

Northgate Residential Ltd

Northgate House

Inspection report

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Market Weighton
York
North Yorkshire
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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Northgate House is a residential care home providing personal care to up to 33 people. The service provides support to older people, some of whom live with dementia. At the time of our inspection there were 28 people using the service. People live in an adapted building suitable for their needs.

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

Risks to people were assessed and their safety monitored and managed. However, we identified some checks, although completed regularly, had not been undertaken by an appropriately competent person.

We have made a recommendation about the completion of some checks.

Safeguarding systems were in place and were embedded across the service. Staff were knowledgeable about safeguarding and people told us they felt safe. People's independence and freedom were respected. Sufficient, suitable and trained staff were in place. Medicines were administered safely and appropriate guidance and practices were followed. People were protected by the prevention and control of infection. Lessons were learned and improvements made when things went wrong; these were shared with staff.

People's needs and choices were assessed and regular reviews took place. Staff were appropriately trained and well-supported through induction, shadowing and competency checks. People received enough to eat and drink and were supported to maintain a balanced diet. Food, fluid and people's weights were monitored. Staff worked as an effective and cohesive team. There were effective systems in place to ensure people were supported to access appropriate healthcare when they needed it. 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.

People were treated with kindness, respect and compassion, and given emotional support when needed. People were encouraged and supported to express their views and be involved in making decisions about their care. People's privacy, dignity and independence was respected and promoted.

People received personalised care which was responsive to their individual needs. People's care plans reflected their physical, mental, emotional and social needs. People's concerns and complaints were listened and responded to and used to improve the quality of care. People were supported at the end of their life to have a comfortable, dignified and pain-free death.

There was a positive culture within the home which supported high quality care. The governance framework continued to be developed, in partnership with the Local Authority's advice. Quality performance, risks and regulatory requirements were understood and managed. The home had quality engagement with people, relatives and staff. There was a culture of continuous learning and improvement, led by the registered manager. The home had good working relationships with partner organisations to develop and improve the

service.

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 the service under the previous provider was good (published 31 July 2018).

Why we inspected

This inspection was undertaken as part of CQC's scheduled processes.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Northgate House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Northgate 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.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Northgate 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. Northgate House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 1 relative. We spoke with 6 members of staff including the registered manager and cook. We spoke with a visiting professional. We reviewed 3 people's care files in full, and aspects of 2 other people's files. We reviewed a number of medicines administration records (MARs). We reviewed a variety of documents relating to the management and governance of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed. People were encouraged and supported to remain independent, and restrictions were minimised. For example, one person wished to have a kettle in their room, so they were able to host visitors. This risk was assessed and monitored to enable the person to maintain this independence.
- Records were regularly updated, and when people's circumstances had changed.
- Appropriate checks were undertaken on the environment and equipment. However, one of these was not completed in line with legislation. We discussed this with the registered manager who took immediate action.

We recommend the provider reviews their understanding of all appropriate legislation and ensures all checks are completed as required.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.
- Staff were trained and knowledgeable about the signs of abuse. Staff were confident the registered manager would act on concerns raised.
- People told us they felt safe. When asked, one person said, "I feel safe living here, better than living at home." Another person said, "Oh yes, I'm safe."

Staffing and recruitment

- People, relatives and staff told us there was usually enough staff on shift to keep people safe. The home used a dependency tool to make sure there was enough staff to support people safely.
- Staff received regular updates about best practices and guidance changes. The registered manager made regular checks on staff's knowledge.
- The home had safe recruitment practices and made checks into people's backgrounds. This meant people were supported by suitable staff.

Using medicines safely

- Medicines were administered safely by trained and competent staff.
- Creams were safely stored and administered as prescribed.
- Effective systems were in place for ordering, storing and disposing of medicines. These systems followed current guidance and best practices.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting took place in line with current guidance.

Learning lessons when things go wrong

- Processes were in place to ensure lessons were learnt when things went wrong. Staff were vigilant about recording and reporting incidents.
- The learning culture in the home was exhibited by the registered manager. Regular de-briefs took place with staff to embed these practices.
- The registered manager regularly reviewed accidents and incidents. The registered manager had started to develop a more detailed method of doing this.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs and choices were assessed. Care plans were person-centred and recorded a good level of detail, so that staff knew how to support people in line with their personal preferences.
- People's protected characteristics were considered and people were supported without discrimination.
- Care plans contained details about how to achieve effective outcomes for people. Staff knew people well. One person told us, "I like it quieter. When there are choirs on they (staff) know I like them so they take me to the main room (for this activity) but when it gets noisy they can see when I don't like it and then they bring me straight back."

Staff support: induction, training, skills and experience

- Staff received regular training to keep their skills and knowledge updated.
- There was a robust induction programme in place for both new staff and staff who changed roles within the home. This involved training, shadowing and competency checks.
- Staff received regular supervisions, de-briefs and support. All the staff we spoke with told us the whole staff team were supportive and helpful to each other.

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

- People received enough to eat and drink. People were prompted and supported to eat and drink, when necessary, in a manner appropriate to them.
- People's weights, food and fluid intakes were monitored. Where concerns were identified, prompt referrals took place to the appropriate healthcare organisations.
- The cook was knowledgeable about people who needed a modified diet. The risks were well-understood and recorded. People received a diet appropriate to their needs.
- The dining experience was unhurried. People were observed to be enjoying the home-cooked food. A relative said, "[Name] loves the food, the meat is from the butchers, proper food. It's all very personalised, I think the cook goes over and above. It makes a difference."

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

- People's health and well-being was monitored and their needs met.
- Effective systems were in place to ensure information about people was well-recorded and referrals made in a timely manner. Communication with partner organisations, such as GPs, chiropodists, and social workers was co-ordinated and consistent.
- People accessed health care support when needed. People were supported to attend health appointments

and appropriate referrals were made.

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

- Dementia-friendly signage was displayed around the home.
- The registered manager had plans to further refurbish the home and this had already commenced.

People's views on the refurbishment of the dining room had been sought, and people had chosen the colours for the tablecloths and curtains.

- People had easy access to gardens and outdoor spaces.

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 understood the principles of the MCA and how to check people's consent to all aspects of their care and support. Best interest decisions had taken place, when required, and these were recorded and sought the involvement of the person.
- People told us staff offered them choices and always asked their consent. One person said, "I can do what I want. I get up and go to bed when I want. It makes me feel at home."
- Where people had conditions attached to the DoLS, these conditions were being met and monitored.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very well-treated with kindness and compassion. A relative told us, "Staff are lovely with [name], absolutely lovely to [name]."
- People's care records detailed how staff supported their emotional wellbeing. For example, one person's care record said '[name] finds it appropriate for staff to demonstrate affection and reassurance, [name] likes to hold staff's hand and enjoys a hug'.
- Staff knew people's life-stories and backgrounds and spent time chatting and getting to know people. A person said, "I try to get involved in things." The registered manager explained how this person had been empowered to use their own tools to assist staff to set up a new pool table for the home.

Supporting people to express their views and be involved in making decisions about their care

- People's views and preferences were regularly sought, recorded and updated. A staff member told us, "The best thing is the close relationships with people. I like to spend lots of time with people, I like to make people happy. I do lots of little things with them."
- People and their relatives, where appropriate, had been involved in assessments and care planning.
- Care plans were regularly reviewed and people and relatives were involved in these.
- One person did not use the call bell, but had developed another method of getting staff's attention, which staff responded to.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy. One person said, "They always knock on my door. They always ask if they can come in. They're very good."
- Staff spoke about people in a respectful manner. Staff were conscious of the need for confidentiality and when speaking about people referred to them by initials rather than name in case others overheard.
- Staff promoted people's independence. For example, encouraging them to eat and asking whether they needed support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received person-centred care which was responsive to their individual needs. Care plans contained detailed information to support staff's knowledge about people. For example, one person liked to 'work' at the home and staff supported them to do this. A staff member said, "I spend time chatting to get to know people."
- People were very well supported to follow their interests and hobbies. Activities and outings were tailored to their needs. For example, some people regularly attended a community choir, and others took part in trips to a dementia cinema. There was a wide variety of activities within the home, often related to national events, such as Remembrance Day and Pride month. These were dealt with sensitively whilst encouraging engagement with current events. A staff member said, "(We were) conscious of people's views, not being judgemental, but for people to be part of the community."
- The home had a regular visit from the local religious leader and people enjoyed being recognised by them when they went out into the community.
- A visiting professional told us, "(The home is) really, really calm, there are always activities in the afternoon and they're good at getting people to join in. They make sure it's recent seasonal stuff."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded and met. Care plans recorded whether people had any communication needs, what those needs were and how they needed to be met.
- A screen had been newly placed in reception which showed constantly changing photos of recent activities. This had been a great success for people who liked to look out for themselves and prompted communication between people.

Improving care quality in response to complaints or concerns

- People and relatives knew the registered manager well and told us they would feel comfortable to complain or raise concerns. A relative said, "If we have any concerns and bring them up, they (staff) do it straight away. It's only been little things we've asked for."
- The registered manager recorded all concerns and complaints and responded to them appropriately and

in a timely manner. The registered manager always ensured staff were debriefed if improvements to care practices were required.

End of life care and support

- People were supported at the end of their life according to their wishes. People's preferences and wishes were recorded and met.
- Relatives were supported during this time. The home provided a support basket for relatives, containing suitable and appropriate items to support the person's end of life.
- The home monitored people and sought appropriate medical intervention, where appropriate.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and the deputy manager led by example, promoting an open and person-centred environment. A staff member told us, "All the staff are brilliant, we really work well. I love coming to work."
- Staff spoke highly of the registered manager and the support they received. One staff member said, "[Name of registered manager] is really good, she is brilliant, she will do anything for anyone, she is helpful on the floor. We are lucky to have her." Another commented, "I told [the directors] she (the registered manager) goes above and beyond." Another described the support they received in a more senior role, saying, "We have a good staff team, definitely."
- We observed people responding positively to the calm, friendly and positive culture within the home.

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

- There was a governance framework in place which was understood by all staff involved. The registered manager had identified improvements in the way this could be recorded. The registered manager had discussed with colleagues in partner organisations and started to implement these changes to improve the quality of their governance.
- There was a strong learning culture in the home and an ethos of continuous improvement. The registered manager and their deputy were open to learning and improving. They kept updated with best practices and guidance changes to improve the quality of care at the home.
- The registered manager understood and met the requirement for duty of candour.

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

- The registered manager held regular meetings with people and involved them in the running of the home. Feedback was regularly sought.
- A relative confirmed they knew the registered manager well. The registered manager communicated with relatives via newsletters about the home. There were plans to hold a surgery so relatives could drop in and speak with the registered manager.
- Quality surveys were undertaken with professionals and staff. Analysis from these was undertaken and any identified improvements discussed with the provider.

Working in partnership with others

- The home worked in partnership with a wide range of partner organisations. The registered manager fostered and developed close working relationships to support open and transparent communication.
- The home developed close links with the local community and took part in a number of community initiatives. For example, winning the local village 'bake-off', being part of the community Coronation celebrations, and inviting local nursery children to a Punch and Judy show.