TOB Care Ltd

# Northwood Nursing & Residential Care

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service
Northwood Nursing and Residential Care is a residential care home providing accommodation and nursing care for up to 27 people in one adapted building, with bedrooms over 3 floors. At the time of the inspection there were 22 people using the service.

People's experience of using this service and what we found
Risks to people's health and safety were not always identified and medicines were not always managed and administered safely. People spoke highly of the staff but felt there wasn't always enough of them. People's mobility care plans and risk assessments were not always reflective of their current needs, and some held conflicting information. Infection control processes were not always followed, and recruitment processes were not always robust, we made a recommendation about this. Staff had received training in safeguarding, and people felt safe living at the service

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; However, the policies and systems in the service did not always support this practice. People's consent was not always sought, and staff had limited knowledge of DoLS. Staff received induction, training and support to carry out their role. The service had been adapted to meet people's needs. The provider worked well with other healthcare professionals to provide joined up effective care.

Governance systems were in place but not always effective. There was limited evidence of mitigation of risk when concerns had been found. The service had policies and procedures in place, but they were not always reflective of current practices. People and their families spoke positively of the management team and of the staff. Staff described the management as fair and approachable. People were empowered to maintain their independence.

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 5 October 2022)

Why we inspected
This inspection was prompted by a review of the information we held about this service. We received concerns in relation to the management of medicines and staffing. As a result, we undertook a focused inspection to review the key questions of safe, effective, 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 changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective, and well led sections of this report.

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

Enforcement and Recommendations
We have identified breaches in relation to medicines management, risks to the health and safety of people living at the service, consent, and good governance at this inspection. We made a recommendation in relation to infection control and staffing and recruitment.

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?**

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

**Is the service effective?**

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

**Is the service well-led?**

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

# Northwood Nursing & Residential Care

**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
Four inspectors and an Expert by Experience undertook the inspection. 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
Northwood Nursing and Residential Care 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. Northwood is a care home with 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 not a registered manager in post. A new manager had been in post since February 2023 and had submitted an application to register. We are currently assessing the application.

Notice of inspection
This inspection was unannounced on the first day of inspection.

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 and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 spoke with 8 people that use the service and 6 relatives about their experience of the care provided. We spoke with 12 staff including the manager, director, maintenance, cook, home coordinator and care workers.
We had a tour of the building with the director. We reviewed a range of records, including records relating to medicines, staff recruitment and training, building maintenance, cleaning and equipment checks, accidents and incidents, safeguarding logs and policies and procedures. We also spent time observing interactions between staff and people living at the service.

Requires Improvement

# 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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always administered as prescribed. The stock of medicines in the home did not match what records stated, had been administered. This raised concerns that some medicines may not have been given correctly.
- People ran out of medicines as they were not ordered in time. One person missed 9 doses and another person missed 7 doses of pain-relieving medicines. One person also missed a weekly patch application for a pain-relieving medicine for 7 days. This increased the risk of people experiencing unwanted symptoms and discomfort.
- Staff did not record when time specific medicines were administered, so we could not be sure they had been given appropriately. For example, the times that paracetamol was administered was not always recorded, which meant it was impossible to tell if the required 4-hour interval between doses had been adhered to. This placed people at risk of receiving too much or too little medication.
- For people who needed their fluid intake monitored, staff did not always record what people had been given and a daily intake total for each person was not done as requested by the dietician.
- There were no guides to help staff when people needed 'when required' medicines.
- Staff did not always follow the provider's medication policies or best practice to ensure medicines were safely managed. For example, the administration of controlled drugs was not always witnessed by a second staff member, as is good practice and the homely remedy policy was not followed.
- We did not see competency assessments for all staff administering medicines. Medicines audits were completed but did not always contain an action plan when issues were found.

The provider had failed to ensure systems and processes were in place and being followed to ensure medicines were effectively managed. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks were not always being appropriately managed.
- We found several radiators without appropriate covers on them. This meant people could be at risk of scolding if the temperature became too hot.
- Thickening powder used to thicken fluids had been left in the dining area where people could access it. Thickening powder should be in a secure cupboard as this could potentially be a choking risk if swallowed.
- A fire risk assessment was in place. However, we identified concerns in relation to fire safety including people's emergency evacuation plans which were not always up to date and accurate.

● People's mobility care plans and risk assessments held conflicting information on how people mobilised which could lead to confusion and 1 person did not have a mobility care plan in place to guide staff, despite being at the service for several weeks.
● Accident and incidents were recorded and there was evidence this had been reviewed. However, there was limited evidence of identifying themes and trends following on from an accident and there was little evidence of learning lessons following on from the incident.

The provider had failed to assess the risks to the health and safety of people receiving care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection and ensured all radiators had an appropriate covering on, updated people's emergency evacuation plans and ensured people's care plans and risk assessments were reflective of their current needs.

Preventing and controlling infection
● Infection prevention and control measures were not always safe. We found unlabelled toiletries in multiple communal bathrooms which posed an infection risk.
● We found towels in communal bathrooms and communal loafers which again posed an infection risk.
● Cleaning records were in place. However, there were gaps where it looked as though cleaning had not taken place for several days.
● Areas of the home needed repair. However, there was an ongoing improvement plan in place.

We recommended the provider reviews their infection control measures. The provider responded immediately to ensure the preventing and controlling of infection.

● The home was clean and tidy and had no bad odours.

Visiting in care homes
● People were supported to have visitors in line with current government guidance and we witnessed many visits taking place during the inspection process.

Staffing and recruitment
● Recruitment systems required some improvement. Some care workers had gaps in employment that had not been addressed and a full employment history had not always been sought. This was rectified during the inspection process.
● References were not always obtained which goes against the provider's own policy. However, there was clear evidence this had been addressed and there was a log of when the provider had attempted to gain a reference.
● People spoke highly of the staff but talked about having to wait for assistance. One person said, "I buzz for staff and they just don't come. I think they are busy and there is not enough of them."
● A dependency tool was used to assess the needs of people in the service to determine the level of care needed to keep people safe. Rotas showed the service was staffing to this level.
● Staff felt there was enough staff to safely care for people. When there was not enough staff, the provider deployed agency workers to ensure safe staffing levels.
● People described the staff as, "Kind but under pressure."

We recommended the provider ensures recruitment processes are robust and all checks are carried out

before staff start in their roles. The provider acted on this during the inspection process and provided evidence of this. We also recommended the provider reviews their staffing levels to ensure appropriate support can be provided at all times.

Systems and processes to safeguard people from the risk of abuse

● Systems and processes were in place to safeguard people from the risk of harm, abuse, and discrimination.

● There were policies and procedures to guide staff on safeguarding people from abuse. However, the policy required updating to ensure the local authority's contact number was listed as well as contact details for the manager.

● Staff had received training in this area and had good knowledge of what to do should they suspect abuse.

● People told us they felt safe living at the home. One person said, "I can move around the home freely and like to do small tasks to help staff. I am very safe."

Requires Improvement

# 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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Necessary DoLS referrals were being made. However, staff knowledge of DoLS was limited and staff were not always aware of who was under a DoLS and what this meant.
- People had not been informed of the CCTV use and the provider had not gained consent from those living at the service.

The provider had failed to ensure appropriate consent had always been gained. This put people at risk of abuse. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately by ensuring signage was put up around the home signalling the use of CCTV.

Adapting service, design, decoration to meet people's needs
- Improvements had been made to the building, furnishings, and decorations but this work was still on going.
- The provider had an improvement plan in place, and we saw evidence of ongoing maintenance work.
- There were several communal areas for people to relax should they choose to. The home had a hearing loop available for anyone who may require it.

● Dementia friendly lights had been placed around the home to reduce glare and signage was visible to help guide people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Pre assessments were completed prior to admission to the service, detailing people's preferences, and care needs. However, it was evident care plans and risk assessments had not always been updated to reflect people's current needs.
● Care plans held information to guide staff on how to safely care for people but some areas required updating to ensure people's current needs were documented and up to date. This has been mentioned in more detail in the safe key question.
● Records showed that people were supported to access a range of health care professionals.

Staff support: induction, training, skills and experience
● Staff received the induction, training and support they needed to carry out their role effectively.
● Various training courses were available for staff to provide them with the skills and knowledge required to meet people's needs and training compliance ratings were high in most areas.
● Staff told us they felt they had enough training to carry out their role and we saw evidence of staff attending fire marshal training during the inspection process.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional needs were being met. Weights were recorded through nutritional tools and referrals were made where people had weight loss.
● People were offered a choice of what they would like to eat and drink and there was a varied menu on offer. Snacks were also readily available throughout the day, and we witnessed this being offered.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Evidence was seen of referrals to health professionals when people's needs changed.
● Weekly virtual ward rounds were conducted with a range of healthcare professionals where concerns relating to people that use the service were discussed and acted on promptly.
● The provider worked closely with a variety of professionals to ensure referrals were made in a timely manner and provide joined up effective care.

Requires Improvement

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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

- Governance processes were not always effective at improving the quality and safety of the service.
- Auditing tools were in place. However, they did not pick up on concerns found during the inspection process. Where concerns were found, there was limited evidence of lessons learnt following on from the audit and what actions would be taken to mitigate future risks.
- The provider had policies in place. However, they did not reflect current practices and were generic polices rather than tailored to the home.
- Some documents were not easily accessible on site on day 1 of the inspection. However, we acknowledge the manager was on annual leave and the provider was in the process of going paperless.

The provider had failed to operate effective systems to assess, monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded to these concerns and reviewed the governance systems.

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

- People and their relatives spoke positively about the manager. One relative said of the manager and the director, "They're very good and have been very patient."
- Staff spoke highly of the management team and felt able to approach them should they have any concerns. One said, "If we have any problems, they ask if we are all OK. They're very fair and approachable."
- We saw evidence of staff meetings taking place. Staff described meetings as helpful and felt confident to contribute should they want to.
- Regular meetings were in place for people that use the service and their relatives as well as satisfaction surveys to aid the manager in improving the quality of care.
- People were empowered to maintain their independence. People were encouraged to be involved with the day to day running of the home. One person actively spent their time with the maintenance staff and enjoyed tasks such as painting. This gave the person a purpose.

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; Working in partnership with others

● We found evidence of learning being shared through documents and staff meetings.

● The provider had an improvement plan to improve the quality of the home and the care and support being delivered.

● Records confirmed managers of the service and the provider understood and acted on the duty of candour.

● Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people that use it. The provider had notified CQC as required.

● Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.

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 11 HSCA RA Regulations 2014 Need for consent<br><br>The provider had failed to ensure appropriate consent had always been gained. This put people at risk of abuse.<br><br>Regulation 11 (1) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had failed to ensure systems and processes were in place and being followed to ensure<br>medicines were effectively managed.<br><br>Regulation 12 (2) (f)<br><br>The provider had failed to assess the risks to the health and safety of people receiving care and treatment.<br><br>Regulation 12 (2) (a) (b) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider had failed to operate effective systems to assess, monitor and improve the quality of the service.<br><br>Regulation 17 (1) (2) (b) |