Northbrook Homes Limited

Northbrook Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service responsive?	Good

Summary of findings

Overall summary

At the last inspection on 8 September 2015 we found a breach of regulation and some areas which required improvement. Following the inspection the provider wrote to us to say what they would do to meet legal requirements in relation to safe management of medicines and what actions they would take regarding the ineffectiveness of the central heating system, lack of activities for people and the inaccessibility of the premises to people with mobility needs.

We undertook this focused inspection to check that they had met legal requirements and to confirm that they now followed their action plan and made improvement to the service. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Northbrook Care Home on our website at www.cqc.org.uk.

Northbrook Care Home is a small 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, four people were using the service. Each person using the service had their own room with a hand wash basin, toilet and a shower and shared a lounge. The service did not have a registered manager in place at the time of this inspection because the previous registered manager had left the service and was deregistered. The provider had employed a new manager who was yet to apply to register with the Care Quality Commission.

A registered manager is a person who has registered with the CQC 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.

People told us staff administered their medicines. We found that medicines were administered and recorded by staff as prescribed by healthcare professionals. Staff signed Medicine Administration Record Sheets (MARS) to confirm that the medicines were administered. We noted there were protocols for managing medicines and it was evident that medicines were audited. This ensured that errors in medicine administration were identified and appropriate action taken.

A mobile ramp was provided to enable people with mobility needs to access the back garden. The provider confirmed that risk assessments would be completed by an occupational therapist to ensure people could use the mobile ramp safely. We saw that activities were planned and provided to people. Care files showed people's needs were reviewed with their involvement and staff provided personalised care that reflected the needs and preferences of people.

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. There was a good system in place for the management of medicines. Staff who administered medicines had attended training in medicine administration.

People told us they were happy living at the home. Risk assessments were completed and staff had knowledge about how to manage identified risks to people and report safeguarding incidents. We noted that the facilities and equipment were maintained. This showed that systems were in place to ensure people lived in a safe environment.

Is the service responsive?

Good

The service was responsive. The care provided reflected people's needs and preferences because people were involved in the planning and review of care plans. Staff supported with various activities at the service and a day centre.

The service had a complaints procedure. Relatives told us staff listened and they could raise any issues they had with them. This showed staff responded to people's concerns.

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 was an unannounced focussed inspection undertaken to check that the provider had made improvements to meet legal requirements after our inspection on 8 September 2015. We inspected the service against two of the five questions we ask about services: is the service safe, and is the service responsive? This is because medicines were not appropriately managed, the central heating system was not effectively working and one person did not have suitable activities in their room and access to the back garden.

This inspection took place on 27 April 2016 and was unannounced. It was undertaken by one adult social care inspector.

Before our inspection we reviewed information we held about the service and the provider such as the action plan the provider submitted setting out how they would become compliant with the breach identified at the previous inspection. During the inspection we spoke with two people, one relative, one care worker, and the assistant manager. We also observed people's interaction with staff and reviewed two care files, staff training records, staff rota and the provider's policies and procedures.

Good

Is the service safe?

Our findings

During our last inspection in September 2015 we found that the provider was in breach of regulations. This was because medicines were not appropriately managed and the central heating system was not always working as it should and these put people's safety at risk. After the inspection the registered manager sent us their action plan which stated how they intended to address the issues. At this inspection, we looked at the medicines and medicine administration record sheets (MARS) and found that improvements were made. We saw that MARS were signed by staff to confirm medicines were administered. We noted that there were no gaps in blister packs and the other medicines which showed that medicines were administered as prescribed.

People told us that staff administered their medicines on time. We noted that the provider had a protocol for each person's medicines administered when required (PRN medicines). This ensured that there was guidance for staff regarding the PRN administration. Records showed that medicines were audited daily. This ensured people received their medicines as prescribed by their doctors. Records showed that any discrepancies in medicines were picked up and addressed without delay.

People and relatives told us they felt "safe" living in the home. One person said, "I like living here. The staff are good." A relative told us, "I am happy with the service. Yes [the person using the service] is safe in the home." People's risk assessments were reviewed and staff told us they knew risks associated with each person.

We noted that one person, who spent most of the time in bed, did not have a call bell. The assistant manager told us that the person could not use the call bell but staff had been advised to check on them frequently. Staff confirmed that they checked the person regularly and responded to their needs. We noted arrangements were in place for the person to be regularly seen by health professionals.

The provider had addressed the problem of the central heating system. People told us the rooms were "not cold". We saw that the system was in good working order and the provider had installed a thermostat which was used to adjust the temperature in the rooms as required.

There were a sufficient number of staff at the service. People told us that staff were available to support them. Staff rotas showed that there were three staff working during the day shift and one waking staff at nights. Staff told us they felt the staffing level was enough. We noted that no new member of staff had been employed since the last inspection.

The facilities and equipment were maintained. There were records and certificates to confirm that the gas boiler, portable electrical appliances and fire alarms were tested or maintained. We noted that there was a fire risk assessment and an officer from the London Fire Brigade visited in July 2015. The registered manager confirmed that a minor recommendation, to ensure a bedroom door automatically closes in case of a fire or alarm going off, made by the fire officer had been implemented.

People were cared for by people who had knowledge about safeguarding. The service had safeguarding and whistle blowing policies. Staff told us they had read these policies and were clear what action they needed to take if they became aware of a safeguarding incident. They told us they would report a safeguarding incident to their manager or other authorities including the CQC. A member of staff said, "I know the whistleblowing policy and if I had concerns I would raise them with the manager or report them to authorities." They told us they had attended training in adult safeguarding.

Good

Is the service responsive?

Our findings

At our last inspection in September 2015 we made a recommendation that the provider ensured there was appropriate activity available for one person who was bed bound did not have any planned activity. We also made a recommendation that the provider ensured that the garden was made accessible to people who had mobility needs. Following the last inspection the provider sent us their action plan stating how they intended to address these recommendations.

During this inspection we noted that activity plans were developed and provided for the person. The assistant manager told us staff provided one-to-one support for the person in their bedroom. The person's care files and the log book showed that staff provided and recorded various activities for the person. We also noted staff supported two people to attend a day centre and provided activities such as physical exercise, games, music and television for one other person at the service.

Following the recommendation at our last inspection in September 2015, the provider obtained a mobile ramp to enable people with mobility needs to access the back garden. The assistant manager confirmed that equipment was bought from a "known" company but a risk assessment would be completed by an occupational therapist to ensure it was safe and suitable for the people. At the time of the inspection there was one person with a mobility need in the home. A picture of the mobile ramp was attached to an email and sent to us to confirm and demonstrate how it was used. This showed that equipment was provided for a person with mobility needs to access the back garden.

Care plans were reviewed every four months. We saw that the care plans were detailed and included people's likes and dislikes. A relative told us they had attended and contributed to a care plan review. They told us staff provided care that reflected and met people's needs. We noted that care plans were personalised and each person's needs and preferences were provided for by staff. We saw recorded evidence of families and representatives involvement in the care plan reviews. This showed that people were consulted about their care.

Care and support was provided to ensure people's spiritual and dietary preferences were met. One person told us that staff supported them to attend a place of worship. One person said, "I like going to the [place of worship] with staff. I enjoy going every week." They told us they were also busy at the home doing various activities such as colouring and knitting. People told us they liked the food because it reflected their preferences. Staff told us they discussed food preferences with people and offered them their choices. We noted that the food provided was varied and reflected people's cultural and dietary preferences.

The service had a complaints policy. People told us they could speak to staff if they were not satisfied with the service. A relative told us they knew how to make a complaint but there was no reason for them to complain. They told us they felt staff "listened" and "communicated" well.