

Northwick Grange Limited

Northwick Grange

Inspection report

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15 December 2016

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection was unannounced and took place on 14 and 15 December 2016.

The home is registered to provide accommodation and personal care, and the treatment of disease, disorder or injury for a maximum of 30 people. There were 25 people living at the home on the days of the inspection.

Since the last inspection the registered manager left the service and a new manager had been appointed five weeks prior to our inspection but had not yet registered with CQC. 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.

At the last inspection on 10 and 12 May 2016 we asked the provider to take action to make improvements as care was not provided in a person centred way as people were not given adequate support to maintain their appearance. Improvements were also required to in checks and audits to ensure they were robust enough to take action to improve standards. The provider submitted an action plan to us telling us how they were going to put things right to improve people's experience of living at the home.

This inspection found some improvements had been made, the provider had followed their plan and legal requirements had been met. Relatives and staff told us the cleanliness of the home had improved and our observation supported this. Care was provided in a person centred way and people were supported to maintain their appearance and checks were now made on the experiences of people living at the home.

However, we did find that some areas still required improvement. For example, although group activities were in place that people enjoyed, people did not always receive support to engage in individual activities that meet their personal needs. Processes to record complaints and safeguardings also need improve to ensure that learning was taken to improve future outcomes for people.

People were safe and well cared for and staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively and to ensure people who used the service were safely supported.

People were cared for by staff who had a good understanding of protecting people from the risk of abuse and harm and who understood how to meet their individual care needs safely. Staff knew their responsibility to report any concerns and were confident that action would be taken.

People needs were met promptly. Both relatives and staff said that there were sufficient staff numbers to meet people's needs and we saw staff responding to people in a timely way.

The assessment of people's capacity to consent had been completed. People's rights and freedoms were

respected by staff. Staff understood people's individual care needs and had received training so they would be able to care for people in the best way for them.

People told us they enjoyed meals times and were positive about the choice of food they received. There were good links with health and social care professionals and staff sought and acted upon advice received, so people's health needs were supported.

People using the service were positive in their feedback about the service. They told us they felt staff were caring and that they knew how to look after the people who lived at the home. Relatives said people's privacy and dignity was maintained and our observations supported this.

People were encouraged to express their views and give feedback about the service. Relative's said staff listened to them and they felt confident they could raise any issues should the need arise.

A new manager had been appointed and both relatives and staff told us improvements in the management of the home had been made. Staff spoke highly of the new management team and of the teamwork within the service. Staff were supported through team meetings and training to provide care and support in line with people needs and wishes. The quality of service provision and care was monitored and actions taken where required to improve people's experience of living at the home.

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.

People received care from staff they felt safe with and there was sufficient staff to meet and respond to their needs in a safe and timely way

People were supported by staff who understood how to meet their individual care needs safely.

Staff supported people to take their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training, Staff were knowledgeable about people's support needs and sought consent before providing care.

People enjoyed a choice of meals and were supported to maintain a healthy, balanced diet.

Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

People said they liked the care staff who supported them and staff provided care that took account of people's choices.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Group activities were in place but people did not always receive

support to engage in individual activities to meet their personal preferences/interests/hobbies needs.

Processes to record complaints and safeguardings did not ensure that learning was taken to improve future outcomes for people.

People and their relatives were supported by staff to give feedback on care and raise any comments or concerns about the service.

Is the service well-led?

Good ●

The service was well led.

The provider monitored the quality of care provided and the experiences of people living at the home to ensure people were happy with the service they received.

Relatives and staff felt the new management team had made positive improvements to care provided.

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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.

We undertook an unannounced comprehensive inspection of Northwick Grange on 14 and 15 December 2016. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to focus our inspection.

During our inspection we spoke to ten people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with four relatives and one visitor of people living at the home during the inspection. We also spoke to two healthcare professionals who were visiting the home.

We spoke to the operations manager, the manager, the deputy manager, four staff, one chef and one member of domestic staff. We looked at records relating to the management of the service such as, care plans for three people, the incident and accident records, medicine management, handover records and audit records.

Is the service safe?

Our findings

At our comprehensive inspection of Northwick Grange on 10 and 12 May 2015 we found that the provider needed to make some improvement as staffing arrangements had not provided a person centred approach to meeting people's needs. We also found that the cleanliness of the home needed improvement. This inspection found improvements had been made and staffing levels had been increased in the afternoons and a new cleaning rota had been introduced which included equipment.

Relatives told us there had been improvements in the cleanliness of the home and our observations supported this. One relative said, "They've cleaned it all up...its seems better now. We've noticed [family member's] room is better." Another relative commented, "Things have definitely improved." We also saw that a new environmental audit was now in place and action was taken where areas were identified for improvement.

People told us there was sufficient staff on duty to meet their needs. One person told us, "They're [staff] attentive and if you ask for them for anything, they do it pretty rapidly." Another person told us, "They [staff] respond quickly." One relative said, "They [staff] do respond to people and help them when they need it."

The manager told us they had reviewed staffing and as a result had increased staffing levels each afternoon. Staff told us there was now enough staff to meet people's needs and one member of staff said, "It's better than before, staff can now sit and chat with people."

We saw that staff vacancies were covered by agency staff to ensure that people received the level of care needed. The manager told us to ensure consistency the same agency staff were used whenever possible. The provider told us they were currently looking to recruit more staff to reduce the number of agency staff used and the staff we spoke with confirmed this.

People were relaxed and smiled in response to staff supporting them, and we saw staff offer guidance and support to help people. Relatives we spoke with told us they felt people were safe living at the home. One relative said, "[Family member] is safe here, staff look after them." We saw when people became anxious staff offered reassurance which had a positive outcome on them.

Staff we spoke with had a good understanding of the different types of abuse and confirmed they had attended safeguarding training. Staff we spoke with stated that they had not had reason to raise concerns but were able to do so with the manager if needed. They said they were assured that action would be taken as a result.

Staff we spoke with were clear about the help and assistance each person needed to support their safety. People's risks had been assessed and had been reviewed and were recorded in people's care plans. For example, we saw that where one person had a fall their care plan had been updated to reflect this. During the inspection we saw staff helping people with their mobility; this was done safely with staff giving reassurance throughout.

Any accidents and falls that people had were recorded on an incident form, which the manager reviewed and monitored. The review looked to see if there were any risks or patterns to people that could be prevented. For example, if a person may need referring to an external professional for advice and guidance.

We saw that people received help to take their medicines as prescribed. We saw a member of staff ask each person if they were ready for their medicine before giving it to them and recording that it had been taken. Staff we spoke with who administered medicines confirmed they received medicine training and a competency check was also made to check their knowledge.

We saw there was written guidance for staff on 'as required' medicines. We saw one person was asked discreetly about an 'as required' pain relief medicine. When they said they didn't need it, this was respected by the member of staff who then made a note of it. We saw that the manager had spoken to the pharmacist to discuss areas of improvement to the medication system. The manager had also reviewed the information available to know if people's medicines were appropriate to meet their needs or if further review or advice was needed.

Is the service effective?

Our findings

People were supported by staff that understood them and knew how to provide their care and support. One relative said, "They [staff] know they care [family member] needs." Another relative told us their family member's health fluctuated and staff were able to recognise these changes and support them.

We saw people were supported by staff that received regular training and knew how to meet people's needs. The staff we spoke with were able to explain how their training increased their knowledge and improved their practice. For example, two members of staff told us skin care training gave them a greater understanding of what to look out for and helped them to support people. Both staff said they planned to roll this knowledge out to all other staff and we saw that a training session had been arranged.

All staff told us they felt supported by the manager and could ask for advice. One member of staff said, "It's an open office so you can always pop in to discuss concerns or suggestions or ask advice." Staff confirmed they received supervision and attended staff meetings where they could raise any issues or ask for further training.

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 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.

We checked whether the service was working within the principles of the MCA. The manager understood the legal requirements they had to work within to do this. People at the home had been supported to make decisions by staff having the skills and understanding of when to involve others.

Staff told us people's consent and choices were sought and respected. We made observations that supported this, for example, we saw one person being given the choice of when and where they would like to meet with their visitors.

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 saw that applications had been submitted where it was assessed that people were potentially receiving care that restricted their liberty.

People told us they enjoyed a good choice of food. One person said, "The food is excellent." Another person told us they enjoyed the food and told us, "The food suits me". Relatives also spoke positively about the quality of the food and the choice given. One relative said, "The food is lovely...[Family member] eats well." Another relative said, "There's a nice choice of food."

We saw people enjoy a lunchtime meal, two options were prepared and people choose their meals at the table. We saw one person enjoy their meal; they thanked staff and said, "It was delicious". The person was offered and accepted a second portion. People confirmed if they wanted something different to the options offered staff would sort this for them. One saw one person didn't want either of the lunch choices, they were offered an alternative, which they told us, "Was very nice too."

When one person did not eat their meal, they were given encouragement by a member of staff. We saw that people who were not able to eat independently, were supported with staff assisting them individually.

The cook was knowledgeable about people's preferences and dietary needs. For example, where people required softened meals or disliked certain foods. The chef told us as they served the meals they were able to see first-hand what people enjoyed and also get their immediate feedback.

We saw that people were offered a choice of drink and when meals were served and were supported to have drinks throughout the day. People were offered hot drinks and jugs of juice were also available.

Relatives told us they were happy with the actions taken by the staff in monitoring people's healthcare needs. One relative said, "They are on top of peoples healthcare, they are very proactive in getting help when it's needed." Another relative told us that when their family member was unwell; staff had sought advice and their condition had now improved. On the day of our inspection we saw that healthcare input was sought when one person was feeling unwell.

We saw that people were supported to access a range of healthcare professionals. For example, GP, district nurses and chiropodists. We spoke to two healthcare professionals visiting on the day of the inspection. Both told us there had been improvements at the home since our last inspection and that staff were responsive and followed up on instructions given in respect of people's healthcare.

Is the service caring?

Our findings

At our comprehensive inspection of Northwick Grange on 10 and 12 May 2016 we found that care was not provided in a person centred way and people were not given adequate support to maintain their appearance. This was a breach of the Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 Person-centred care. The provider submitted an action plan to us telling us how they were going to put things right to improve people's experience.

This inspection found improvements had been made. We found care was provided in a person centred way and people were supported to maintain their appearance. We saw that people were wearing clean and tidy clothes. Relatives told us they felt the support of staff to help people maintain their appearance had improved. One relative told us, "The appearance of people is better. [Family member] is cared for."

We saw that following the last inspection a second washing machine had been purchased and a new clothes press. Staff told us this had improved the laundry of people clothes. One member of staff also told us the increased staffing levels in the afternoons gave opportunity for staff to support the laundry if required.

People told us that staff were caring. One person said, "They're [staff] kind to me. If I want anything they'll do it for me." Another person told us, "I'm happy...They [staff] do a grand job in trying to keep us happy and that's nice."

Staff approached people in a friendly manner and we heard staff chatting with people as they walked around the home, offering people support and reassurance where necessary. For example, we saw one member of staff ask, "Are you ready for lunch? Shall we walk through together?" One person said, "All the staff are great, [they] look after me." Another person pointed to one member of staff and said, "[Staff member's name] is kind, they all are." Their relative told us, "They particularly like [staff member's name]. Nothing is too much trouble for them, it's just the way they are."

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "I enjoy working here. I look on the people here as my extended family. The smile of people makes the job worthwhile." Staff commented that care at the home had improved since the arrival of the new manager. One member of staff said, "The new manager is very caring. They are out of their office and on the floor and they lead by example." Another member of staff said, "Morale is getting better. It's a good team that gets along together and that's better for the residents."

People were involved in choosing the care and support they needed on a daily basis. Care staff told us they promoted people's confidence and independence. One care staff member said, "We [staff] respect people's wishes". One person told us how they liked to get themselves ready in the morning and said, "They [staff] would do it if I needed – I don't need it." Another person told us how they liked to do what they could themselves. They told us, "If I want anything, they'll [staff] do it for me or help me do it – like washing and dressing."

We saw staff give choices in a way that people could understand. For example, we saw that when one person became cold a member of staff offered to get them a cardigan. They ensured the person's choices were respected by showing them two cardigans and asking which cardigan they would prefer and if they would like the buttons done up or not.

People's friends and relatives visited when they chose. Relatives and visitors we spoke to said they felt welcomed by staff. One relative told us, "They're [staff] very hospitable, they are always asking if I want something to eat." Another relative said, "I'm always offered a cup of tea or coffee."

Relatives said they felt their family members were respected by the staff and they said staff treated them with dignity. We saw the manager and other staff knock on bedroom doors and wait for a response before they entered. Staff we spoke with were able to describe the actions they took to ensure that people's privacy and dignity was maintained while care was provided.

We saw that staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw the manager and staff stepped into the office to when discussing people healthcare needs.

Is the service responsive?

Our findings

At our comprehensive inspection of Northwick Grange on 10 and 12 May 2016 we found that the provider needed to make some improvements because people did not always receive support to engage in meaningful activities to meet their personal needs and relatives said communication could be improved. At this inspection although we found some improvements had been made, for example, relatives and health care professionals we spoke with told us communication had improved. We found further improvement was required for people to receive support to engage in individual activities to meet their personal preferences.

People and relatives told us there was a weekly plan of group activities. For example, on the first day of our inspection an external entertainer visited the home for a music and movement session. We saw 12 people enjoyed joining in the with Christmas themed songs and smiled and clapped as they sang. Two visitors were also encouraged to join in. One person told us they enjoyed the session. They said, "Keeps you involved and keeps you fit." Another person told us that a local church choir had visited the previous evening for a carol service. They told us how much they had enjoyed it and commented, "It was excellent."

However, we found that there was limited support for people to join in any activity at other times. One relative said, "There's group activities like singers, but nothing in-between." Another relative we spoke with also commented that as their family member didn't like group activities there was little for them to do.

At our last inspection the provider stated they would look introduce boxes with tactile items for people; however these were not in place. The manager acknowledged that activities for people living with dementia needed to improve. They told us that since the last inspection the activities co-ordinator had moved into a new role. They said it was one of their priorities to get a new activities co-ordinator appointed and introduce more activities for people living with dementia.

Staff told us there had been improvements in the care provided but they felt further improvement were needed in individual activities for people. One member of staff said, "There lots of group activities but one-to-one activities could be better." All the staff we spoke to were confident that this would be addressed by the manager.

We found that some care records and paperwork were not consistent and fully completed therefore we could not be assured that they reflected people's current care needs. For example, we looked at care plans for three people and found different paperwork was in place for each person. The manager told us they had identified that care plans and records needed reviewing and this was on their action plan.

We found that although complaints were logged and investigated, information was not collated so the provider could take learning for improvements to minimise the chance of things going wrong again in the future. We also found that although safeguarding referrals had been made where appropriate, a log of these was not up-to-date to ensure any trends could be identified and risks minimised. The operations manager acknowledged this and said this would be done following the inspection.

On the days of our inspection we saw staff respond to people when they needed support. For example, when one person became anxious a member of staff sat with them and gently spoke to them to offer reassurance. Relatives told us staff were responsive. One relative said, "You only have to mention something and it's sorted."

Two relatives told us communication with families had improved since the last inspection. One relative said, "They always ring us and let us know if [family member] is unwell." Another relative told us they were happy with communication with staff and felt they were kept well informed when their relative was unwell. Staff told us a new communication book had been introduced and was working well. Two healthcare professionals visiting the home on the day of our inspection also told us they felt communication had improved.

We observed a handover sessions to hear the information shared with staff coming onto shift. The information was detailed and included updates on medical issues and appointments. Staff told us the handover had been improved by the new manager. Staff told us more information was included and recorded and this gave them better information to support people.

People told us they could choose how to spend their day. For example, one person told us they chose to stay in their own room. They said, "I go on in my own sweet way." Another person told us staff encouraged them to join in activities but they preferred to stay in their room.

People and relatives told us they felt able to raise any concerns with staff. For example, one relative told us they had raised an issue with the manager and it had been resolved. They told us, "I have spoken to [manager's name] before, and action was taken. I am confident of [manager's name] response. They [staff] do listen to our concerns." All staff we spoke with told us they knew how to raise concerns or complaints on behalf of people receiving care and support.

Is the service well-led?

Our findings

At our comprehensive inspection of Northwick Grange on 10 and 12 May 2016 we found that although the management team had systems in place to check and improve the quality of the service the checks and audits were not robust enough to ensure that actions had been applied in practice to improve standards. This was a breach of the Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance. The provider submitted an action plan to us telling us how they were going to put things right to improve people's experience.

At this inspection we found that improvements had been made and checks were now made on the experiences of people living at the home. For example, we saw that the support to people and their appearance had been discussed in team meetings and we were told by staff that the new manager spent time 'out on the floor' observing care. One member of staff said, "The new manager spends time in the lounge first thing each morning chatting to people before they do anything else. That way they can see how people are." Staff also told us and we observed that any areas identified for improvement by the manager were immediately addressed with staff.

There had been changes in the management of the home and a new manager had been appointed five weeks prior to our inspection. The new manager had a clear plan of action of areas that needed improving. Staff told us that in the time the new manager had been at the home they had made improvements. One member of staff said, "[Manager] has definitely made improvements. They have a clear vision of what needs to be done. Staff understand and staff morale is better." Another member of staff said, "[Manager] keeps us in the loop more.I am happier now because we are getting support from the management." Staff acknowledged some improvements still needed to be made but were confident the new manager would get these done. One member of staff said, "It's a work in progress but we will get there. They'll [the manager] get it done."

People told us they were happy living at the home. One person said, "I'm very, very happy here – I couldn't want for anything else." Another person told us, "I'd recommend this place to anybody." All relatives we spoke with told us that there had been changes at the home and some improvements had been made. For example, one relative said, "Overall things are much better. The new manager needs to have more time but has made a good start. It's too early to comment that it's all done but things are better." Another relative commented, "Things are better. They [family member] are happy here now."

The manager said they were supported by the provider through the operations manager who made frequent visits to the home. Staff also told us that they had felt supported by the provider through the recent changes at the home.

The provider sent family satisfaction questionnaires to all relatives twice yearly. A questionnaire had been sent to relatives in the week prior to our inspection. New paperwork was also in place to survey and obtain people's opinions on the care provided. The operations manager told us the surveys would be completed by the end of December and they would use the responses to help inform their service improvement review.

for the home.