

Northfield Care Centre (Thorne) Ltd

Northfield Care Centre

Inspection report

Chace Court
Thorne
Doncaster
South Yorkshire
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Tel: 01405816042

Date of inspection visit:
04 April 2023
26 April 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Northfield Care Service is a care home It can accommodate up to 80 people in a purpose-built building. It comprises of five units providing personal and nursing care for older people, including people living with dementia. There were 68 people using the service at the time of the inspection.

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

There was a quality monitoring system in place covering all aspects of the management of the service. Action plans were then developed to help drive improvement. We identified some documentation that could be improved to ensure standards were maintained. The registered manager addressed this following our site visit and sent us the actions taken to improve these areas.

We have made a recommendation that, documentation is consistent and new systems embedded into practice.

People told us they felt safe living at the service. Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Relatives we spoke with told us their family members were kept safe. There were enough staff to support people safely. People received medicines as prescribed. However, we identified some minor documentation errors and lack of consistency between units. This was addressed by the registered manager and evidence of audits and actions taken were provided. Staff administering medicines had received training which was regularly refreshed. Risks to people were managed and assessments contained appropriate guidance for staff to follow. Incidents and accidents were monitored, analysed and reviewed to ensure lessons were learnt. However, documentation could be improved to evidence how risks were mitigated. 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.

Staff followed infection prevention and control procedures. The registered manager and staff understood the importance of infection control. However, we identified some minor issues that required attention, which were addressed.

The management were visible in the service and staff told us they felt supported. People felt listened to and their views were obtained. Feedback we received from people and their relatives was predominantly positive. One relative told us, "The manager is very responsive." Although some relatives were not aware who the new registered manager was, they all said communication was very good. One relative said, "They [Staff] communicate with me every week and let me know of any changes."

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 good (Published 22 September 2022)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook this focused inspection and this report only covers our findings in relation to the Key Questions safe and well led. 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.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Northfield Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 2 inspectors 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.

Service and service type

Northfield Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced. Inspection activity started on 4 April 2023 and ended on 26 April 2023. We visited the home on 4 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider had completed a

provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 3 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, nurses, senior care worker, care workers, ancillary staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 reviewed a range of records. This included 4 people's care records, medication records and weight records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse.
- Policies and procedures were in place for whistleblowing and safeguarding adults from abuse.
- People told us they felt safe and knew who to report concerns to. A person said, "I feel safe, I don't have any concerns." Another said, "Yes, I feel safe, I always have my buzzer handy."
- Safeguarding concerns had been escalated appropriately and action taken to keep people safe when required.
- Staff undertook training in how to recognise and report abuse. Staff told us they would have no hesitation in reporting any concerns to the registered manager or appropriate authorities and were confident that action would be taken to protect people.

Assessing risk, safety monitoring and management

- Care plans contained risk assessments which identified when people were at risk and guided staff on the actions to take to mitigate the risks.
- Environmental safety checks were carried out to ensure safety of the premises.
- Emergency evacuation plans were in place outlining the support each person would need to evacuate the building in an emergency.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA.
- Some people had been assessed as lacking capacity and applications for DoLS authorisations had been made appropriately.

Staffing and recruitment

- There were adequate staff on duty to meet people's needs. The registered manager was actively recruiting. Staff told us there was adequate staff on duty to meet people's needs. Dependency tools and staff rotas were shown evidenced this.
- People told us there were not enough staff on duty. However, this was not what we found. The service had been using a high number of agency staff and this could have impacted on people. One person said, "There

is a high turnover of staff and a lot of agency used." The registered manager told us the use of agency was decreasing and new staff were being inducted.

- During our observation's we saw staff were deployed effectively to meet people's needs. However, the mealtime experience on some units could have been managed better to improve the experience for people. For example, people not served together on tables, people waiting for meals and drinks and if someone asked for a different option this was not always available on the unit. Following our site visit the registered manager had completed a number of mealtime audits and implemented improvements.
- The provider had a robust staff recruitment system in place. The files we saw showed pre-employment checks had been obtained prior to staff commencing employment.

Using medicines safely

- Medication systems were in place to ensure safe management of medicines.
- People received their medication as prescribed. People told us they had no concerns with their medication and received it safely. However, we found some minor documentation issues and lack of consistency between units. We discussed this with the registered manager and has since taken action to address the issues.
- Staff had completed medicines training and been assessed as competent to administer medicines.

Preventing and controlling infection

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

We have also signposted the provider to resources to develop their approach to ensure areas identified at inspection, for example, cluttered store rooms, were included in the quality monitoring, and actions addressed in a timely way.

Visiting in care homes

- Processes were in place to facilitate safe visiting at the service. Relatives we spoke with confirmed this.

Learning lessons when things go wrong

- The provider had systems in place to ensure lessons were learned when things went wrong.
- Accidents and incidents were reviewed and monitored by the registered manager to ensure lessons were learnt. People's care plans were updated following any incidents. However, there were a number of unwitnessed falls and the audit documentation did not always clearly show what had been done to mitigate any risk. The registered manager agreed to address this.

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 remains good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits were carried out and actions were identified to drive improvement. However, we identified several issues that had not been picked up by the quality monitoring that required improvements. For example, cluttered storerooms, inconsistencies with medicine management and dining experiences for people. These were addressed by the registered manager and new systems and processes implemented.

We recommend the provider ensures the systems and processes are monitored and embedded into practice.

- The registered manager and the staff understood their roles and responsibilities.
- There were contingency plans in place which were detailed and included information about how to ensure provision of people's care in emergency situations.
- Statutory notifications about accidents, incidents and safeguarding concerns were sent to the CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were systems in place to ensure the service sought the views of people through regular reviews, meetings and surveys. The registered manager was also undertaking individual review with people and their relatives to ensure all people's wishes, choices and needs were addressed and documented in their plans of care.
- The management team demonstrated an open and transparent leadership style. They provided visible direction and support to their staff team. One staff member said, "Management are supportive and we [staff] can raise issues with them and I think they do listen to us."
- The registered manager told us they promoted a positive, open culture, where staff upheld the same values. Staff spoke positively about the registered manager. One staff member said, "We work well as a team and support each other."

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; Continuous learning and improving care

- The provider and registered manager understood the duty of candour and their legal responsibilities to inform people and agencies when concerns are raised or when something has gone wrong.
- The registered manager was open and honest with the inspection team and took immediate action when minor issues were highlighted during the inspection.
- The registered manager and the provider used the quality assurance arrangements in place to identify areas for improvement. These had been further improved following our sit visit. The registered manager has sent evidence of the improvements implemented.

Working in partnership with others

- The provider engaged with healthcare professionals. We found that advice was sought when people's needs changed.