

Northbrook Homes Limited

Northbrook Care Home

Inspection report

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Date of inspection visit:
23 November 2017

Date of publication:
25 April 2018

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

Our comprehensive inspection of Northbrook Care Home took place on 23 November 2017 and was unannounced. At our last comprehensive inspection on 8 September 2015 we rated the home as requiring improvement in the areas of Safe and Responsive. We returned to the home on 30 January 2017 to review actions taken in relation to this. At this focused inspection we found that the provider had addressed the failures and was subsequently rated good in all areas.

Northbrook Care Home is a care home providing accommodation and personal care for up to four people with learning disabilities and mental health support needs. At the time of our inspection three people were living at the home.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff members had received training in safeguarding of adults, and were able to demonstrate their understanding of what this meant for the people they were supporting. They were knowledgeable about their role in ensuring that people were safe and that concerns were reported appropriately.

Medicines at the service were well managed. People's medicines were managed and given to them appropriately and records of medicines were well maintained.

We saw that staff at the service supported people in a caring and respectful way, and responded promptly to meet their needs and requests. There were enough staff members on duty to meet the needs of the people using the service.

The service was meeting the requirements of The Mental Capacity Act 2005 (MCA). Information about capacity was included in people's care plans. Staff members had received training in MCA. Deprivation of Liberty Safeguard authorisations had been applied for and received where people had been identified as being unable to make decisions.

Staff who worked at the service received regular relevant training and were knowledgeable about their roles and responsibilities. Appropriate checks took place as part of the recruitment process to ensure that staff were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager and those whom we spoke with told us that they felt well supported.

We saw that the meals provided to people were healthy and varied. Alternatives were offered where people chose to eat other foods, and drinks and snacks were available to people throughout the day.

Care plans and risk assessments were person centred and provided detailed guidance for staff around meeting people's needs. Picture assisted easy read versions had been developed for people.

The service provided a range of activities for people to participate in throughout the week. People were supported to take holidays away from the home. Staff members supported people to participate in activities of their choice. People's cultural, religious and social needs were supported by the service and detailed information about these was contained in people's care plans.

The service had a complaints procedure that was provided in an easy read format. People told us that they would tell the manager or staff member if they were unhappy about anything.

Regular quality assurance checks took place. Where actions were identified as a result of these they were quickly addressed.

People's health needs were regularly reviewed. The service liaised with health professionals to ensure that people received the support that they needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Northbrook Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced comprehensive inspection. Our inspection took place on 23 November 2017. The inspection was carried out by a single inspector.

Before the inspection we reviewed our records about the service, including previous inspection reports, statutory notifications and enquiries.

During our inspection we spoke with one person living at the home, two staff members and the registered manager. We observed staff interactions with people who lived at the home. We also looked at the home's quality assurance records and other information relating to the management of the home.

Is the service safe?

Our findings

A person we spoke with told us that they felt safe living at the home. They said, "The staff are good and look after me."

People were cared for by people who had knowledge about safeguarding. The service had safeguarding and whistleblowing policies and training on these had been provided to staff. The staff members that we spoke with demonstrated that they knew what to do if they had a concern. One staff member said, "I would tell the manager immediately or call social services if she wasn't available." Staff members had received training in safeguarding.

We looked at the care files for two people and saw that up to date personalised risk assessments were in place. These covered risks in relation to, for example, medicines, behaviours, the home environment, social activities, dietary needs and epilepsy. The risk assessments included detailed guidance for staff on how risks should be managed.

There were a sufficient number of staff at the home. People told us that staff were available to support them. Staff rotas corresponded with the staff that we observed working at the home during our inspection. A staff member told us that they considered that there were enough staff on shift at any time to meet people's needs.

The recruitment records contained within the three staff files that we looked at showed that actions had been taken to ensure that staff members were suitable for the work that they were required to undertake. The provider had obtained satisfactory references, criminal records checks and information about eligibility to work in the UK prior to the appointment of new staff.

Medicines at the home were well managed. There was a policy and procedure for medicines administration that had been signed by staff to confirm their understanding of this. Staff members had received training in the safe administration of medicines. We looked at the medicines administration record (MAR) for the three people living at the home and saw that these had been completed and signed. A protocol was in place providing guidance for staff in relation to a person who occasionally needed medicines 'as required.' "All medicines not provided in a blister pack were checked on a daily basis against the MAR. Medicines were stored safely.

The home environment was clean and tidy. We saw that staff members used disposable gloves and aprons when carrying out tasks where there may be an infection risk.

Safety checks at the home had been carried out regularly. The records showed that gas and electrical systems and appliances checks had been carried out regularly along with tests of fire safety equipment and portable electrical appliances.

Accident and incident records showed that actions had been taken to address any concerns.

Is the service effective?

Our findings

A person told us, "They help me to do things here. This is a nice place to live."

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The home had a policy and procedure in relation to the MCA and DoLS. Staff members had received training on this. Information about people's capacity to make decisions was contained in their care files. The home had sought and obtained DoLS authorisations for people. The registered manager described how they would use the best interests process should there be a need to make significant decisions on behalf of a person who did not have capacity to do so for themselves.

Staff members had received an induction when they started working at the home. We saw that the inductions for recently appointed staff members had been linked to the Care Certificate which provides a nationally recognised induction standard for staff working in health and social care services. The Care certificate had been completed by all staff members regardless of the length of employment.

All staff members had received mandatory training such as safeguarding of adults, infection control, manual handling, epilepsy awareness and medicines awareness. Training had also been provided in relation to people's individual needs, such as autism and end of life care. The staff members that we spoke with were positive about the training that they had received. We were told, "the training here is really good. It helps me with my work." Training was refreshed on a regular basis. There was a training matrix which enabled the manager to identify what training staff members had received and when refresher training was due.

Staff members had received supervision from a manager every two months. They had also received annual appraisals of performance. A staff member said, "We don't have to wait for a meeting to speak to the manager. She is always there for us."

The home maintained records of food and drink provided to people. We saw that this was varied and people's individual choices and preferences were observed. We saw one person having a meal at the home. They appeared to enjoy this and chatted with the staff member sitting with them throughout. A person said, "The food is good. I can choose what I want." The registered manager told us that staff varied the choices

provided to people to ensure that they ate a healthy diet.

There were effective working relationships with relevant health care professionals. We saw that regular appointments were in place, for example, with diabetes and epilepsy services, as well as the GP and dentist and that records of these were recorded in people's notes. Care plans included information about people's health needs which included details about the support that they required to maintain their health and wellbeing. Each person had a hospital passport that contained personal and medical information including information about whether or not they were allergic to any medicines or medical products.

Is the service caring?

Our findings

People were supported by staff members who treated them with dignity and respect. We oversaw that staff members interacted with people in a caring and kind manner. A person told us that the staff were caring. They said "They are really nice to me and ask me what I want."

Staff members demonstrated that they enjoyed that work and the support that they provided to people. One staff member said, "It's wonderful to see how we help people growing in skills. It makes me feel great about the work I am doing."

The registered manager and staff told us about the importance of supporting people to be as independent as possible. We saw that people's care plans identified activities to support them to gain new skills.

People's privacy was respected. Staff told us they always knocked on the doors before entering people's bedrooms. They said they closed doors or pulled down curtains when supporting people with personal care.

The service was sensitive to people's cultural, religious and personal needs. We saw that information about people's religious and cultural and personal needs was recorded in their care plans. We saw that people had been supported to attend places of worship if they wished. The care records also included information about people's sexuality and actions and support provided to support them with safe expression of this.

The registered manager told us that people could access advocacy services if required, and we saw that information about local advocacy services was available at the home. However, most people had very strong links with their families who were fully involved in their care. Family members called their relatives regularly, and we saw that regular home visits took place.

People were involved as much as possible in decisions about their care. We saw that care plans included information about people's likes, dislikes and individual preferences, along with guidance for staff on their communication needs where appropriate.

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed and they were involved in the assessment of their needs. One person told us, "they ask me about what I want."

Care plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs. The care plans were clearly laid out and written in plain English. Easy read picture assisted versions had been developed for people who lived at the home.

People's care plans detailed their personal history, their spiritual and cultural needs, likes and dislikes, preferred activities, and information about the people who were important to them. The care plans provided information for staff about the care and support that was required by the person and how this should be provided. For example detailed guidance in relation to supporting a person's behaviours in order to reduce anxiety was in place.

People participated in a range of activities within the local community that included shopping, walks and meals out. People also attended day activities away from the home. The home organised holidays for people who did not have the opportunity to go away with family members. During our inspection two people had gone to a day service. Another person was at the home and we saw that staff members engaged them in discussions and activities throughout the day.

The service had a complaints procedure that was available in an easy read format. A person told us that they would talk to the manager or a staff member if they had a problem. The home's complaints' register showed that complaints had been dealt with quickly and appropriately, and that outcomes had been recorded.

Is the service well-led?

Our findings

One person told us, "I like the manager. She talks to me every day."

The registered manager was supported by a deputy manager. Staff members told us that a manager was always available if there was an emergency.

The staff members that we spoke with told us that they felt that the registered manager was supportive and approachable. One told us, "It's like a family here and that's due to the manager." We saw that the manager spent time with staff members and people lived at the home, and that her interactions were positive and informal. People approached her for a chat or to ask for information or support. We noted that she was knowledgeable about people's needs.

There were systems in place to monitor the quality of the service and we saw evidence that regular quality reviews had taken place. These included monthly reviews of care, safety and records. Where actions had been identified as a result of these reviews, we saw evidence that these had been acted on and addressed.

Weekly monitoring of health and safety of the environment and appliances had also taken place. Again, we saw that actions identified as a result of these had been addressed.

The registered manager also undertook a quarterly unannounced monitoring visit at night. The objective of this was to ensure that night staff were awake and undertaking required duties.

Minutes of regular staff team meetings showed that there were regular opportunities for discussion about quality issues and people's support needs. Staff members told us that they valued these meetings and that they provided opportunities to ask questions and offer suggestions that were listened to.

We reviewed the policies and procedures in place at the home and saw that these reflected current legislation and guidance in relation to best practice. There was a process in place to ensure that staff members were required to sign when they had read the policies.

Records maintained by the home showed that the provider worked with partners such as health and social care professionals to ensure that people received the service that they required. Information regarding appointments, meetings and visits with such professionals was recorded in people's care files.