

Gresham (NorthHill) Limited

# Northhill Care Home

## Inspection report

2 North Hill Road  
Southey Green  
Sheffield  
S5 8DS

Tel: 01142313774

Date of inspection visit:  
18 May 2022  
25 May 2022

Date of publication:  
06 July 2022

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Northhill Care Home is a residential care home providing personal care up to 28 older people, including people living with dementia. At the time of our inspection there were 22 people using the service.

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

People received safe care, but there was scope to make the service safer. All incidents in the home were logged and investigated and learnt from where appropriate. However, manager oversight of incidents was not always robust. We have made a recommendation about monitoring incidents. Infection prevention procedures were well-established, and the home was clean and tidy. We found some difficult to reach areas in the home, such as the undersides of furniture and appliances, had not been cleaned for a long time. The registered manager was responsive to our feedback to ensure the service was running as safe as possible.

Staff knew people well and understood how to support people who were distressed or showing signs of being anxious. Care files provided information about people's needs and how they wished to be cared for. We have made a recommendation about the recording in people's end of life care plans. The provider had switched to an electronic care planning system and was in the process of finalising the transfer of information from the previous paper-based files.

The provider had adapted the environment to promote choice and autonomy for people living with dementia. This included sensory boards or ensuring rooms were accessible and clearly marked. 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.

The meal experience was positive overall, and people were offered a choice of meal options. However, the meal experience could be further improved, for people living with dementia, if other communication methods were attempted to better support them to make decisions for themselves.

A quality assurance system was in place, including audits carried out by the registered manager and provider. Action plans were written and signed off when completed. Complaints were responded to appropriately. People were supported to take part in a range of activities and planned events at the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 3 June 2022 and this is the first inspection. The last rating for the service, under the previous provider, was good overall (published on 4 July 2017).

### Why we inspected

This was a planned inspection based on the date of registration.

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, 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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** ●

# Northhill Care Home

## 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 completed 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

Northhill Care Home 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. Northhill Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 provider registered. 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 six people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, deputy manager, senior care assistant, care staff, activities coordinator, domestic staff and kitchen staff. We made observations throughout the inspection to help us understand the experience of people, including those who were unable to tell us their view.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment, along with the provider's supervision and training records. A variety of records relating to the management of the service, including quality assurance audits, were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 (under the previous provider) 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- All incidents, accidents and safeguarding concerns were recorded and reviewed by the management team, to ensure actions were taken to reduce the risk of a reoccurrence. We fed back to the registered manager their system for recording safeguarding concerns was disorganised, and information about action taken or outcomes was not easily accessible. The registered manager assured us they would review and act on our feedback.
- Systems to monitor incidents or concerns in the home also needed to improve. Falls were regularly monitored, and we saw analysis of potential themes and trends led to action to mitigate future risk. However, monitoring of accidents and safeguarding concerns had lapsed. Regular audits of accidents had ceased in September 2021. The registered manager told us they monitored accidents and safeguarding concerns in the home, but there were no records of these checks or subsequent action taken.

We recommend the provider seeks advice from a reputable source about how to effectively monitor incidents or concerns in the home.

- Despite our concern about monitoring systems, we found no evidence this impacted and everyone we spoke with told us they felt very safe. Comments included, "We are 100% safe here," and, "This is my home, yes, I feel safe." One relative commented, "We have no worries about their safety, we can't fault the care, staff are all very attentive."
- Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident the registered manager would address any concerns they raised.

Preventing and controlling infection

- Cleaning schedules and processes were mostly effective at ensuring the home was clean and well-maintained. We found some areas of the home would benefit from a deeper clean to remove built up dirt and debris in hard to reach spots, such as on the undersides of bathroom sinks, tables and chairs. The registered manager assured us they will address our concerns after the inspection.
- 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 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

- At the time of our inspection people were supported to see their family or friends in accordance with government guidance. However, further improvements were expected in this area to ensure guidance was fully embedded. We asked the provider to review how they communicated current visiting procedures to relevant persons because everyone we spoke with was not aware visiting restrictions, such as booking systems, had recently been lifted. The registered manager assured us action would be taken to ensure current visiting procedures would be communicated to all relevant persons.

#### Using medicines safely

- People's medicines were managed in a safe and caring way.
- Medicines were ordered, stored and disposed of safely including controlled drugs. We found one incident where a medicine packet was not disposed of safely, but this was rectified immediately once it was brought to the registered manager's attention.
- Staff were trained to administer medicines and they received annual checks to their competency. We checked records and actual medicine stocks and found balances to be correct.

#### Staffing and recruitment

- Staff were safely recruited, with pre-employment checks completed before they started working at the service.
- There were enough staff deployed to keep people safe. Feedback about staffing was mostly positive, but some people and staff commented they were busy. People commented, "The staff are very busy and possibly overworked. There's always someone to help me and staff come straightaway when I press the bell," and, "I think the staff work hard, but there's enough of them."
- During the inspection we observed people received timely support from staff. For example, we saw one person's call bell was responded to in less than a minute.

#### Assessing risk, safety monitoring and management

- Systems and procedures were in place to ensure people could be safely evacuated in the event of an emergency. However, minor improvements were needed to make processes safer. Each person living at the home had a personal emergency evacuation plan (PEEP) in place, and it contained information on how to safely evacuate them. We found PEEPs were stored on people's care file and not in a place which was readily accessible in the event of an emergency.
- After the inspection the registered manager confirmed to us that they had implemented a 'grab bag' system containing everyone's PEEPs. They told us the grab bag was now conveniently located for relevant persons to access.
- Risk assessments, and guidance for staff to manage the known risks were in place and regularly reviewed. Staff knew people's needs and how to mitigate the risks they faced.
- Regular checks of the building and the equipment were carried out, to keep people safe and the building well-maintained.



# 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 (under the previous provider) we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm. 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; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Assessments had been completed prior to people moving into the home. These helped ensure the home could meet people's needs and the environment was suitable.
- People's likes, dislikes and preferences had been captured and used to inform the care planning process to ensure care provided was in line with people's needs and wishes.
- People were supported to maintain their health and wellbeing. Timely referrals were made to medical professionals when required.
- The service worked with other care professionals to make sure people's needs were kept under review. Staff made sure people had access to healthcare services when needed.

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- People were supported to maintain their nutritional intake. A nutritional plan identified people's support needs for eating and drinking. People's food and fluid intake were monitored where needed.
- Kitchen staff were knowledgeable about supporting people's nutritional needs and preferences. However, their system for recording people's dietary requirements was confusing. The registered manager assured us they would review this system.
- During the inspection we observed a mostly positive meal experience. The service provided a range of food options that met the cultural needs of people using the service. Staff were caring and patient in their approach. However, improvements were needed to better support people living with dementia to make a choice about what meal they would like. For example, we observed staff did not use visual aids to assist people to decide for themselves, such as showing plated meal options. We fed this back to the registered manager.
- People told us they liked the food and comments included, "Wonderful, very nice," "It's alright," and, "It was beautiful."
- The building was adapted to meet people's needs and the environment was homely and comfortable. Corridors were wide, airy and well-lit. Areas of the building and people's rooms were clearly marked to aid orientation. People were supported to personalise their own rooms as they saw fit.

Staff support: induction, training, skills and experience

- Staff received the training they needed to carry out their roles. There was a high level of compliance for the

completion of training courses, including those the provider considered to be mandatory and those that addressed specific health needs, for example, dementia.

- Staff told us they felt well supported and were able to raise any issues they had with the registered manager informally or through planned meetings, such as supervisions. All staff had received a supervision in the last 12 months, but not at the frequency as required by the provider's policies and procedures. The registered manager told us they had recently appointed a deputy manager to support them keep on top of regular supervisions.
- New staff received a structured induction program and completed a period of shadowing with an experienced staff member before they began to work unsupervised. Key learning objectives in a staff member's induction to the service and role were met, such as checking their competency or understanding of the service's policies and procedures.

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.

- Northhill Care Home was working within the principles of the MCA. Capacity assessments were completed, and best interest decisions meetings were held for those people who did not have capacity to consent to care and support.
- Where people did not have an appropriate person to be involved in their best interest decisions, referrals had been made through the local authority for an independent mental capacity advocate to be appointed.

# 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.

At our last inspection (under the previous provider) we rated this key question good. At this inspection the rating has remained 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

- Staff knew people and their individual needs well. Staff spoke about people with kindness and compassion.
- Feedback about the staff was overwhelmingly positive. One relative said, "The staff are lovely and friendly. They always call [family member] by name." One person said, "The staff are beautiful, helpful and kind."
- People's care plans recorded information about their life, including details of family, previous jobs and hobbies. This enabled staff to have a basis for starting conversations and engaging with people. Staff supported people's spiritual or religious requirements, and these were identified during the admission process. In one person's care plan we saw good detail about their religious preferences and the hymns they like to sing.

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

- People, and their relatives, were involved informally in discussing their care and support.
- Residents' meetings and a survey were used to gather feedback from people. These were analysed and steps taken where issues had been raised.
- If required, people were supported to have an advocate to represent them in best interest meetings.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity and spoke about people with genuine respect. People's relatives told us staff made sure people were always well-presented and their family member's dignity was maintained.
- People's privacy was respected. Staff understood the need for personal information to remain confidential. Any information that needed to be shared with other staff was discussed in private.
- People were encouraged to maintain their independence as much as they were able to.

# Is the service responsive?

## Our findings

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

At our last inspection (under the previous provider) we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

### End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. We fed back to the registered manager people's end of life plans would benefit from more detail about people's wishes and preferred priorities for care at the end stages of their lives.

We recommend the provider seeks guidance from a reputable source about advanced care planning.

- We found no evidence the quality of people's end of life plans impacted upon them, and people received good care. The service worked alongside community health professionals when providing care to people at the end of their lives, such as the GP and the palliative care nurses.

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 were offered opportunities to engage in activity, such as dominoes, crafts and events at the service. The provider told us they had unsuccessfully advertised for a dedicated activities coordinator, so they were filling this vacancy in the meantime and visited the home several times per week. This arrangement benefitted people as it meant the provider spent more time speaking to people about the activity provision, so they were able to respond to people's feedback quickly.
- During the inspection we observed people making use of the new gazebo in the garden and people playing dominoes with an adapted set for people with reduced dexterity. We observed one to one activity taking place; for example, the registered manager read the newspaper to one person.
- The provider kept a file with pictures of activities which had taken place in the home. We saw photographs of craft activities, dancing and parties taking place.
- The provider had considered the needs of people living with dementia, and we saw sensory boards situated on the downstairs corridor.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans identified people's support needs and provided guidance for staff on how to meet these needs. These were largely appropriate, person centred and regularly reviewed to ensure they reflected people's changing needs.
- Where we identified inconsistencies with the quality or accuracy of people's care records, the registered manager took immediate action to address them.

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 identified in their care plans. These were reviewed regularly and any changes in people's communication needs noted.
- The provider was able to supply information about the home in different formats if needed.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, investigate and respond to complaints. Few complaints had been received and these had been all been responded to appropriately.
- Relatives we spoke with said they were confident to raise any concerns they had with the registered manager and that they would be listened to.

# 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 (under the previous provider) we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Checks were completed regularly by the management team to monitor and improve the quality of the service. Completed audits demonstrated the leadership team were able to question and address poor practice in the home. We did, however, find some issues which had not been identified by the provider's own audits systems before we came to inspect.
- As referenced under the key questions of safe and responsive, we found improvements were needed to the monitoring of incidents and the quality of information in people's end of life care plans. We also asked the provider to make improvements to their evacuation and cleaning processes to make it safer.
- The registered manager was very responsive to all areas of feedback and people told us they were happy with the care and support they received. One person commented, "This is the best home in Sheffield, I have felt included from day one. I would recommend it to anybody."
- The registered manager was aware of their legal responsibilities and notified the CQC and local authorities appropriately when required.
- The provider completed checks of the quality of the service alongside the registered manager. They also assured themselves all scheduled checks were completed appropriately

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; Working in partnership with others

- The registered manager and provider made themselves available for people and visitors to give feedback, and people told us they were friendly, accommodating and approachable. One person commented, "The owner comes to see me, and we have some good chats. It's not like a big care home, it's like a family. They all know me. This is my home."
- The provider's engagement practices had scope for improvement as meetings with relatives and residents were not always recorded.
- Staff feedback was positive about the way the home was managed and was being improved. Staff told us they felt supported and listened to by the managers.
- The registered manager had links with the local community and key organisations to the benefit of people living in the home and to help with the development of the service.

