

Northfield Care 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 personal and nursing care to 25 people aged 65 and over. At the time of the inspection 24 people lived there. The service specialises in the care of those who live with dementia. Nursing care is provided by the local community nursing teams.

Northfield House accommodates people in one adapted building. The accommodation consists of 23 single bedrooms and one twin, all with toilet and washing facilities. There are ample communal rooms and additional toilets and bathrooms. There is easy access to a safe garden.

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

People were safe. There were systems and processes in place to assess and manage risks which could impact on people's health, safety and well-being. The provider's policies and procedures were updated and followed by the staff. Actions were taken to protect people from potential abuse, unsafe staff recruitment, poor care practices, infection and environmental risks, such as fire. A relative said, "They have been very strict about the COVID -19 regulations regarding visiting, which is actually reassuring." There were enough staff in number and experience to support people's needs. One person said, "If you ring a bell, they [staff] come."

We were assured the service was following safe infection prevention and control procedures to keep people safe.

People's medicines were managed safely, and people received their medicines as prescribed. There were enough staff with suitable experience to attend to people's care and social needs and, to provide supervision where required. A relative said, "I came back today (from visiting) and felt reassured." We observed staff defusing small altercations between people and responding to any form of distress to prevent further escalation. Another relative said, "I feel [relative] is safe and well cared for, they look happy, clean and tidy. I can see on the social media films that [relative] is happy." There were processes in place to identify emerging risk and to learn from incidents which had taken place.

The service was well managed. Improved quality monitoring systems helped managers and the provider identify where improvements were needed to the service. A system for reviewing the progress of planned improvement actions was in place. A relative said, "I get the feeling they are always looking at ways of improving the service." There was effective communication between provider, managers, staff and people's relatives and representatives. This resulted in staff being kept updated with information and guidance they needed to complete their work safely and effectively.

Relatives felt comfortable in discussing any concerns they may have and people's representatives told us they felt well informed, included and updated about their relative's care and treatment. They also felt well informed and updated in relation to care home visiting guidance; regular updates had been forwarded to

them. Relatives said, "They do call me if [relative] needs anything and they keep me informed. The manager, (manager's name), is very friendly and approachable." They [staff] are under a lot of pressure and considering that they do a lovely job." Feedback was sought from people, their relatives and staff and was monitored and acted on where practicable to do so.

The service worked with commissioners of adult social care to ensure people could access the service's specialised support as required. Staff had worked hard during the pandemic to ensure people had access to necessary healthcare and social care professionals as required.

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. In their daily work staff adhered to the principles of the Mental Capacity Act 2005 including Deprivation of Liberty Safeguards (DoLS).

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 21 November 2020).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

In August 2019 we carried out an unannounced comprehensive inspection of this service. A breach of legal requirements was found in relation to Good Governance. The provider completed an action plan to show what they would do, by when, to improve their governance systems. In September 2020 we carried out an announced focused inspection to check if they had followed their action plan. We found not enough improvement had been made to improve their governance systems and the management of risks associated with fire safety were insufficient to keep people safe in the event of a fire. Breaches of legal requirement were found, and we issued Warning Notices in relation to breaches of Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In November 2020 we carried out an unannounced targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We found the provider had taken action to improve fire safety as well as the support people would receive in the event of a fire. This breach of legal requirement had been met.

We undertook this announced focused inspection to check whether the Warning Notice we previously served in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This breach of legal requirement had been met.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at 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.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 Care Act 2014.

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

Inspection team

One inspector carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who lived at Northfield House and six relatives about their experiences of the care provided. 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 also spoke with the registered manager, nominated individual, assistant manager, a senior care assistant, two care assistants, an agency care assistant and a member of the housekeeping staff. We inspected three staff recruitment files

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at business continuity plans and revised risk assessments and protocols related to falls and head injuries in people on blood thinning medicines (anti-coagulants).

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse as staff had been trained to recognise signs of abuse and how to report any concerns, they may have about this. This included reporting unexplained or worrying changes in behaviour and demeanour, unexplained bruising or markings on people and awareness of potential financial abuse. When asked if they felt safe a person said, "Oh very good, I feel safe, they [staff] are very good."
- During the inspection a member of staff reported their concerns following a visit by relatives which were followed up by the registered manager to ensure the person involved was safeguarded.
- The provider's policies and procedures for protecting people from abuse were in line with the local authorities safeguarding arrangements. This meant managers of the service shared safeguarding concerns and information with appropriate external agencies; local authority, police and us (Care Quality Commission).

Assessing risk, safety monitoring and management

- Risk to people's health, safety and wellbeing were assessed and action taken to reduce or mitigate these risks. Relevant risk assessments had been recently reviewed. We reviewed risk assessments in relation to pressure ulcer development, loss of weight and malnutrition, choking and falls. As part of the ongoing management of some people's risks, three people had been referred for a review of equipment by an occupational therapist. This was in relation to safe moving and handling, supporting mobility and pressure reduction.
- People's care records informed staff if people were prescribed anti-coagulants. Staff knew what action to take if people prescribed these medicines fell or sustained a head injury. During the inspection the benefit of having a written protocol and linking this to people's individual relevant risk assessments was discussed. This was completed following the inspection making all information related to this easier for staff to reference.
- Individual people's risk assessments provided information about the level of risk and the support they would require, in the event of a fire. There was a system in place to keep this risk information up to date, both for staff and emergency services staff.

Staffing and recruitment

- People were supported by adequate numbers of staff who were experienced in supporting people who lived with dementia. One person said, "If you ring a bell, they [staff] come." We observed that staff were available, to support people to eat and drink and to give reassurance to people when it was needed. We also observed dedicated staff time being given to facilitating safe relative visiting.
- Agency staff were used to support permanent staff when required. Managers block-booked agency staff so

they remained working at one service for that period. Agency staff were made aware of the service's procedures, for example, in areas such as fire safety and safe moving and handling. One new agency member of staff said, "They [other staff] have been supportive. I'm working alongside permanent staff as I'm still getting to know people."

- The staff recruitment process helped managers make better recruitment decisions. It included clearance from the Disclosure and Barring Service (DBS) before staff worked with people, references, health declaration and interview (of which a written record was completed). Application forms included information about past employment and reasons for leaving.
- Once recruited new staff completed induction training, worked with experienced staff and went through a period of observation and assessment to ensure they were suitable to work with vulnerable people.

Using medicines safely

- People's medicines were managed safely, and they received support to take these as prescribed. There was evidence of pharmacology reviews by GPs and Pharmacists.
- Staff had received training to prescribe medicines and their competencies for this task were reviewed. We observed the safe administration of medicines.
- Two staff took a lead on the management of medicines ensuring medicine administration records were well maintained, ensuring medicines were ordered and in stock as required and that all returns to the pharmacy were recorded. This included end of life medicines.
- Controlled medicines were always managed by two staff. This also applied when these medicines were being checked and administered by an external healthcare professional in the case of end of life care.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider had shielded people as and when this had been required. At the time of the inspection no-one required medically advised shielding. Staff supported social distancing rules where it was practicable to do so. This was not always possible when supporting people who lived with dementia as they did not understand the need for this, but other measures to protect people from COVID-19 were well implemented. This included the correct use of PPE, a robust staff and service user testing regime and good uptake of the COVID-19 vaccination. Seating had also been separated and the numbers of people collecting in one place were limited. Social distancing was observed in staff meetings and when staff took breaks.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There was evidence to show that reflective discussion was used as part of a learning process when incidents or situations did not go to plan.
- There was also evidence to show that action was taken when it was found that correct and best practice had not been followed so that learning was also an outcome.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The purpose of this inspection was to also check if the provider had met the requirements of the warning notice, we had previously served in relation to Regulation 17 (Good Governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found this had been met.

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

- The registered manager and provider representative understood their regulatory responsibilities in relation to monitoring and ensuring quality performance and effective risk management. A professional who had advised on and supported the improvement work which had taken place said, "[Name of provider representative] has demonstrated a commitment to continuous service development and has been open and honest regarding areas requiring improvement. Alongside, [name of registered manager] has been exactly the same. They have both listened to feedback; been receptive to change; and have worked incredibly hard to implement new systems and processes that underpin the way the service works."
- Since our inspection in September 2020 the provider representative and registered manager had taken action to ensure systems and processes were in place to enable effective monitoring of performance and the completion of improvements. New processes had been introduced and adjustments made to existing processes, so that they worked for them. Managers were still adjusting some of these to find yet better ways for effective monitoring. The introduction of one new process had been discussed with staff in the staff meeting which took place during the inspection. This would support a new process for reviewing people's care plans, risk assessments and weights and, in turn also allow managers to identifying areas for improvement in the delivery of care and services to individuals.
- A programme of auditing was in place. Completed audits were effective in identifying actions for improvement. We inspected audits related to medicines management, infection control, health and safety, staff training and Deprivation of Liberty Safeguards (DoLS) applications. Actions were then transferred on to the service's development plan. Progress on completing these actions was reviewed at the next provider representative visit, which was usually monthly. There was evidence of actions having been met and of actions in progress.

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

- The registered manager promoted a person-centred approach to care. We observed staff interacting with people and it was clear that staff knew people well and that they shared the registered manager's approach of each person is an individual and is to be treated with respect. Staff gave people time to make choices and

simple decisions.

- Managers were open and transparent. When asked about how communication was between them and the staff one relative said, "They contact me all the time and update me, they are very open."
- During the inspection an already planned staff meeting was held where the registered manager was open about what areas were working well and where changes and improvements were needed. One member of staff spoke positively about the meeting and said, "I look forward to coming to work, there is so much support. We work really good as a whole team, we are good at caring. It's nice to see people smiling. I like to go home knowing I have left them [people] happy and they are in safe hands."

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

- Managers understood their responsibilities in relation to duty of candour. There was evidence to show that they were open and transparent with people and relatives when things went wrong. One relative explained that something had not gone to plan when their relative had been newly admitted. They said, "They dealt with this well and let me know straight away about what had happened and it's not happened since."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's representatives told us they were included in decisions made on behalf of their relative.
- Relatives and representatives had opportunities to give feedback on the care and service provided. They confirmed managers were approachable and usually available to speak with and if not at the time, they got back to them.
- Relatives views were formally sought annually through a questionnaire which the provider's head-office sent out and received back. Several relatives spoken with confirmed they had received these and confirmed they had received email or phone updates from the provider's head-office about COVID-19 visiting guidance. One relative told us they had been asked if they were happy to write a review of the service for an on-line care home review website which they had been happy to do. Feedback provided on this was also monitored by the provider as part of their quality monitoring. All relatives spoken with told us their feedback had been positive.

The provider representative also selected a percentage of relatives to speak with during their monthly visit as part of their quality monitoring process.

- People's views were sought through one to one conversation with staff and in small groups and focused on areas which were easy for people to contribute to, such as the comfort of their bedroom, the food and social activities.

Continuous learning and improving care

- The provider's representative supported learning and improvement across both their services. During the COVID-19 pandemic Northfield House's sister service had experienced an outbreak of COVID-19. This had resulted in a review of the provider's outbreak management plans and business continuity plans. Some alterations were made but there were mainly additions made to these resulting from the learning taken from that experience to help with the management of any further outbreaks.

Working in partnership with others

- Managers liaised with commissioners of care to support the early and safe assessment of people who needed admission to Northfield House.
- The registered manager had liaised with and welcomed the advice and support given by a local authority fire safety officer in ensuring improvements were successfully made to how staff would evacuate people in

the event of a fire.

- Staff who were responsible for taking a lead on medicines management had liaised with local GPs and Pharmacists to ensure issues with people's medicines got addressed.