

Voyage 1 Limited

Northfield House

Inspection report

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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 House is a residential care home providing accommodation and personal care to up to 11 people. The service provides support to people who have a learning disability and autistic people. At the time of our inspection there were 11 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:

People lived in a domestic dwelling within walking distance of local shops and amenities. There was a bus stop nearby which enabled people to use public transport if they wished to travel further afield. People also had access to home vehicles which could accommodate wheelchair users.

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 supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff worked with other professionals to avoid people taking unnecessary medicines.

People were supported by staff to pursue their interests and take on new challenges to enhance their quality of life. Discussions with people and staff demonstrated that people led very active and social lives and were able to try new things that interested them.

Right Care:

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People and relatives were very complimentary about the staff and thought they always went the extra mile to ensure people were content and happy.

Risk assessments were carried out to promote independence, enable people to try new things and take

positive risks to achieve their goals.

Right Culture:

The registered manager led by example to create a positive person-centred culture.

People and their relatives were involved in social occasions and reviews of care.

People were active members of their local community in accordance with their wishes and interests.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their specific needs.

Staff knew and understood people extremely well and were responsive, supporting their aspirations to live a quality life of their choosing. Everyone was cared for and valued as the individual they were.

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 12 January 2018.)

Why we inspected

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

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.

This was a focussed inspection which looked at 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.

The overall rating for the service has not changed from good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Northfield House 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.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Northfield 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 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 an inspector who visited the location and an Expert by Experience who made phone calls to people's relatives. 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 House 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. Northfield House is a care home without 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

This inspection was unannounced.

What we did before the inspection

We looked at the information we had received from and about the service.

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 met with everyone who lived at the home and spoke with 5 people. We also spoke with 4 members of staff and the registered manager. Throughout the day we were able to observe interactions between people and staff.

We spoke with 5 relatives on the phone and received written feedback from 3 staff members and a healthcare professional.

We looked at a variety of records relating to people's individual support and the running of the home. These included, 2 staff recruitment files, health and safety checks, minutes of meetings, a sample of medication administration records and a sample of personal risk assessments.

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

- Risks of abuse to people were minimised because the staff knew how to recognise and report any suspicions of abuse. Staff told us they would not hesitate to report any concerns and all thought issues raised would be fully investigated.
- People told us they felt safe and they could talk with staff if they were worried about anything. One person told us, "I feel safe here. They are good people." Another person said, "I feel safe. Even when you are out, they [staff] look after you."
- Relatives spoken with had no concerns about the safety of their loved ones. One relative said, "She's loved, she's cared for and she's happy and I can get on with my life and not worry."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. People had very personalised risk assessments which promoted independence and participation with minimum risk to themselves and others.
- People had opportunities to try new things to enhance their independence and well-being. This was because risk assessments enabled positive risk taking. One person told us, "You can put things in the care plan you want to do. They [staff] help you work towards it."
- Staff worked with other professionals to support people to take positive risks. Staff had involved other agencies to support a person with road safety which had increased their independence and ability to travel away from the care home to meet friends.
- Accidents and incidents were recorded and analysed by the registered manager. This enabled changes to be made to risk assessments in response to incidents. Updates were shared with staff to make sure that lessons were learnt.

Staffing and recruitment

- People were cared for by staff who had been safely recruited. New staff said they had not been able to start work at the home until suitable checks and references had been received. Records seen confirmed this.
- People were supported by adequate numbers of staff to meet their needs and keep them safe. On the day of the inspection there were enough staff to assist people at the home and support them to go out. A relative commented they felt there was a very consistent staff team. They told us, "There's plenty of staff and consistency of staff too."
- One person told us they had been involved in interviewing new staff. This helped to make sure people's views were considered in the appointment of new staff.
- Staff were committed to providing good quality individualised care to people. A healthcare professional

said they felt that staff were amazing and always went the extra mile to support people.

Using medicines safely

- People received their medicines safely from staff who had received specific training and had their competency assessed.
- Some people were prescribed medicines on an as required basis. There were protocols in place to show when these medicines should be given. This helped to make sure people received medicines in a consistent way and their effectiveness could be monitored.
- People were supported to self-administer their medicines. Risk assessments were carried out and support provided where people wished to carry out this task themselves.
- People could be confident that action was taken when medicine errors occurred. This always included seeking medical advice and learning lessons to ensure improvements were made where necessary.

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 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.

Visiting in care homes

- People were able to see personal and professional visitors without restrictions.
- Throughout the pandemic staff had followed Government guidelines regarding care home visiting. They had supported people to stay in touch with friends and family.

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 and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were supported by a registered manager who promoted a culture where people were valued and respected as individuals. This culture enabled people to develop their skills and express themselves. Staff spoken with were committed to the values of the care home. One member of staff told us, "The people we support are encouraged to be as independent as possible."
- People received their support from staff who were well motivated and proud to work at the care home. This created a happy and relaxed atmosphere for people to live in. One member of staff wrote to us and said, "It is all about the people we support and it's clear to see. It's a joy to come to work."
- People and their relatives told us they were very happy with the care and support at Northfield House. One relative said, "We feel very blessed that the social worker found Northfield for us." One person told us it was the best place they had ever lived.
- Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.
- Staff supported people to achieve their goals and aspirations. This included supporting work placements and seeking out new interests for people. One person, who staff supported in a work placement told us, "It's amazing I love it." Another person said, "I'm more independent than ever. Brilliant."
- People received support from staff who understood their needs and promoted a positive and inclusive atmosphere. The home had received accreditation from the National Autistic Society. This accreditation means the service is committed to understanding autism and promoting best practice.
- People, who were able, told us they would be comfortable to discuss any issues or concerns with staff or the registered manager. One person told us, "I could definitely talk to them about anything. That's what the staff are there for." One person told us about personal issues they had discussed with the registered manager. In response to their discussion they had received support from staff which had promoted their self-confidence and well-being.
- Staff knew people well and were confident they would notice any changes in people which could indicate they were unhappy or worried. They told us they would always act to make sure people had ways to express their concerns.
- The registered manager was open and transparent about any incidents which occurred at the home. They notified relevant authorities appropriately. Relatives told us staff kept them up to date with things going on at the home and were always available to talk about any issues. One person said, "When I complained about

something, I got an apology."

- People were cared for by staff who worked well as a team and felt very well supported. One member of staff said, "[Registered manager's name] is an amazing manager. She always listens and is always ready for people to try new things."

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

- The registered manager led a team who were committed to ongoing improvements to the lives of people who lived at the home. This included helping people to have active and rewarding social lives and opportunities to learn and develop their skills.
- The registered manager was very visible in the home and had an excellent knowledge of the people who lived there and staff. This enabled them to constantly seek views and monitor the quality of care provided to people. One member of staff said about the registered manager, "She is always approachable for any problems you might have and is always there for you if needed."
- The provider had effective systems to monitor standards and plan improvements. This included in house audits and quality checks carried out by the operations manager and provider's quality team.
- The provider had monitoring systems where people who used the service could be part of a team which carried out quality checks in services owned by the provider. One person who was a quality checker for the provider said, "I'm absolutely loving doing the quality checks. You never know where you will be asked to go – it's a mystery."
- The registered manager used all audits, checks and feedback from people and staff to create an ongoing action plan. This meant they used feedback from different sources to plan improvements in accordance with people's wishes and needs.
- The provider recognised the dedication and skills of the staff team. They held awards each year to celebrate staff achievements. Last year the registered manager won the national award for care home manager of the year. The staff team won the regional care home team of the year.

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

- People were active members of their local community. Some people attended nearby churches, some people helped with a local radio station and everyone used local facilities for leisure and learning.
- People lived in a home where staff worked with other professionals to ensure their changing needs were met. This included working with healthcare professionals to support their mobility and helping people to manage long-term health conditions.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. People's and staff's views were listened to. There were regular house and staff meetings where people could make suggestions and share their views. There were also regular satisfaction surveys to gauge views and plan improvements.
- Relatives continued to feel involved and consulted. Relatives said they had attended family days at the home and care reviews.
- People and staff had good links with local organisations. These included links with schools in the area to promote positive images of people with a learning disability, local radio and drama and leisure groups.