

Northleach Court Care Home Limited

Northleach Court Care Home with Nursing

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Northleach Court Care Home with Nursing is a residential care home providing nursing and personal care for up to 40 people. The service provides support to older people, people with dementia and people with a physical disability. At the time of our inspection there were 26 people using the service.

At the time of inspection Northleach Court Care Home with Nursing was undergoing building work to expand and improve the premises.

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

Improvements had been made to the service following our last inspection. The environmental risks within the home were managed and reviewed to help keep people safe. People and staff told us they were excited about the improvements being made to the home and the provider had assessed the risk to people whilst the building work was being completed. Accidents, incidents and near misses were reported and responded to appropriately. This ensured the risk to people was reduced and there were systems in place to identify any changes in people's risks.

People were supported in the management and administration of their medicines. As part of the inspection the provider was reviewing their processes around patch application for some people. Staff followed safe infection control practices and had access to personal protective equipment (PPE).

The provider was reviewing their recruitment policy to ensure a consistent approach when staff had worked both abroad and in the UK. Staff received induction, training and supervision to support them in their roles.

People felt safe living at the service and were protected from the risk of abuse or harm.

People's needs and risks were assessed and regularly reviewed to reflect their changing needs. People's risk management plans were detailed and individualised to each person.

Staff spoke passionately about their role in delivering good quality care to people in the service. People and their relatives felt staff were caring and kind.

The service adopted an open culture where good practice was celebrated and areas of improvement were shared and learned from.

The service had a number of systems in place to monitor the quality of care and safe running of 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; the policies and systems in the service supported

this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 September 2021) and there was a breach in regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider develops their processes to ensure their audits and other monitoring systems are able to effectively assess, monitor and mitigate risks to people. At this inspection we found the provider had acted on this recommendation and had made improvements.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 July 2021. Breach of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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.

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 requires improvement to good. This is based on the findings at this inspection.

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

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 was safe. Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led. Details are in our well-led findings below.

Northleach Court Care Home with Nursing

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Northleach Court Care Home with Nursing 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. Northleach Court 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 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 reviewed their action plan. We sought feedback from the local authority and professionals who work with the service. We used the information in the provider information return (PIR) the provider sent us on the 26 January 2022. 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 to the registered manager, deputy manager and head of quality assurance. We spoke to 11 staff including the clinical lead, 2 nurses, 2 housekeepers, laundry assistant, 1 team leader, 1 senior carer, maintenance person, head chef and the admin officer for the service. We spoke to 6 people who use the service and 5 relatives of people who use the service.

We reviewed a range of care documentation, risk assessments and medicine records for people. We looked at staff recruitment files and documents around staff training and support. We reviewed a variety of records relating to the management of the service, including policies and procedures and quality assurance records.

We spoke to professionals who worked with the service to gain their feedback.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to consistently and robustly assess, manage and mitigate the risks to the health and safety of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had learned from the previous inspection and environmental risks had been managed and reviewed to help keep people safe. Daily checks were made of people's bedrooms and communal areas to ensure any environmental concerns were promptly identified and rectified. The provider recruited a maintenance person to support environmental management and improvements.
- The provider had ensured people's safety and managed the risk to people when building work was being completed. Areas where building work had begun were secured to protect people from associated risks.
- The provider had made improvements in assessing and supporting people's risks, this included ensuring people had risk assessments in place for health associated risks and behaviour risks. Risk assessments and risk management plans were individualised and contained detailed information about the individual. This helped to guide staff on how to support people whilst respecting their wishes. A staff member told us; "Every resident is individualised."
- Care plans and risk assessments for people were reviewed regularly and with the changing needs of people. Staff knew people well and were able to tell us about people's needs and associated risks. A person told us; "The nurses are very good and there are no strangers [staff]" and a relative said "the staff are clearly all familiar with [person's relative] and are very helpful and [relative] couldn't wish for more."

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of people's medicines. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made to the management of people's medicines and the provider had acted upon feedback about the safe management of people's medicines patches.
- Staff supporting people with the administration of their medicines had received training and competency-

based assessments. This means that people were supported by staff who were confident in the administration of their medicines.

- The provider had invested in an electronic system to support staff in the safe administration of people's medicines. For example, the system allowed the registered manager to have real time access to people's medicine administration records to ensure that staff were administering them.
- Medicines were audited monthly by the provider to ensure their correct storage and disposal and oversee the quality of recording.
- The registered manager worked closely with their local pharmacy who supported the service in the auditing of people's medicines.

Staffing and recruitment

- We reviewed recruitment files and found that the provider was mainly operating safe recruitment practices. Where gaps were identified the provider took on the feedback from the inspection and has made changes to their policy and processes.
- The provider completed DBS checks of staff and used a value-based tool to support safe recruitment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff recruited with a range of skills and experience to support people. The service had a staff team that was almost fully made up of permanent staff and occasionally used agency staff.
- People and relatives told us that staff knew them well and were positive about the care they were being provided. Relatives told us; "[relative finds] the staff really positive, the team as a whole present well and seem together" and "we know the staff well."
- Staff received an induction, ongoing training and competency-based assessments to support them in their roles and ensure their skills were current. Staff told us; "The [service] is very good at training!" and "the training is good and helped [staff] to feel confident in [staff member's] role." The provider had identified future training needs of the team to enhance their skills further.
- Staff and the registered manager received supervision and appraisals to support them in their development and roles.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to keep people safe from the risk of abuse. All staff had been trained to recognise the signs of abuse and felt confident in reporting any concerns. People told us they felt safe residing at the service. They commented; "I certainly feel safe living here" and "I feel totally safe".
- The registered manager understood their responsibility to report safeguarding concerns and described the steps they would take to ensure people's safety and wellbeing. The registered manager wished to learn from safeguarding concerns to reduce the risk to people in the future and across the service.
- Staff felt confident to whistle blow if they observed poor practice or someone was at risk. Staff felt able to report concerns to the registered manager and were empowered use the management structure if needed.
- Staff had access to the providers safeguarding and whistle-blowing policy to guide them.

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.
- The provider allowed people to visit the home when it was safe to do so. Relatives told us that they were restricted in the times that they could visit and were not always able to visit people in their bedrooms or communal areas. We have shared this feedback with the provider for them to review their visiting processes.

Learning lessons when things go wrong

- Staff were aware of the process of reporting accidents, incidents and near misses and the steps they should take to ensure people's safety and wellbeing. Staff had access to an electronic system where they recorded accidents, incidents and near misses which would then alert the management team. The registered manager acted upon these alerts.
- The registered manager used audit systems to learn lessons when things went wrong. For example, following a falls audit the registered manager had assigned more staff to communal areas to reduce the risk of falls in the future.
- The registered manager adopted an open culture to learning when things go wrong and shared good practice. The service held regular meetings for staff to share concerns, ideas and updates to ensure that people are receiving care to meet their changing needs.
- Accidents, incidents and near misses were scrutinised by the services quality assurance team to understand trends and share learning across the organisation.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we recommended the provider developed their audits and other monitoring systems to effectively assess, monitor and mitigate risks to people. The provider had considered our recommendation and we found governance systems had improved.

- The roles and responsibilities of the management team and staff were clear and understood. The registered manager oversaw the running of the service and was supported by a deputy manager, senior care staff and the organisations quality assurance team.
- There were a number of systems in place to ensure the quality of care and safe running of the service. These systems included auditing, spot checks and daily walk arounds by the registered manager and seniors to ensure a safe environment and good quality care was being delivered.
- The service used an electronic recording system which provided real time information for staff around people's needs and care delivery. One staff member told us "The systems [the service] have in place are really good" and the registered manager told us "[the electronic system] helps keep people safe."
- The service had a business continuity plan to detail how the service should be run safely in the event of exceptional circumstances, such as extreme weather or staff shortages.

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

- The provider adopted the values of professional, teamwork, caring and respectful which was understood by staff. Staff spoke positively about their role in supporting people and how they demonstrated these values. One staff member told us "[Staff] enjoy helping people" and another staff member told us "[staff] treat all of the [people] like they are [staff member's] parents."
- There was a positive open culture promoted by the registered manager. Staff told us that the registered manager was approachable, fair and professional which helped support this open culture. Staff comments included "The [registered manager] listens to me" and "[staff member is] part of somewhere where [staff member] is listened to."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to the duty of candour. The registered

manager submitted notifications of significant events to the CQC in a timely manner.

- The provider displayed their CQC rating within the home.

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

- People were asked individually for feedback about their experience of the service which helped to develop the service. The registered manager involved people and sought their views on what was working well and what changes they would like to see. For example, people had been involved in the choice of decoration of the corridors in the home.
- Relatives of people were involved in the planning and review of people's care. Relatives had access to an online portal to monitor the care people were being provided and were encouraged to be involved in people's care planning. A relative told us; "I was involved in [persons'] care plan."
- Yearly surveys were sent out to people, relatives and staff to gain their views and feedback on the service. The results of these surveys were displayed in the home on a you said we did board.
- Staff were invited to monthly all staff meetings with the registered manager to discuss the running of the service, share learning and good practice. Staff felt there was good communication between them and the registered manager. Staff meeting minutes showed evidence of staff input and group thinking around supporting people's needs.

Continuous learning and improving care

- The management team met with people and made telephone calls to people's relatives to check the quality of care and to assess improvements that might be needed. A relative told us; "[relative feels] very confident that the home lets [relatives] know if anything goes on with [people]."
- The provider had taken on board the learning from the last inspection to make improvements. The registered manager was committed to the journey of continuous improvement. Comments from the registered manager include "The home feels safer" and "[the service] is more proactive."
- The provider had learned lessons from the last inspection and shared areas of development with the other homes in their organisation. The sharing of the learning allowed the provider to develop consistent practices and make positive changes.

Working in partnership with others

- The provider worked in partnership with other agencies and professionals to promote and ensure good quality care for people. We received positive feedback from professionals around their work with the home. Professionals felt that the service had improved since the last inspection.
- Professionals found the leadership team within the home to be responsive and open to feedback.