped ensure Northcott House was an appropriate place for a person to live. One person told us, "I love it here, I'm really pleased. Everyone is so nice and the staff can't do enough for you."

- The assessment formed the basis of the person's care plan and the care plan was built on as staff got to know people.
- Nationally recognised tools were used to measure a person's weight or their risk of their skin breaking down.

Staff support: induction, training, skills and experience

- People were supported by staff who mostly received training covering topics such as, safeguarding, Mental Capacity Act 2005 and other learning deemed mandatory by the provider. There were some gaps in staff knowledge in relation to training to help understand some of the issues facing people with dementia. The registered manager was aware of this and said they were sourcing further development for staff.
- New staff undertook the care certificate training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People told us they liked the staff but sometimes had difficulty understanding staff who spoke English as a second language. The registered manager explained this was mostly an issue with agency staff and recent recruitment had seen a reduction in the need to use agency staff. We were told contracted staff received support to improve language skills where needed.

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

- People were supported to eat and drink enough and maintain a balanced diet. People could choose from a varied menu and choose where they preferred to sit at mealtimes. Some people were observed eating their meal in their room, others sat at the dining table in communal spaces.
- People and relatives told us the food had improved in recent months. Some people told us they had talked about food in meetings and changes were made. One person told us "I can choose something else if I don't like the day's choices."
- We observed a person asking for a sandwich as they did not want a large meal. Staff went away and came back with a sandwich.
- People were involved where possible in their support. One person told us they had soft food because they were at risk of choking.
- People's support plans identified what types of food they could eat and what support they might need to eat and drink. People who had difficulty swallowing or were at risk of choking had been assessed by the speech and language therapy team (SaLT). We observed people having modified and fortified diets. These were prepared to the correct International Dysphagia Diet Standardisation Initiative (IDDSI) levels identified within their SaLT assessments. This reduced people's risk of choking.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
  - Staff demonstrated understanding around assessing mental capacity, supporting decision-making and best interest decision-making. Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
  - Staff understood to support people in the least restrictive way first. For example, a person who had been assessed to receive their medicine covertly, would be offered the medicine openly first.
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- For people who had been assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. The provider had completed DoLS applications and whilst awaiting the formal authorisation were monitoring applications regularly and tracking the progress.
  - The registered manager was aware when conditions on the authorisation of their DoLS, were set. The provider's systems ensured these were regularly reviewed. This meant people who were subject to DoLS were supported by least restrictive measures which were considered in their best interests.

# 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 Good. At this inspection the rating has changed to Requires Improvement. 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; Working in partnership with others

- The provider's system did not always effectively monitor the quality and safety of care provided to drive improvements and mitigate risks.
- The provider's governance systems included audits for medicine administration, risk management, the environment and care planning. These audits had not always identified the shortfalls we found. For example, the lack of recording about people's position changes, and conflicting information about people's needs in different care documents. Management oversight had not identified areas relating to the environment and equipment. The height of some of the seating in the dining area, was not always appropriate, a person who was able to eat independently had to reach up to access their chocolate mousse.
- Audits had picked up some issues found at inspection, for example, the obstruction of a fire exit and illegible labels on some creams, however these were not resolved at the time of the inspection visit, allowing the risk to persist.
- There was a monthly visit from head office personnel, who produced a report, the registered manager could add the actions to their on-going action plan. The reports recognised a number of issues each month, however records show, improvement was not always sustained. For example, a system for ensuring creams were checked to avoid illegible labels and poor storage was not put in place after it had been identified, resulting in the issues continuing.
- Relatives gave mixed views of how they worked in partnership with the service, some felt the communication could be improved, while others felt kept up to date and were asked their views. This is an area the registered manager told us they were working on.
- Staff had not always worked in a collaborative manner with external health professionals. A number of health professional have shared concerns about the inconsistencies around length of time it has taken for staff to seek outside professionals support for specific health concerns. The provider did not have effective systems to identify or manage communication concerns and did not always actively seek the views of healthcare professionals. The mixed communication experience of healthcare professionals increased the risk of people not receiving joined up care.

The provider failed to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they had objectives focused on improvement and learning. Staff spoke positively about the

'10@10 meeting' which the registered manager explained were, "Meetings are attended by the chef, activities, maintenance, housekeeping, nurses, team leaders, deputies and myself. We discuss day to day running of the home, any medical concerns, medication updates, GP rounds and reviews, audit reports, appointments for the day, nutritional changes for any residents, any complaints or concerns raised by residents or relatives, activities for the day, staffing."

- A range of other meetings were recorded and actions taken forward.

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

- The culture in the service was not always positive and person centred. For example, we observed on one occasion staff talking in front of people about a person's continence need. Another staff member referred to a person as "an assist", meaning the person needed support to eat their meal. The registered manager told us this was an ongoing process as some old practices persist and how they were changing the culture.
- The majority of the care we observed was delivered in a caring and compassionate way, by staff who demonstrated a rapport with the people they were supporting.
- Feedback from people and relatives was mixed but was predominantly positive about staff support. One person said, "I always know when [staff name] is in the building they are such fun." A relative commented, "I think the care is good, I find it a calm place."

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

- People told us, they were asked for their views about the service they received and were able to raise concerns.
- The registered manager had started to hold families' meetings as well as meeting with the people who live at Northcott House.
- The service had developed a team of activity staff, who were creating opportunities for people to become more involved. People living with dementia were supported to use other areas of the building and garden, attending general events and activities. One person told us, "I have made friends, there is always enough for me to do."

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 provider understood their responsibility to be open in the event of anything going wrong.
- The provider understood their responsibility to notify us of significant events, as they are required to by law. Notifications had been mostly sent to us in a timely manner.
- The provider understood their responsibility to notify local authority safeguarding of concerns. Records showed that this had happened appropriately and in line with safeguarding guidance

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	<p>The provider failed to assess the risks and doing all that is reasonably practicable to mitigate the risks. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The failure to ensure the proper and safe administration and storage of medicines was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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	<p>The provider failed to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>