

Northwood House Care Home Care Home Service

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Helensburgh
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Telephone: 01436 676300

Type of inspection:

Unannounced

Completed on:

1 November 2019

Service provided by:

Third Life Care Limited

Service provider number:

SP2003000159

Service no:

CS2003000436

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Northwood House provides a 24 hour care home service with nursing care for up to 20 older people. The provider is Third Life Care Limited. The care home is a detached villa located in a residential area of Helensburgh. The service has been operating since 2003 and has been registered with the Care Inspectorate since the Care Inspectorate was formed in 2011. There were 19 residents at the time of the inspection.

The service's aims and objectives state:

"It is our aim that those who live in our care home should do so with dignity, have the respect of those who support them and be entitled to live a full and active life. They should have the fundamental right to self-determination and individuality."

What people told us

Before our visit, we received a number of completed care standards questionnaires from residents, relatives and staff. There were 19 residents living in the home at the time of our inspection. During our visit, we spoke with 11 residents, 3 visiting relatives and 2 external professionals. We spoke with staff throughout our inspection and as part of our general observations. We also observed lunchtime and carried out a SOFI 2* observation involving residents with limited communication abilities.

Overall residents, relatives and staff gave very positive feedback about the standard of care at Northwood House. When areas for improvement were identified we explored these further and communicated them anonymously to the manager with a view to supporting improvement. Comments included:

- 'Staff are very good'.
- 'I like where I live'.
- 'Staff seem friendly and well organised. Any concerns are dealt with quickly and efficiently'.
- 'The setting is warm and comfortable'.
- 'The carers and nurses are kind and always polite and helpful. No concerns. Some of them also make me laugh all the time. It's important to laugh and smile'
- 'Staff are friendly and I get on well with all of them. They are good with the little things. Always give me choices. For example if I can't eat something, then they always make me something else. It's never a problem. I am happy. It's a good place'.

- 'The home is excellent. My mum had real difficulty to get used to the thought of moving into a home. Where she was previously she didn't even want to come out of her room. Here she is so much more relaxed and settled and even enjoys being with others and do things she would previously not have wanted to do. Staff are so helpful and attentive'.

*SOFI 2 is a Short Observational Framework for Inspection. We use SOFI 2 as a tool to assist us in directly observing the experience and outcomes for people who may be unable to tell us their views.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

People experienced care and support with compassion, warmth and respect. We saw that staff knew the service users very well and people confirmed to us that they had very good relationships with staff. Our observation showed that residents experienced good outcomes and that the meaningful relationships with the staff and the friendly atmosphere enhanced their well-being.

Residents told us that they felt respected, safe and comfortable. They felt supported to be able to make choices that were meaningful to them. This included choices about where and how to spend their time. Several residents and relatives told us how staff used a relationship-centred approach that enabled residents to overcome initial withdrawal and distress.

Residents benefitted from staff using gentle and respectful encouragement to make them feel included and to form new relationships in the service and community.

People's rights were respected. A new electronic care planning system offered opportunities to document consent well. However, it needed further work to ensure that all necessary documentation could easily be accessed, for example contact details for people who hold legal powers. We discussed this with managers and encouraged them to make this part of their ongoing-going improvement plan. The new care planning system

also showed evidence of the service progressing with the setting up of Advance care plans and capturing people's wishes for support at the end of their life.

The service gave people opportunities for being involved in decisions about their life in the home. People were able to personalise their rooms well. Residents and relatives told us that they felt well-informed. Meeting notes and newsletters showed that managers shared meaningful information with people, including relevant quality assurance data. We discussed a few opportunities for strengthening this aspect of the service further.

Residents' opinions and wishes were valued. People told us that they can have a say about their care and things that mattered to them. They told us that they found the manager and staff accessible and approachable and felt listened to. Meeting notes showed that the service took feedback seriously and tried to act on it in each case.

People were enabled to experience a range of activities. The service had a clear approach that made activities and residents getting the most out of life a shared responsibility for all staff members. Our observations showed that staff engaged well with residents and used their initiative to support people with being active.

There were some very good examples of how the service enabled people to have a sense of engagement with life, for example intergenerational work and a singing group. Staff encouraged people to exercise or use their abilities to move as independently as possible. People were enabled to maintain a sense of belonging to their wider community by working regularly and well together with several local organisations, like a nursery, schools or the dementia resource centre. Residents with sensory impairment were well supported and enabled to take part in life as normally as possible.

The service worked well with external health professionals to ensure that people benefitted from good quality and holistic health assessments and healthcare. People told us that they were happy with how the service supported their healthcare. The management of medication was overall robust and supported by an improved quality assurance system that included observations of practice. We discussed the importance of continued work on ensuring that the quality assurance processes in this area reflect evidence-based good practice.

We observed settled and unhurried mealtimes. People enjoyed their food and were enabled to experience a relaxed and supportive atmosphere. We discussed how the service could use observations of practice in this area to further work on consistency of support and to increase staff awareness of person-centred interactions in dementia care.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

A newly introduced electronic care planning system consistently informed all aspects of people's care. The service was still in the process of transferring data into the new system, but was making good progress. Managers had clear plans and timelines for the completion of the project.

The service had effective systems that ensured residents' care plans and assessments were kept complete and up to date. The new system contained in-built quality assurance tools, like alerts for missing reviews or plans. We discussed the importance of further regular quality assurance to ensure that the new system was comprehensive and included all necessary tools and plans. In particular, we encouraged managers to include working with pain assessment tools, care plans for pain or psychoactive medication as part of their ongoing improvement plan.

There was evidence of progress with implementing clearly defined personal outcomes as part of the care plans. However, we found formulated personal outcomes sometimes needed more detail and a clearer focus on the person's existing abilities and wishes. A previously identified area for improvement for this work will continue and will be followed up at the next inspection.

We saw examples of new and improved end of life care planning and advanced care planning in the new system with some good examples of how people's wishes and thoughts were captured.

People told us that they felt involved in decisions about their care and confirmed that they were regularly invited to review and evaluate the care plans with staff or managers.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should review and improve the quality assurance processes for medication management and documentation in the service. This should include, but not be limited to:

- reviewing the frequency of audits to ensure that it corresponds with current circumstances
- regularly reviewing the audit tools to ensure that the measurements are relevant and designed to address current weaknesses as well as driving good practice
- ensuring that audit results are transparent and shared with staff, residents and relatives in appropriate ways and formats.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

This area for improvement was made on 21 November 2018.

Action taken since then

There was evidence of using a comprehensive audit tool, including observation of practice. Evidence from meeting notes showed that quality assurance findings are shared with residents and families. We discussed with managers that the service should progress with plans to make key quality assurance data more accessible for staff, service users and families.

This recommendation was met and will not continue.

Previous area for improvement 2

The provider should ensure that every care plan contains a formulated personal outcome. The regular evaluations of individual care plans should contain evidence of measuring if the formulated personal outcome is achieved and if planned actions are effective and relevant.

Information about documenting and working with personal outcomes can be found at:

- www.personaloutcomescollaboration.org
- www.stepintoleadership.info
- <http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=90>

This is to ensure care and support is consistent with the Health and Social Care Standards which state that my personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15).

This area for improvement was made on 21 November 2018.

Action taken since then

The service was in the process of transferring all care plans to a new, electronic system. This project was not fully completed yet at the time of the inspection. All care plans now contain a section for documenting a personal outcome on the care plan document. The sampled plans showed that the formulation of outcomes was still very basic and that the evaluation or measuring of the planned outcomes could still be improved. We discussed our findings with the managers and asked them to ensure that further improvement work is included in the service's on-going improvement plan.

This area for improvement will continue and we will follow it up at our next inspection

Previous area for improvement 3

The manager should ensure that care plans contain enough detail about people's assessed needs to ensure that staff provide the care and support they require in a consistent manner.

National Care Standards, Care Homes for Older People, Standard 6: Supporting arrangements

This area for improvement was made on 5 March 2018.

Action taken since then

The sampled care plans that were set up using the new electronic care planning system provided good detail about people's assessed needs.

This area for improvement was met and will not continue.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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