

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

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.

### 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.

### Right Support

The staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff supported people to take part in activities and pursue their interests in their local area. We found person centred activity programmes were scheduled for certain people to ensure their routines were safely followed. The service made reasonable adjustments for people so they could be fully involved in discussions about how they received support, including support to travel wherever they needed to go. For one person we found the service implemented a number of new routines and support mechanisms to manage this person's particular behaviours.

### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. During the inspection we observed a person becoming unwell and requiring treatment. Staff were quickly on hand to support this person and provided the care and treatment they needed in their bedroom. They understood and responded to their individual needs. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

### Right culture

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. We found the service was proactive at engaging with people's families and worked in collaboration with health care teams to ensure bespoke care was provided to people.

We have made a recommendation about the provider considering the current guidance on Right Support, Right Care, Right Culture' to update their practice accordingly.

Improvements were required to the safe management of medicines. There had been no medicines errors or harm caused to people; however, staff did not always follow best practice.

We found there had been improvements made to the quality and assurance system in place to monitor the safety and quality of care provided. However, further work was required to ensure incidents were fully reviewed/analysed and further quality checks on people's medicines needed to be introduced.

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 and update

The last rating for this service was requires improvement (published 25 September 2020) and there were breaches of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

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.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good 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 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 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.

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 one inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made calls to people's relatives on 15 and 18 March 2022.

#### 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.

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.

Inspection activity started on 15 March and ended on 19 March 2022.

#### What we did before inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and professionals who work with the service. We looked at the

notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We met and had general introductions with people who used the service and spoke with two of them in more detail. Some people who used the service were unable to talk with us and used different ways of communicating including Makaton, photos, symbols, objects and their body language. 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 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 seven staff members. This included the director, clinical lead nurse, one nurse and agency nurse, and three support workers.

We reviewed a range of records. This included two people's care and multiple medicines records and two staff files in relation to recruitment. We also reviewed records related to the management of the service, which included incident reports, complaints, quality assurance checks, minutes of meetings and a range of health and safety records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three professionals who regularly visit the service. An Expert by Experience telephoned three relatives to gain their feedback about Northenden House. We spoke with two professionals who have visited the service previously.



# 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.

### Using medicines safely

- Medicines in use were stored securely in locked treatment rooms. We found medicines to be returned were not stored in line with national guidance.
- The minimum and maximum temperature of the fridge was not recorded so there was no way of knowing whether the fridge had been too hot or cold between thermometer readings. Following the inspection the provider had changed their process.
- Medicines administered in a covert (hidden) manner had guidance to explain to staff how they should be given safely. When medicines were given into a stomach tube, guidance from a pharmacist had not been obtained to check whether the medicine was safe to be administered into the stomach tube.
- The provider produced their own Medicine Administration Record charts. We found medicine directions were not always transcribed (copied) correctly onto the chart. The errors found had not been picked up on audits completed by staff.

We found no evidence that people had been harmed. However, medicines records were not always accurate, which meant there was a risk medicines might be given unsafely. This demonstrates a breach of Regulation 17 (1)(2)(c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure safe infection control procedures were implemented and we found aspects of the home's safety was not robust. This was a breach of regulation 12(1) 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 12.

- There was better oversight the home's maintenance and all checks to equipment within the home was regularly serviced and maintained in line with national guidance.
- We found improvements to the homes fire safety arrangements, with a new fire risk assessment in place and enhanced fire drills taking place.
- Care records, including risk assessments, contained the information staff needed to help support people safely. We saw that records were up to date, clear and stored securely.
- Positive Behaviour Support (PBS) plans were used to identify possible triggers for people's anxieties and agree guidelines for staff to minimise these and support people if they became agitated.

- A PBS plan for one person was not always going to plan, due to the person's unpredictability. We could see the service had worked collaboratively with a number of professionals to find the best way forward for this person. We were concerned that there was a lack of staff confidence supporting this person. We therefore provided the provider, commissioning and learning disability team with this feedback. A new strategy was developed to support the person and staff team going forward.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

- People and relatives were able to access regular visits in and out of the service. Risk assessments were in place to support safe visiting throughout the home.
- Professional visitors and visitors were required to provide a negative lateral flow test before entering the home.

#### Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- However, the service needed to analyse incidents such as Antecedent, a Behavior, and a Consequence (ABC forms) in greater detail to look for any potential trends or patterns to prevent recurrences of incidents. The clinical nurse agreed they would look to implement this going forward.

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

- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us the induction and training they received gave them confidence they could support people well.
- People and their relatives knew how to raise safeguarding concerns. Information about personal safety was shared in a way people could use.

#### Staffing and recruitment

- Safe recruitment procedures were in place. The providers oversight of the recruitment process had improved, with the service recruiting new staff. This meant there was a reduction in the use of agency staff.
- We reviewed one staff file and found this staff member received the appropriate pre-employment checks prior to commencing employment.
- 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's relatives told us staff were kind and caring and had the right character and personal attributes to care for them. One relative commented, "There are always an adequate number of staff on duty and they have the required knowledge and caring skills necessary."



# 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.

At our last inspection we found inconsistencies in the governance and oversight of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Quality assurance systems had improved, and the provider was now monitoring all aspects of the service. Whilst we saw evidence of effective monitoring there was still further work for the service to improve on such as the quality checks on people's medicines.
- Since our last inspection the provider appointed an experienced manager at the service who was registered with CQC. However, during the inspection we were informed the registered manager would be replaced by an internal candidate, due to the current manager only being able to allocate two days a week to visit the service and working from home on the other days.
- The clinical nurse manager tended to undertake the day to day running of the service and this supported consistency within the service. Feedback from the staff team was positive. Comments from staff included, "[Clinical nurse manager name] works very hard and they always lead by example" and "I can go to [Clinical nurse manager name] if I have a problem and I generally think we have improved."
- Staff had a clear understanding of their role and what was expected of them in respect of individual people they supported. Since our last inspection the provider had invested further in the staff roles, with senior positions created and diplomas in level three and five being provided to staff.
- Overall performance at the service had significantly improved. It was clear that this process had identified new ways of working and the provider had implemented new systems. However, there was further scope for further improvements with better scrutiny and oversight of incidents. However, the provider was keen to learn from past mistakes and immediate plans were introduced to remedy this.

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

- We saw people were settled living at Northenden House and had made positive changes to their lives. Where possible people were involved in agreeing their care and support needs. One person told us, "I do like it here, the staff are nice to me."
- People and a wide range of professionals were involved in reviewing and agreeing people's support needs. Particularly for one person we found regular meetings were taking place to implement new strategies and routines while taking into consideration the person's best interest.

- The staff team confirmed they were able to contribute any ideas or concerns to team meetings and individual supervisions.
- 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.
- We discussed the CQC's guidance on the 'Right Support, Right Care, Right Culture' which was published shortly after our last inspection in October 2020. Right Support, Right Care, Right Culture, provides guidance on the registration and regulation of services for autistic people and/or people with a learning disability. This guidance replaces its 'Registering the Right Support' guidance. We found the service was not fully up to speed with this key guidance. There was an opportunity for the provider to reflect on this guidance and provide further learning to the staff team to enhance the culture at the service.

We recommend the provider consider current guidance on Right Support, Right Care, Right Culture' to update their practice accordingly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Where possible people were encouraged to contribute ideas for the development of the service, for example ideas for group events or home furnishings. One person suggested exercise equipment for the service, this was being looked into.
- Staff and relatives were encouraged to give feedback about the service in a number of ways, including surveys
- There were effective systems to keep people updated and informed. Monthly residents' meetings were held, and posters were produced after these meetings. The meeting also discussed sensible steps keeping people safe during the COVID-19 pandemic.
- Staff meetings were better recorded and completed on a regular basis.
- The service had sought advice and guidance from a number of external agencies such as the local authority commissioning team, learning disability teams and social workers.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Medicines records were not always accurate, which meant there was a risk medicines might be given unsafely.