

Northfield Care Limited

Northfield House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Northfield House is a residential care home providing care for up to 25 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 22 people using the service. People are accommodated in one adapted building.

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

The registered manager and provider had implemented new monitoring systems to continue to improve the quality of the service people received. While the new governance arrangements had brought about improvements, further improvement and time was needed to allow these systems to bring about and sustain good outcomes for all people.

People's care records were not always current and reflective of their needs. The management team was aware of this shortfall and was taking action to improve people's care records.

Whilst improvements had been made to promote people's person centred care throughout the home, people might not have always received care which promoted their wellbeing and was personalised to their needs. People did not always benefit from fulfilling and stimulating engagement tailored to their needs.

People's risks had been assessed and clear guidance was available for care and nursing staff to follow. Where people had specific healthcare needs, these were clearly documented.

The registered manager and provider were in the process of recruiting more staff to help drive the person centred culture they were embedding into Northfield House. While recruitment was ongoing the home was supported by consistent agency staff.

Improvements had been made in relation to people's prescribed medicines. The management team had implemented new systems and had taken action to ensure people received their medicines as prescribed.

Systems were in place to ensure people were protected from the risks associated with their environment.

Staff supported people in the least restrictive way possible and in their best interests. Where people were living under Deprivation of Liberty Safeguards; staff understood the support they required.

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. We were assured the service were working in accordance with government guidance.

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 13 October 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made, however the provider was still in breach of two regulations in relation to person centred care and good governance.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 24 and 25 August 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person centred care and good governance.

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 (Safe care and treatment), and a requirement notices in relation to Regulation 9 (Person centred care) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For the key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement. This is 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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care and good governance in the Effective key question and Well-led key question, at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

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 two 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 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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 used the information the provider sent us in their latest 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 spoke with 13 staff including the registered manager, the provider, deputy manager, 1 senior care staff, 3 care staff, 1 housekeeper, 1 chef, 1 maintenance worker and 3 agency staff. We also spoke with 2 representatives of the provider. We spoke with 9 people living at Northfield House and with 6 people's relatives or representatives.

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 and multiple medication records. We looked at 3 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including governance systems, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. We sought feedback from 2 healthcare professionals.

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 requires improvement. At this inspection the rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. People had not always received their medicines as prescribed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made and people had received their medicines as prescribed. Staff kept a clear record of where they had assisted people with their medicines and had systems in place to ensure people received the correct medicine at the right time.
- Systems had been implemented to reduce risks associated with people's medicines management. The registered manager, deputy manager and provider had supported staff with training and guidance. This enabled them to ensure staff had the right skills and competency to administer people's medicines safely.
- Some people were prescribed medicines that were to be administered 'as required' when they could be anxious or distressed or were in pain. For each medicine there was a protocol which provided clear guidance for staff to follow, including when to administer these medicines and how to review the effectiveness of their prescribed medicines.
- Management completed weekly and monthly medicine checks. These audits had supported improvements in how people's medicines were managed. Medicines were now stored correctly and action was being taken to ensure opening dates were always recorded on prescribed medicine boxes.

Assessing risk, safety monitoring and management

- People's risks were assessed and known by care staff. The registered manager and deputy manager had implemented a care summary for each person which provided information on the support people needed to stay safe, including mobility and risks posed from their prescribed medicines, such as blood thinners.
- Since the last inspection, the registered manager had reviewed people's care plan to ensure there were clear assessments of their risk as well as a record of the support they received. For example, one person now had clear assessments in place regarding the support they required around their skin integrity and how staff worked with external professionals.
- Staff responded well to people's safety concerns. One person had experienced seizures related to their epilepsy. Staff had reported this to the registered managers and appropriate support was being sought to promote the person's health.
- People were protected from the risk of their environment. The registered manager and provider acted on

the guidance or external professionals. The home employed 1 maintenance worker who carried out appropriate checks in relation to fire safety and legionella.

Learning lessons when things go wrong

- Since our last inspection the management team and provider had implemented systems to ensure people received their medicines as prescribed. The registered manager and provider had engaged with staff and involved them in making improvements to the home.
- The provider and registered manager had updated their systems in relation to incident and accidents to ensure appropriate action was taken following incidents to promote people's safety and wellbeing.

Staffing and recruitment

- Staff were recruited safely. All required checks were made before new staff began working at the home. Disclosure and Barring Service (DBS) checks were completed alongside seeking references from staff's previous employers. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Recruiting managers kept a record of when they had sought references and not received a response. This enabled them to ensure appropriate checks were carried out or additional references sought if required.
- Suitable staffing levels were in place to meet the needs of people using the service. Staff told us there were enough staff to meet people's needs. Comments included: "I think we have enough to get what's needed done" and "It can be busy, however we do get it done. It would be good to have more time talking with the residents."
- People and their relatives told us there were enough staff to meet their loved ones needs. They spoke positively about staffing. One person told us; "There are enough staff; I can always find someone."
- The registered manager and provider were recruiting staff to continue to reduce the need for agency staff at Northfield House. While recruitment was ongoing the staff was supported by a consistent agency team who received the same support as permanent staff. One member of agency staff told us, "We are treated as one team, it's good working here."

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 meeting shielding and social distancing rules.
- 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 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

The provider was following current government guidance in relation to visiting at the time of the inspection. Relatives spoke positively about visiting Northfield House.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the home was safe. Comments included: "I feel quite safe here because I had a fall at home, came here and I've not had a fall since I've been here" and "I have no concerns about [relatives] safety."

- The registered manager, deputy manager and provider team were visible and regularly worked alongside staff which made it easier for any concerns to be identified or reported.
- Staff had read the provider's whistleblowing policy and procedures and felt able to report any concerns about poor practice or inappropriate staff behaviour. One member of staff told us, "If anything was wrong I would go to [the registered manager] or [provider]."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection we found people were at risk of not receiving appropriate person-centred care and treatment which is based on an assessment of their needs and preferences and which is designed and implemented in accordance with best practice guidelines. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the management team and provider had made improvements around people's person centred care, however more improvement was needed and the provider was still in breach of Regulation 9.

- People's health and care needs had not always been fully assessed on admission. For 1 person there was no care plans on the support they required regarding their mobility and behaviours. We observed, and staff confirmed, that they did not have full understanding of their needs and support required. Following the inspection, the registered manager confirmed the person's care plan, including the support people required had been completed.
- People did not always benefit from effective engagement and activities which reflected their needs and preferences. While the home provided some activities, we observed there were limited group activities tailored to people and their interests. One person told us, "Some nights, I sit and cry, nothing else to do."
- People's care notes provided limited evidence of activities or engagement carried out by staff. For example, three people's ongoing notes provided limited record of activities and engagement they had enjoyed.
- People's care plans did not always support person centred care as they were not an accurate reflection of people's needs or preferences. There were not always care plans in place based on their personal needs, and some records were incomplete or missing.

People did not always receive care which was personalised to their needs and promoted their wellbeing. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection, the registered manager and provider ensured that staff were fully utilising their care record system which used nationally recognised guidance. People's care plans ensured people's risks

had been recorded and showed best practice guidance had been followed.

- Staff understood when people's wellbeing changed and sought appropriate advice from other professionals. This enabled them to meet people's changing needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed to eat and drink. We observed staff supporting people with their meals and provide engagement and encouragement. Staff understood people's preferences, including where they preferred to eat.
- Where people had specific dietary needs, these had been recorded and were known by staff. One person was at risk of choking so was supported with modified textured food and thickened fluids. Staff, including agency staff, understood how to support this person safely.
- Where people were at risk of malnutrition or were losing weight, staff had clear guidance on how to meet their needs. Staff confidently discussed how they were supporting people and where people had been supported to increase or maintain their weight to promote their health and wellbeing.
- People spoke positively about the food they received at Northfield House. Comments included: "Food is very nice, good cake and tea in the afternoon" and "The food is beautiful if it's not up to your standard they will always take it back and do something else. I love it."

Staff support: induction, training, skills and experience

- All staff newly employed by the provider completed induction training which included an introduction to some of the provider's key policies and procedures.
- When an agency member of staff started work at the care home the provider was given information about the staff member's training provided by the agency.
- Staff employed by the care home completed supervision sessions with the registered manager. These were a mixture of one to one supervision meetings to discuss individual performance and training needs. Group supervision sessions included the provider's own staff and agency staff and was an opportunity to discuss specific areas of care and best practice as well as the provider's policies, procedures and expectations.
- Staff spoke positively about the training and support they received at Northfield House. Comments included: "I have all the support and training I need. I feel supported here" and "They give me the support I need. I have the skills to meet people's needs."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a GP when needed. A GP visited the care home regularly and reviewed people's health needs, medicines and DNACPR (do not attempt cardiopulmonary resuscitation) decisions.
- Professionals from the emergency services such as paramedics and NHS Rapid Response teams were used when people required urgent medical support.
- Staff supported people to attend hospital, dental or optical appointments where the person's relative was unable to do this or where a person had no support to do this. Annual optical reviews were organised and completed in the care home by a visiting optical service. Dental care was sourced as required.

Adapting service, design, decoration to meet people's needs

- The environment inside the care home supported the needs of older people and those who lived with dementia. Signage was prominent for example, for the toilets which helped people locate these independently.
- Bathrooms and toilets had been adapted to support safer use and access for people with limited mobility, for example, with grab handles, raised toilet seats and bath hoists.

- People who were assessed as unsafe to leave the care home independently had the freedom to walk with purpose and without restriction within safe areas. The registered manager and provider were considering reopening an additional communal lounge for people to enjoy on the first floor of the home.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff sought people's consent prior to delivering care.
- Where appropriate people's mental capacity was assessed regarding decisions which needed to be made about their care and treatment.
- Where people had been assessed as not having mental capacity to make independent decisions about their care and treatment, these decisions were made in their best interests, by appropriate person's. This included the person's GP, other involved health and social care professionals and the staff. People's legal representatives were also consulted.
- DoLS applications were appropriately made by the registered manager who kept a record of when these were authorised and due to expire so appropriate new applications could be applied for.

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 Requires Improvement. At this inspection the rating has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service were not operated effectively. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management and provider had made improvements in relation to the quality and risk monitoring of the services, however more improvement was needed and the service was still in breach of Regulation 17.

- The provider's quality monitoring processes had improved however had not always been effective in identifying all of the shortfalls we found during this inspection.
- Where people had an accident there was not always a record of post falls observations as per the providers post fall protocols. The registered manager had taken action to ensure staff were aware of the protocol, however staff were not always recording the support they provided people.
- Monitoring processes had not effectively addressed the shortfalls we identified in the assessment, planning and review of people's risks and care needs. The management explained where people's records required completion and they had a plan to address this
- The provider's monitoring processes had not identified a shortfall in regards to people's access to activities and engagement tailored to their individual needs. We discussed this with the provider and registered manager who told us they would take action to address this.

The provider's quality monitoring processes had not been effective in identifying and addressing quality concerns. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection, the registered manager and provider had implemented new systems to drive improvements. This included checks in relation to people's care plans and ongoing care records. These systems identified improvements had been made in relation to people's care records.
- The provider carried out checks in relation to the running of this service, this included checks in relation to recruitment, incident and accidents and the views of people and their representatives. The provider spoke with staff and observed staff conduct and identified any training or support needs.
- The provider and registered manager were aware of their regulatory responsibilities, which included

ensuring CQC was notified of events involving people who used the service, such as serious injuries, abuse and deaths.

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

- The registered manager and provider understood requirements in relation to duty of candour and had an open and honest approach.
- The provider displayed their Care Quality Commission (CQC) rating within the service and on their website.
- People knew who the registered manager and provider were and how to complain. Comments included: "[Register manager] is approachable and really listens" and "They listen and they involve us. I am happy."

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

- The registered manager, provider and senior staff promoted a positive culture with a focus on promoting good outcomes for people. Senior staff provided support and guidance to agency staff on how to support people in a person centred way. We observed staff supporting each other to improve how they met people's individual needs, such as eating and drinking.
- Staff spoke positively about the improvements being made at Northfield House and how this was impacting on them and the people they supported. Comments included: "I think things are always improving. We're getting the nutrition and care right, we're getting there" and "Things have got so much better since [registered manager] has been in post. The culture is getting better and will improve when we have more staff."

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

- The registered manager and provider engaged with people and their representatives regularly. The provider used their visits in the home to seek people and their representatives views on the service. Additionally the registered manager and provider would seek people's representatives views on the phone. One relative said, "I feel our views our taken onboard and listened to."
- The service worked in partnership with health and social care professionals to ensure people received the best possible outcomes. People's representatives spoke positively about the way the service engaged with healthcare professionals. One relative told us, "[Relative] wasn't very well recently, I felt the way staff chased was good. They got someone in and they sought a second opinion. They were really good at getting the situation solved."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always benefit from effective engagement and stimulation. People did not always benefit from person centred care. People's care plans were not always person centred. Regulation 9
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not always fully effective to ensure people received good quality care. People's care assessments were not always current, contemporaneous or reflective of people's needs. Regulation 17.