Bupa Care Homes (CFChomes) Limited

Northlands House Care Home

Inspection report

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04 November 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 01 and 04 November 2016 and was unannounced. Northlands House Nursing and Residential Home provides accommodation and care for up to 101 older people, who require nursing care. There were 89 people living in the home when we visited. Accommodation is based on three floors with a range of communal rooms for peoples use.

At our previous inspection, on the 09 and 10 December 2015, we found two breaches of regulations. The service was not meeting the regulations relating to keeping people safe from risk of harm, by ensuring that all medicines were stored correctly and peoples care plans were not being followed. At this inspection we found improvements had been made and the identified concerns had been addressed.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found people's safety was compromised in some areas. People gave us mixed feedback about staffing levels. People told us they sometimes had to wait a long time for the bell to be answered. There weren't enough pagers available that were linked to the call bells at the time of our inspection which meant that staff may be nearby but be unaware that someone was waiting to receive support. The registered manager informed us that all staff should have pagers and that new pagers were on order which should see an improvement in response times.

People felt safe living at Northlands House Nursing and Residential Home. The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies and fire safety checks were carried out.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people. Staff received training in safeguarding adults and knew how to report concerns.

Staff were trained and assessed as competent to support people with medicines. Medicine administration records (MAR) confirmed people had received their medicines as prescribed.

Staff received regular one to one sessions of supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role. New staff completed an appropriate induction programme.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes

and dislikes and offered alternatives if people did not want the menu choice of the day.

People felt they were treated with kindness and said their privacy and dignity was respected. Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully.

People had a choice and access to a wide range of activities and were able to access healthcare services.

'Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service. People felt listened to and a complaints procedure was in place.

Staff were responsive to people's needs which were detailed in people's care plans. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

Regular audits of the service were carried out to asses and monitor the quality of the service. Staff felt supported by the registered manager. There were appropriate management arrangements in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We received mixed views about staffing levels as some people felt the calls bells were not always responded to quickly enough. There were not enough pagers which meant even though staff were nearby they did not respond appropriately to people's needs.

People told us they felt safe living at the home and staff knew how to identify, prevent and report abuse.

Risks were managed appropriately and medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and one to one supervisions. Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to access health professionals and treatments.

People were given a choice of food and drink and received appropriate support to meet their nutritional needs.

Is the service caring?

Good

The service was caring.

People felt staff treated them with kindness and compassion.

People were involved in their care plan and their privacy was respected.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was Responsive.

People received personalised care from staff who understood and were able to meet their needs.

People had access to a range of activities which they could choose to attend.

People's views about the home were listened to. A complaints procedure was in place.

Is the service well-led?

Good

The service was well- led.

Staff spoke highly of the registered manager, who was approachable and supportive. Staff felt there was an open and transparent culture within the home.

There were systems in place to monitor the quality and safety of the service provided. There was a whistle blowing policy in place and staff knew how to report concerns.

Staff had regular meetings and were asked for ideas on the running of the home.

Northlands House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection was also carried out to check whether improvements had been made from the December 2015 inspection.

This inspection took place on 01 and 04 November 2016 and was unannounced. It was conducted by two inspectors, a specialist advisor in nursing care and an expert by experience in the care of older people living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 12 people living at the home and eight visitors. We also spoke with the area director, the registered manager, four nurses, six care staff, the activities coordinator and the chef. We looked at care plans and associated records for eight people, staff duty records, recruitment files, records of complaints, accident and incident records, and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection of the home, which took place in December 2015, we identified medicines were not always managed safely. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by June 2016. At this inspection we found improvements had been made to managing medicines safely.

People were supported to receive their medicines safely. People said they received their medicines regularly and at the correct times. Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and assessed as competent to administer medicines. There were appropriate arrangements in place for obtaining, recording, administering of prescribed medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Stocks of medicines matched the records, which meant all medicines were accounted for. Some people needed 'as required' (PRN) medicines for pain or anxiety. People had guidance in their care plans to help staff identify when they required (PRN) medicines. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

Topical cream containers were labelled to show the date of opening and the expiry date to ensure creams remained safe to use. However, we found a couple of creams with no open dates on them and when we spoke to the nurses about our concerns they rectified this immediately.

During most of the time in the home we saw that the staff provided the care people needed, when they required it. People and relatives told us staff usually responded promptly, however sometimes the call bells were not always answered promptly. One relative told us, "It can take a while for staff to come into my wife's room and they might say I'll be back in a minute." Another relative said, "She has had to wait five or ten minutes for staff to answer the bell so she can use the toilet." Another resident told us, "To be fair they all do their best but there are not enough staff." During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. However we observed a call bell not answered for ten minutes and had to find a member of staff to assist the person requiring help. We found that not all staff had pagers which were linked to the call bells, which meant that even though some staff were nearby they were not aware that the person had called for assistance. This could have safety implications for people waiting to receive support. We spoke to the registered manager about our concerns who told us, that all staff should be issued with pagers and sometimes staff went home with pagers by mistake. On our second day of the inspection the registered manager informed us that they had identified the issue with pagers and more were ordered so all staff will be issued with one and have set up a process of staff having to sign pagers in and out. They said, "We should start to see an improvement in response times."

The registered manager told us that staffing levels were based on the needs of the people using the service which they had increased to eight staff members on each floor, which they felt was more than was needed. Staff told us when there was no sickness this was more than enough staff and they even had time to spend

extra time with people. One staff member said, "When we have staff as planned on the rota we have more time for residents. If a staff member goes sick and it can't get covered then we can be a bit pushed." We spoke to the registered manager who informed us that they covered sickness by other staff members, or agency staff if they could not get cover.

People told us they felt safe at the home. One person said, "I always feel safe and secure here." Staff had the knowledge and confidence to identify and report safeguarding concerns, and acted on these to keep people safe. Staff told us they would have no hesitation raising concerns and had confidence that managers would take appropriate action. One staff member told us, "If I had an issue I would take it to my manager and if they did nothing I would take it further." Another staff member said, "I would speak to the nurses and if they didn't take action I would go straight to the manager."

Recruitment processes were followed that meant staff were checked for suitability before being employed by the home. Recruitment records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

Staff understood individual risks and people's health and wellbeing risks were assessed, monitored and reviewed. Risk assessments were in place for falls, medicines, skin integrity, moving and handling, nutrition and hydration, and were reviewed monthly. People were supported in accordance with their risk management plans. For example, people who were at risk of skin damage used special cushions and mattresses to reduce the risk of damage to their skin. Records for one person showed staff were provided with clear guidelines and also contained photographs on how to support the person to position in bed safely and to make them comfortable and on how to manoeuvre the person around the home.

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had individualised evacuation plans in case of an emergency. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered eventualities in case people had to leave the home due to an emergency situation.

Good

Is the service effective?

Our findings

People praised the quality of the food. One person told us, "The food is lovely" and their relative who was visiting said, "[person's name] has a good appetite and has put on weight since being here." Their relative indicated that this was a good thing for their family member. Another person told us, "Meals are pretty good" but "they can get a bit monotonous, you know what day of the week it is by the food." Another relative said, "Staff here know her likes and dislikes and offer food that she enjoys."

Staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People received varied meals including a choice of fresh food and drinks. Food was prepared in the main kitchen and then delivered to each floor in a hot trolley where it is then plated up. Each table had a menu offering two choices of main meal, however the menu didn't reflect what was being served. We spoke to the chef who told us that a menu choice had to be changed at short notice due to delay in food delivery and they had informed staff to let people know about the change to the menu so people could chose an alternative meal. However this had still caused confusion with some people as the old menu was still on the table. One person told us when their food arrived, "I don't think this is what I ordered but I don't mind." Another person said, "My dinner was good, but I don't think it was what I ordered." If people did not want the choice on the menu they could chose an alternative, such as sandwiches, soup, jacket potatoes or fish.

One person in the dining room was being fully supported to eat and this was done in a kind, unhurried way. The staff member providing the support was talking with the person, encouraging them and asking them if they were ready for more. We also heard staff members asking the people if they would like any assistance with their meals and one to one support was offered where required. People were supported to be independent and plate guards were used when required.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people had been assessed as lacking capacity, best interest decisions about their care had been made and documented, following consultation with family members and other professionals, where relevant. These included decisions relating to nursing care, meals and treatments, preferred place to live, the use of bed rails and end of life care. Staff were clear about the need to seek verbal consent before providing care or support and we heard them doing this throughout our inspection.

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. The application procedures for this in care homes and hospitals are 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 was being met. DoLS authorisations were in place for two people and seventeen further applications were being

processed by the local authority. Staff were aware of the support people who were subject to DoLS needed to keep them safe and protect their rights.

New staff to Northlands House completed a comprehensive induction programme and staff were required to complete a workbook, similar to the principles of the care certificate, which needed to be signed off by a senior member of staff. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. One staff member said, "When I started I had Induction training for five days then I had five days of shadowing with a member of staff."

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as clinical training of nursing staff, medicines, manual handling, infection control, health and safety, safeguarding adults, fire safety, end of life, nutrition and hydration, dignity and respect, and first aid. In addition, a high proportion of staff had completed or were undertaking vocational qualifications in health and
Social care. One staff member told us, "The training is on-going, we get loads." Another staff member said, "Whatever training I want I can tell them and they will provide it."

People were supported by staff who had supervisions (one to one meetings) with their line manager and annual appraisals. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "I have regular supervisions, attend the 10.30 meeting daily so I can discuss any issues then; we have a team meeting once a month and can go to the manager at any time as she is very supportive and approachable." Another staff member said, "Supervisions are on-going but I can talk to the nurses daily about any concerns I have." The registered manager told us, supervision is "on-going" and a combination of one to one meetings, and small and large group meetings, and observations.

People had access to health and social care professionals. Records showed people were seen regularly by GPs, social workers, opticians, podiatrist and tissue viability nurses. People's general health was monitored and they were referred to doctors and other healthcare professionals when required.

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person said "The staff in the home are always caring, I'm very happy, my room is always clean." Another person said, "Staff here are very nice." A relative told us, "[person's] name is happy, she loves the carers." Another relative said, "On the whole they are very good carers" and added that "they treat [person's name] with respect." A relative also described the maintenance man as very helpful. They said, "He found a super chair for [person's name] better seating and has the ability to raise her legs."

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. One staff member told us, "Love my job really do. Because of the residents I love them all." People were relaxed and comfortable in the company of staff. All the interactions we observed between people and staff were positive and friendly. Although busy staff did not rush people when supporting them. We heard good-natured banter between people and staff showing they knew people well. One person came into the dining room late as they had been out to attend a medical appointment and appeared anxious. The staff member made them comfortable and they chose a meal. However, after a few mouthfuls they pushed their plate away and said they weren't hungry. The staff member demonstrated a supportive and caring attitude to the person and sat with them and gave them time to talk about their feelings. Then other choices of food were offered and provided for the person.

When people moved to the home, they and their families (where appropriate) were involved in assessing, planning and agreeing the care and support they received. Staff informed us that people were fully involved in their care plans, and made sure they were happy with the care plan. We saw that people' s care plans contained detailed information about their life histories to assist staff in understanding their background and what might be important to them. One staff member told us, "I read the care plans all the time as I find them really useful. I like that they have what they use to do as it gives me an idea of what to talk about."

Staff told us that privacy and dignity was adhered to and we observed care was offered discretely in order to maintain personal dignity. People's privacy was protected by ensuring all aspects of personal care was provided in their own rooms. One staff member told us, "I always put a towel over the resident if proving personal care and make sure the door is shut and the curtains closed and knock before I go in." Another staff member said, "Privacy and dignity hand in hand with respect. I will always knock and introduce myself and ask if I can assist them."

People bedrooms were personalised with pictures and personal items. For example, one person was keen to show us their room. They had a small fridge in their room for their wine. The fridge and notice board were covered with fridge magnets. They said, "It started a few years ago when one of my carers bought me a back a fridge magnet from her holiday. Now they all do it and I've got them from all around the world." There were sufficient communal areas to provide people with a choice of seating in quiet or busy areas, depending on their preference.

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured people's care and treatment could not be overheard.

Good

Is the service responsive?

Our findings

At our previous inspection of the home which took place in December 2015, we identified care plans were not always followed. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by June 2016. At this inspection we found improvements had been made and care plans were being followed.

Most people and their relatives told us they felt the staff were responsive to their needs. One person told us, "The staff are very good with the exception of one or two who I complained about and they were taken away from me." A relative said "On the whole I'm happy with his care."

People experienced care that was personalised and care plans contained detailed daily routines specific to each person. Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. For example, one person could display behaviour that was challenging to staff when they were proving personal care. We spoke to nurses about how they were managing the person's personal care. They told us staff were aware of ways of approaching the person and that they needed to explain why and what interventions they were making during personal care. The person was reported to be more compliant with interventions when this is done. This was clearly documented in their care plan as well as the risks to staff. A staff member told us, "I review care plans with the residents and their family if required. We look at the whole care plan and it's what they want and we arrange around them. I ask them what time they would like to get up if they would like a male or female member of staff and arrange their room how they would like it."

People's needs were reviewed regularly and as required. We observed a morning meeting which were held daily. The daily meetings were attended by heads of departments including housekeeping, maintenance, administration and the lead nurse from each floor. This was chaired by the registered manager. This meeting updated staff on the environment, such as issues with equipment, pending building work, areas that needed additional housekeeping input and maintenance issues. The second part of the meeting involved the nursing staff and registered manager. Issues and concerns around particular people were discussed, such as dentist visits, GP visits and outcomes, changes in medication, a recent Parkinson's nurse visit, someone with increased falls, and someone's choice to have a catheter. This meeting allowed staff to share ideas. From this meeting it was very evident that the registered manager knew each person well and was fully involved with the care of the people and welfare of the staff. One discussion that took place was around a person having a catheter fitted. A catheter is a hollow, partially flexible tube that collects urine from the bladder and stores it in a bag, which can then be emptied when required. This person had used a Convene over night for a long period of time and didn't want to continue with this. A convene is specially designed for men to manage incontinence. Staff talked about a meeting that took place with the person and GP about this and that it was agreed that a catheter could be fitted. This demonstrated that the people were fully involved with their care and their views and wishes were respected.

People had a range of activities they could be involved in. One person told us, "Activities are good I like playing games, skittles and bingo." People were able to choose what activities they took part in and suggest other activities they would like to undertake. The home employed three activities coordinators who covered activities over seven days. We spoke to one of the activities coordinator who told us, they held coffee mornings for people to join in. For people who were unable to attend the coffee morning another activity coordinator would visit them in their rooms and engaged them in activities, such as reading the newspapers, playing cards, board games or hand massages. Organised activities were held in the afternoon. At the beginning of each month people were given a list of available activities for the month, which included outside entertainer's coming into the home once a week. One staff member told us, "I also get involved in activities for example yesterday I had some free time so I taught a resident a card game."

On the first day of our inspection we observed an Anglican communion and service. People were heard being asked if they would like to attend. Those who didn't want to attend were asked if they would like a visit from the vicar. On the second day of our inspection the home had a live band come into the home to play music for people. This was well attended and people were clearly having fun. One person told us, the band were, "very good." Another person said, "I really enjoy them." People were clearly enjoying it and were smiling and singing along.

The home held a wine and cheese afternoon once a month. The activity coordinator told us, "We use this opportunity to ask people what they would like to do for next month's activity." They also told us they gained feedback by visiting between five to seven people on each floor each month to fill in a monthly survey. These looked at care planning, the environment, wellbeing and activities, food and drink and complaints. Comments from these surveys included; 'the carers are all lovely they do a good job', 'Enjoys activities especially bingo and skittles', 'Very happy with food', 'Carers are excellent they are all very kind' and 'Feels treated with respect and dignity at all times.

Results from the surveys as well as feedback from residents meetings were on display in the home it. This was called a 'what you said' and 'what we did'. For example for October some of the feedback received showed people would like to have an takeaway evening again and the activities staff are going to arrange a take away night and speak to people about what type of theme they would like; also one person wanted a staff member to tidy their bedrooms drawers, which had been arranged. The activities coordinator also told us they were arranging a karaoke machine for new year's eve as a result from feedback from people in the home.

People knew how to complain or make comments about the service and the complaints procedure was prominently displayed. The provider had received four complaints since our last inspection and records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

People and their families told us they felt the home was well run. One relative told us, "The manager is very nice." Another relative said "We see the manager about and say hello."

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area as well as the homes statement of purpose. The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. Staff felt supported by the registered manager. One staff member said, "I love the manager I think she is very nice. I can just knock on her door and start chatting to her. I don't often see the door closed." Another staff member said, "Manager is approachable and supportive. I can speak to her at any time it doesn't matter how busy she is and I'm very grateful for that."

There was a clear management structure, which consisted of a registered manager, heads of departments, nursing staff, senior care staff and the area director. A deputy manager was due to start working at the home the week after our inspection. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon.

Staff meetings were held every three months or earlier if required and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas. A yearly questionnaire was send to all staff. The registered manager told us the staff informed them that last year's survey contained too many questions and staff weren't that interested in the company as a whole. So this year they listened to staff and just had a couple of questions in line with feedback from staff.

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included care plans, medicines, infection control, pressure care, nutrition and weight loss, safeguarding, and health and safety. The registered manager told us that in addition to the audits they walk round the home daily. They told us this was really important, They said, "I complete a daily walk round in the morning and will pick things up and bring it to the take ten meeting daily with all the department heads to discuss concerns and what actions have been put in place to minimise risks."

In addition to the audits, the area director visited Northlands House once a week to support the registered manager and a quality manager visits once a fortnight. Who did also carried out an informal inspection of the home during their time spent in the home. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes.

There were processes in place to enable the manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The registered manager informed us they kept up to date by attending training as part of the company leadership training. They also attended monthly meetings with other managers within the company to share best practice. There was a whistleblowing policy in place and people benefited from staff who understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place, which were updated regularly and been broken down into four books and adapted to the home and service provided. We saw these were available in the nurse's office.