Palms Row Health Care Limited

Northfield Nursing Home

Inspection report

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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

Northfield is registered to provide accommodation for up to 63 older people who require nursing or personal care. The accommodation is provided over two floors, accessed by a passenger lift. One floor provides some intermediate care where people are supported to move back to permanent accommodation. Rehabilitation and enablement support is provided from Sheffield Teaching Hospitals physiotherapists and occupational therapists. The further floor provides permanent accommodation. The home is purpose built and situated in a residential area of Sheffield, close to local amenities and transport links. The home has a garden and car park.

There was a manager at the service who was registered with Care Quality Commission (CQC). 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 and associated Regulations about how the service is run.

Our last inspection at Northfield took place on 9 May 2016. We found two breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 18: Staffing and Regulation 11: Consent. The registered provider sent an action plan detailing how they were going to make improvements. At this inspection we checked improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of Regulation 18: Staffing, as staff had been provided with an annual appraisal in line with the registered providers policy. We also found sufficient improvements had been made to Regulation 11: Consent, as records were in place to show the registered provider complied with the requirements of the Mental Capacity Act 2005.

This inspection took place on 31 July 2017 and was unannounced. This meant the people who lived at Northfield and the staff who worked there did not know we were coming. On the day of our inspection there were 57 people living at Northfield.

People spoke positively about their experience of living at Northfield. They told us they felt safe and they liked the staff.

Staff were aware of safeguarding procedures and knew what to do if an allegation was made or they suspected abuse.

We found systems were in place to make sure people received their medicines safely so their health was looked after. Some medicines storage required improvement, which was rectified on the day of our inspection.

We found one area of the home presented a possible falling hazard. This area was made safe on the day of our inspection.

We found two plastic bedrail bumpers were torn which could compromise infection control. Staff had identified this and replaced the bumpers during our inspection.

Staff recruitment procedures ensured people's safety was promoted.

Sufficient numbers of staff were provided to meet people's needs.

Staff were provided with relevant training, supervision and appraisal so they had the skills they needed to undertake their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

A programme of activities was in place so people were provided with a range of leisure opportunities.

People said they could speak with staff if they had any worries or concerns and they would be listened to.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

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.

People told us they felt safe. People were content and happy to be with staff. Staff were aware of their responsibilities in keeping people safe.

Appropriate arrangements were in place for the safe administration and disposal of medicines. Medicines were stored securely. However, one area held medicines that were stored untidily which created a potential risk. This was rectified during our inspection.

The staff recruitment procedures in operation promoted people's safety.

Staffing levels were adequate to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

Staff were provided with a regular programme of training, supervision and appraisal for development and support.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were assisted to maintain their health by being provided with a balanced diet and having access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People living at the home, and their relatives, said staff were very

caring in their approach.

Is the service responsive?

Good

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

Staff understood people's preferences and support needs.

People living at the home, or their relatives, were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Good

The service was well led.

The manager was registered with CQC.

Staff told us communication was good within the home. Staff meetings were held.

There were quality assurance and audit processes in place to make sure the home was running safely.

The service had a full range of policies and procedures available for staff so they had access to important information.

Northfield Nursing 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 registered 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 inspection took place on 31 July 2017 and was unannounced. The inspection team consisted of two adult social care inspectors, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people and people living with dementia. The specialist advisor was a nurse.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of safeguarding and other incidents we had received. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

We contacted Sheffield local authority and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

During the visit we spoke with 15 people who used the service and six of their relatives to obtain their views of the home.

We spoke with 16 staff including the clinical manager, deputy clinical manager, qualified nurses, senior care staff, care staff, housekeeping staff, the maintenance person and the administrator. We spoke with two NHS employed staff who were based at Northfield. We also spoke with the companies training and compliance director, the clinical advisor and the clinical educator and compliance manager who visited the home

during our inspection. The registered manager was not available for our inspection. We looked at four care plans, four staff files and records associated with the running and monitoring of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Northfield and commented, "There is nothing not to feel safe about," "I feel very safe, the staff are brilliant. Some are easier to talk to than the others," "I'm happy here. I feel safe and the staff are lovely. We always have a natter," "I haven't seen anything to worry me," "I definitely do feel safe" and "I get on well with all the staff."

Relatives of people living at Northfield told us they felt their family member was safe. They commented, "It is definitely safe care" and "It is good safe care." One relative spoken with told us about one specific issue regarding their family member that they were concerned about. We saw staff speaking with the relative to resolve this issue and offer reassurance. The relative told us they had no other concerns.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior staff and they felt confident they would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked verified staff had been provided with relevant safeguarding training.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The service managed small amounts of money for some people and people could access their money as they needed. Individual envelopes containing people's money were kept. We saw financial records were maintained and we checked the financial transaction records for three people. They showed all transactions and detailed any money paid into or out of the persons account. The transactions held two signatures and receipts from purchases were retained to evidence the recorded transactions were accurate. The amounts held corresponded with the records. This showed safe procedures had been followed. Whist we saw some audits had taken place, more regular audits of financial transaction records would improve and build on safe procedures currently in place. Staff spoken with could describe the actions to take when handling people's money so safe procedures were adhered to and to help protect people from financial abuse.

All of the staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe. One staff commented, "I wouldn't hesitate. I know my parents would be well looked after here."

We asked people living at the service about the help they got with their medicines and they told us they were

happy with the support they received. Comments included, "Yes, I get my medicines at the right time" and "You get the right medicines at the right times. The nurse is really very good."

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a medicine's policy in place for the safe storage, administration and disposal of medicines so staff had access to important information.

We observed part of the morning medicines administration on one floor of the home. We found that safe procedures were followed. Staff explained to people what medicines they were taking and asked if they needed any pain relief. People were provided with a drink to take their medicines with and staff were patient and respectful.

We saw the morning medication administration records (MAR) had been fully completed. The MAR held photographs of the person, any known allergies and protocols for administering medicines prescribed on an 'as needed' basis (PRN.) The medicines kept corresponded with the details on MAR charts. Medicines were stored securely. At the time of this inspection some people were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the CD records checked. This showed safe procedures had been adhered to.

We found the CD cupboard and medicines storage cupboard were untidy, which could create a potential risk. We discussed this with a nurse on duty who took immediate action to tidy these cupboards to minimise any potential risk. We found medication rooms had the temperature monitored to make sure medicines were stored appropriately. However, we found one medicine fridge had not had daily temperatures routinely recorded to make sure medicines were stored so they remained effective. This was discussed with the nurse who gave assurances these would take place to make sure full procedures were followed.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff could describe these procedures and told us the registered manager also regularly observed staff administering medicines to check their competency. We saw regular audits of people's MAR's were undertaken to look for gaps or errors and we saw records of monthly medicines audits which had been undertaken to make sure full and safe procedures had been adhered to. The pharmacist was visiting the home the week of this inspection to audit the medicines systems. We were provided with a copy of their report dated 3 August 2017, following this visit. The pharmacist recommended the registered provider explored alternative storage for the medicines trolleys, as the new trolleys were too large to fit in the nurses stations. The registered provider confirmed new storage solutions were being explored and the trolleys were secured when not in use. The pharmacist did not identify any issues requiring urgent action. This showed people's safety was promoted.

We looked at staffing levels to check enough staff were provided to meet people's needs. We found three qualified nurses were provided each morning, and two qualified nurses were provided each afternoon. Five care staff, including senior care staff were provided as a minimum on each of the two floors each day. Ancillary staff such as domestic and kitchen staff were also provided each day. Staff spoken with confirmed these numbers were maintained. We looked at the staffing rota for the week prior to this inspection and found these identified staffing levels had been maintained. We observed staff were visible around the home and responded to people's needs as required. We could see staff in corridors, and communal areas, but found times when lounges were unsupervised for short periods of time.

We found records of regular checks on call buzzer response times. Those seen showed a response time of between one and five minutes. This showed that staff were available to respond to people's needs.

People living at the home, and their relatives spoken with said there were generally enough staff to meet their (or their family members) needs. Comments included, "I think there are (enough staff.) There seem to be," "Yes, for me there are enough staff. Sometimes maybe they are a bit short staffed," "They [staff] manage very well. You don't wait a long time," "It is not a long wait (if you use the call buzzer), straightaway more or less. Only a minute or so both day and night," "I think they [staff] are stretched but they do a good job. It has had no direct impact on my [parent]" and "There is not much turnover. You see the same faces all the time." Two people told us they thought more staff were needed but current staffing levels had not directly impacted on the care that was received. One person told us, "Sometimes there are not enough [staff] but it hasn't affected me".

We asked staff about the levels of staff provided. All of the staff spoken with thought enough staff were available.

We looked at four people's care plans in detail and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

We found a policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon. Domestic staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. This showed procedures were followed to control infection. We found the home was clean. We found two bed rail covers had small tears which would compromise infection control. The damage appeared new as the lining of the bumper was clean and undamaged. The clinical lead informed us that these had occurred that morning by wheelchairs catching the bumpers and were being replaced. Following this inspection we were provided with a copy of a full bed bumper audit to show that all bumpers had been checked for damage so that infection control procedures were promoted.

People living at the home and their relatives said that the standards of cleanliness and hygiene were good. One person said, "It is definitely clean."

Good

Is the service effective?

Our findings

Our last inspection at Northfield took place on 9 May 2016. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 18: Staffing. This was because some staff had not been provided with an annual appraisal, in line with the registered provider's policy. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. At this inspection we found improvements had been made. The four staff files checked held records of an appraisal. All staff said they had been provided with an appraisal. The staff training matrix showed that appraisals had taken place as required.

At our last inspection we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 11: Consent. This was because records were not in place to evidence a decision to administer one person's medicines covertly complied with the requirements of the Mental Capacity Act 2005. At this inspection we found improvements had been made. The person's records held clear evidence that a capacity assessment and best interest meeting involving the GP and relatives had taken place. This showed relevant legislation had been adhered to.

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 authorisation 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.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS applications and authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

People told us they felt staff asked their opinion. Comments included, "Staff explain what they are doing and always ask" and "They [staff] explain, most of them. The old ones ask for consent." Throughout our inspection we heard and observed staff explaining their actions and asking people their opinion. We heard one domestic staff knock on a person's bedroom door and ask if it was okay to vacuum outside their bedroom. This showed people were consulted.

People we spoke with told us they thought the care staff were well trained and performed their jobs well. One person told us, "Yes, they [staff] definitely know what they are doing."

We checked the staff training matrix which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. We looked at the registered providers training prospectus which showed training in specific subjects were also undertaken, to provide staff with further relevant skills. For example, training on dementia awareness. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said the training was "good."

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We checked records of staff supervisions. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. The records showed care staff had been provided with regular supervision for development and support. All of the staff asked said that they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported.

We asked people living at the home and their relatives about support with healthcare. People living at the home said their health was looked after and they were provided with the support they needed. The relatives spoken with had no concerns regarding the health care support provided to their family member. One relative told us, "[Name] had lost weight before moving into Northfield. Now they are looking lots better and have gained weight. They are more like their old self."

The four care records checked showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, Speech and language therapy (SALT), audiologists and dentists. People's weights were regularly monitored so any weight and health issues were identified quickly. Food and fluid intake charts were kept for people identified as at risk to help in monitoring people's health.

We found a varied and nutritious diet was provided to support people's health and respect their preferences. Staff were aware of people's dietary needs and preferences so these could be respected. We saw people were regularly offered drinks and snacks. People always had a drink within reach and we also saw people enjoying snacks.

People told us the food was good and they enjoyed the meals. Comments on the food included, "The food is nice but their porridge is delicious," "The food is good, well cooked, rich, good portion size. They [staff] give you an alternative if you don't like the meal," "The food is marvellous. We get to choose from two options. If I don't like them I'm offered a jacket potato" and "I was off my food for a while but I've got my appetite back now. There is always something to enjoy. My family bring me food in as well because I can be a bit picky."

We observed part of the breakfast meal and part of the mid-day meal in one dining room. We found the meal was a positive experience and people were supported as needed. The room was light and pleasant.

The dining tables were neatly set out and looked welcoming. Tables were laid with cutlery, glasses and condiments. We saw staff took time to support people and were patient when serving meals. The food was well presented and we saw people were eating different foods. This showed their personal preferences had been respected.

We found the home was designed and adapted to meet the needs of people using the service. Accommodation was provided on the first and second floors of the home which could be accessed by a lift. People were able to wander freely in these areas and clear signage and pictures helped to identify the different areas. We found the environment provided welcoming and pleasant living spaces. We identified one bathroom that held a boiler and had a step down from the door. Whist no falls or accidents had ever occurred, we discussed with the clinical lead the fitting of a lock to the door to minimise any potential risk when the bathroom was not in use. The registered provider responded immediately and had a lock fitted the day of the inspection. We were sent photographs following this inspection to evidence this had been actioned.

Good

Is the service caring?

Our findings

People living at the home told us they were happy and well cared for by staff that knew them well. They said staff were good at listening to them and meeting their needs. People said they always found staff respectful. Their comments included, "The Staff always ask me if I want some help. They are very respectful," "Staff are smashing, especially the lads. They always have me laughing. They knock on my door and ask if I need help. They are all very good," "I have a lovely room, I'm comfortable here. They [staff] help me when I need it," "The staff are lovely and kind. I would rather be at home but I can't be so I get on with it" and "The nurse is really good. They [staff] are brilliant, kind and patient."

People told us that they were encouraged to be independent if they were able and to ask for help if required. One person told us, "They [staff] got me out of my wheelchair and I can now walk around a bit."

Relatives said they were always welcomed in a caring and friendly manner. One relative told us "Care is excellent here. My [parent] has come on in leaps and bounds. They are always clean, happy and I feel that they are safe. The Staff are very welcoming and can't do enough to help you." Another relative told us, "They [staff] really look after them [family member]. They treat them with respect."

Staff told us they enjoyed working at the home and said staff worked well together as a team.

During our inspection we spent time observing interactions between staff and people living at the home. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they entered a communal room. We saw staff crouch down so that they were at eye level with people before speaking to them. We saw staff seek consent, explain what they were doing and offer reassurance to a person who needed help to move. Staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and care staff knew them well. People were relaxed in the company of staff. This showed people were treated respectfully.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission for us to enter their rooms. We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People told us their choices and preferences were respected by staff. For example, when to have a bath or shower and whether to have their bedroom door open or closed. People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice. This also showed people were treated respectfully.

We did not see or hear staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information needed to be passed on about people was passed on discreetly, at staff handovers or put in each individual's care notes. This helped to

ensure only people who had a need to know were aware of people's personal information.

Staff told us the topics of privacy and dignity were discussed at training events and they were able to describe how they promoted people's dignity. Staff told us they treated people how they would want to be treated. We saw staff interacting respectfully with people and all support with personal care took place in private. This showed people's privacy and dignity was promoted and respected.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this and provide support in the way people wished. The staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

Staff spoken with said end of life care was always discussed so they had the skills and knowledge to care for people when this support was needed.

Good

Is the service responsive?

Our findings

People living at Northfield said staff responded to their needs and knew them well. They told us they chose where and how to spend their time and how they wanted their care and support to be provided. Their comments included, "They [staff] know me well enough," "I choose what to do, staff help me when I need it."

All of the people spoken with, and their relatives, said they were happy with the activities provided and they [or their family member] were free to choose to join in or not, depending on their preference. Comments included, "They [staff] ask me join in but I like to be on my own and read. They have very good books here. I also like to watch television. I have this room, its cosy," "I enjoy the activities. I like the singers that come," "You can sit in the gardens when you want to" and "There is enough for [my parent.] They join in with the bingo and the quizzes and the singing."

We found an activities worker was employed for 37 hours each week so that a range of meaningful activities could be provided to people. Information on future activities was displayed in the entrance area of the home. This showed that a range of activities were provided which included visits from professional entertainers.

Throughout our inspection we saw staff were responsive to people's needs. For example, we saw a person ask for specific help and staff responded immediately in a kind and patient manner. We saw staff helping people to the toilet as soon as they requested this assistance.

Throughout our inspection we saw staff support people's choices. We heard staff asking people their choices and preferences, for example, asking people what they would like to drink, where they wanted to spend time and what they wanted to do.

Before accepting a placement for someone the registered manager carried out an assessment of the person's needs so they could be sure they could provide appropriate support. This assessment formed the basis of the initial care plan.

We looked at four care plans. They were well set out and easy to read. They contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs. Some plans held abbreviations, such as "Suffers from DVT." The abbreviation was not explained, and information on the signs and symptoms were not included so that staff had access to important information. Further information would ensure staff could identify any signs and symptoms when intervention and medical support is needed.

People told us staff had asked them about their care needs and what was important to them so that their views were reflected. One person told us, "I'm not really involved but I have discussed things with the sister

[nurse.]" Relatives asked said they had been involved and consulted in developing their family members care plan. The care plans seen contained evidence of relative's involvement.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported. People's most up to date information was relayed to new staff coming on duty. Handover meetings were held between staff during each shift change which meant staff would know of any changes to a person's needs or anything important that had happened during the earlier shift. This meant people were supported by staff that knew them well.

There was a clear complaints procedure in place. A copy of the complaints procedure was included in the Service User Guide which had been provided to each person living at the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw the complaints procedure was on display at the home so people had access to this important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint.

All of the people spoken with said they could speak to staff if they had any worries and staff would listen to them. Comments included, "I have no complaints at all, I am happy here" and "I haven't made a written complaint. I have said things and they have tried putting things right".

Good

Is the service well-led?

Our findings

The manager was registered with CQC. The registered manager was not present during our inspection as they were on holiday. During the inspection representatives of the company's management team visited the home to support our inspection as the registered manager was unavailable. We were provided support from the companies training and compliance director, the clinical advisor and the clinical educator and compliance manager. They displayed a commitment to the service and showed they worked well together.

People living at Northfield, their relatives and staff at the home spoke positively about the registered manager and the management team. People told us they knew the registered manager and other managers at the home, such as the clinical manager and deputy clinical manager and found them approachable. One staff told us they found the registered manager sometimes unapproachable but they always went to qualified staff and other managers if they needed to. All other staff told us they found the registered manager approachable and supportive.

We found a welcoming, open and positive culture in the home that was encouraged and supported by the staff. People told us there was always a good atmosphere in the home. Their comments included, "I am happy here" and "I have made friends."

Staff displayed a commitment to providing good care through the interactions observed and comments made. Their comments included, "We work well together" and "People are really well cared for. We all really care."

We saw an inclusive culture in the home. All staff said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs. All of the staff asked said they would be happy for a friend or family member to live at the home.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the home. Records showed the registered manager, and other senior staff at the home undertook regular audits to make sure full procedures were followed. Those seen included care plan, infection control, finance, call buzzer response times and medication audits. We saw environment checks were regularly undertaken to audit the environment to make sure it was safe.

As part of the quality assurance systems, the home had a 'Resident of the day' (ROTD) procedure in place. This involved identifying a different person each day to check systems were in place for them to receive relevant and appropriate care. This included speaking to the person and telephoning their relatives to obtain their views of the home. In addition, the persons care records were checked to make sure they were accurate and up to date. We saw records of the ROTD which showed people's opinion had been sought so

their needs and preferences could be respected and their views taken into account.

We found questionnaires had been sent to people living at the home and their relatives to formally obtain and act on their views. The results of questionnaires were audited and a report compiled from these so people had access to this information. We saw the results of the last survey were available to people. The clinical manager told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. Where people had identified any improvements needed, an action plan would be developed to act on this.

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns so people's well-being and safety could be promoted.

Records seen showed staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. People living at the home and their relatives also told us they were kept informed of any updates.

The home had policies and procedures in place which covered all aspects of the service. Some of the policies seen did not show any evidence that they had been reviewed to make sure they were up to date within the last few years. However, following this inspection we were provided with a copy of Palms Row Policy Review Statement which detailed that these were reviewed annually at head office. If there were no changes then the policy was not reissued. If there were amendments then the policy was reissued. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme.

The clinical manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The clinical manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.