Island Healthcare Limited

Northbrooke House

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

About the service
Northbrooke House is a care home providing personal and nursing care for people living with a variety of needs, including those with physical and nursing needs and people living with dementia. Northbrooke House accommodates 67 people across two separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people who need nursing care and the other for people living with dementia. At the time of the inspection there were 63 people living at the home.

People's experience of using this service and what we found
People and their relatives told us the care provided, was safe and staff were kind and caring. The environment was clean and had been adapted to meet the individual needs of people living there.

Medicines were managed safely by trained and competent staff. Medication administration records (MARs) were fully completed and regularly audited to identify any areas for development and improvement. Staff had access to medicines policies and procedures as well as best practice guidelines. Staff had received training in infection control and followed good infection control processes.

Staff understood their safeguarding responsibilities and knew how to keep people safe from harm. Safe recruitment procedures were in place to help ensure only suitable staff were employed.

Individual and environmental risks were managed appropriately. People had access to appropriate equipment where needed, which meant risks were minimised.

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.

Staff were motivated and enjoyed working in the home. Continuous learning was embedded in the home's culture. Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

People were supported by staff who showed kindness and compassion. They were treated with dignity, and their privacy was respected. People's care plans contained detailed information about their individual needs, wants and wishes, to help staff deliver personalised care. The management team reviewed the care and support provided to people to make sure it continued to meet their needs.

Staff used positive communication techniques with people, so they felt listened to and valued according to their individual needs.

There were meaningful activities available to people that were person centred. Dedicated staff were

employed to provide activities, which took into account people's choices and interests and promoted health and well-being.

The provider had systems and processes to effectively monitor the quality of the service provided within the home. The registered managers understood their regulatory responsibilities and shared information when required.

People, their relatives, staff and external professionals all told us that the provider and registered managers ensured the home was well led.

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 29 January 2019) and there were two breaches of 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.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Northbrooke House

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 Care Act 2014.

Inspection team
The inspection was conducted by two inspectors and an expert by experience [ExE] on the first day and two inspectors on the second day. 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 ExE had experience of care for older people and those living with dementia.

Service and service type
Northbrooke House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and eight relatives of people about their experience of the care provided. We spoke with 11 members of staff including the registered managers, registered nurses, a deputy manager, senior care staff, a chef, and care workers. We spoke with the provider who is also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service.

We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including quality assurance processes, policies and procedures. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection
We reviewed the evidence gathered during the inspection and continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visited the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to ensure all risks to the health and safety of people were assessed and where possible action taken to mitigate any such risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made to risk assessments and staff had the information they needed to keep people safe. Therefore, the provider was no longer in breach of this regulation.

- Risks to people had been assessed as part of the care planning process. These were recorded within people's care records and clearly identified how staff should support people and what equipment, if any, was needed. For example, one person's care plan described how they were at risk of trying to exit the home unaccompanied, which would cause them harm due to their assessed needs. There were clear strategies for staff to follow, which included distraction techniques, by engaging the person in activities and conversations they were interested in. This meant the person was supported in a way that reduced risks and did not cause them harm.
- Staff knew people well and told us the actions they took to keep people safe. We observed staff recognised if people were unsettled or unhappy about something and gently supported them, using calm and respectful language. This meant that any risks around people's behaviours, were promptly recognised and acted upon.
- People were monitored for risks of falls, choking, skin integrity and malnutrition. Risks were reviewed regularly and updated when required.
- The provider had employed a health and safety officer to ensure that risks relating to the environment and the running of the service were identified and managed effectively. These included gas and electrical safety, legionella, and infection control.
- The home had a fire risk assessment in place and staff were aware of the procedures to evacuate people in an emergency. Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Staff had received fire safety training and fire drills had taken place so that staff knew what to do in the event of a fire.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Using medicines safely

At the last inspection the provider had failed to ensure the safe and proper management of medicines. This

was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made to the systems for managing medicines. Therefore, the provider was no longer in breach of this regulation.

● Effective systems and processes were in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely and in accordance with best practice guidance
● People had a medicines profile which included details about what medicines they were prescribed, any allergies they had and how they preferred to be supported to take their medicines.
● Medicines administration records (MAR) were completed correctly and indicated that people received their medicines as prescribed. Audits of MAR charts were completed daily to help ensure that no medicine errors had occurred.
● Protocols were in place for medicines prescribed to be administered on an 'as required'(PRN) basis. PRN medicines were regularly reviewed to monitor how much of the medicine was being administered and to ensure they were being taken appropriately.
● Staff received training in medicines administration and had their competency checked to ensure their practice was safe.
● Safe systems were in place for people who had been prescribed topical creams.
● Medicines that required extra control by law, were stored securely and audited each time they were administered.
● Where some people required their medicines to be given covertly, the principles of the Mental Capacity Act had been followed and agreement from external medical professionals sought.

Systems and processes to safeguard people from the risk of abuse
● The provider had robust policies in relation to safeguarding and whistleblowing and staff had received training based upon these.
● People and their relatives told us staff provided safe care and supported people effectively to remain safe. One person said, "Yes I feel safe. The nurses pop their heads round the door, and they make sure you're tucked in at night."
● The registered managers and provider were aware of their safeguarding responsibilities and had reported concerns to CQC and the local authority, as required.
● Staff had received safeguarding training and were aware of their responsibilities. One staff member said, "I would report it [safeguarding concerns] to managers, they would report to Safeguarding and CQC."
● The provider had physical intervention policies and procedures for the use of restrictive practice. This is when a person can require restriction on their movement in order for staff to provide an essential aspect of their care and support. The registered managers had assessed how they could support people with complex needs and behaviours that were difficult to manage, whilst keeping them and others safe. Records confirmed that where people had been assessed as needing restrictions some of the time, risks had been considered and safe care was provided. Staff had clear guidance and if restrictions were needed, these were carried out in the least restrictive way.

Staffing and recruitment
● Staffing levels were based on the needs of the people living at the service and there were enough staff to safely meet people's needs. One person told us, "You don't have to wait for anything." Another said, "They [staff] come quickly."
● Relatives confirmed they felt there were enough staff to keep people safe. One relative told us. "There's more staff here than at the last home [relative] was in. She seems very well looked after. She tried to stand and then she falls. Here, there's always someone with her."
● We observed staff having time to sit and talk with people and providing prompt assistance when needed.

Where people had complex needs, the need for additional support had been assessed and was provided, which meant people received support in line with their individual needs. One staff member told us, "I don't like people to be rushed, we need to give people plenty of time. This is a 24-hour care home."

● Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Preventing and controlling infection

● The service was clean, hygienic and well maintained. Domestic staff were employed and completed regular cleaning tasks in line with set schedules.

● Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons, which we saw they wore when needed.

● The laundry rooms and kitchen were clean and well organised, this meant any infection control risks were managed safely.

Learning lessons when things go wrong

● Accidents and incidents were recorded and monitored on an electronic system by the registered managers. The provider had oversight of this, and any themes or patterns were identified. Where action was needed to address any issues, these were carried out promptly.

● The registered managers ensured risk assessments were updated if required, following any accidents or incidents. Information was shared with staff through handover meetings between shifts, staff meetings and individual staff supervisions.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support

At the last inspection the provider had failed to ensure care and treatment were provided in a safe way for service users. This was a breach of Regulation 12 of the health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection improvements had been made to ensure people received safe care and treatment. Therefore, the provider was no longer in breach of this regulation.

● People's health was monitored by staff and they were supported to access healthcare when needed. For example, people were supported to access opticians, chiropodists, GP's and hospital appointments. Where people had complex needs or were unable to verbally communicate, staff monitored changes in their body language, presentation and behaviours to identify changing health needs. One staff member told us, "If I went into a client [person] and I felt that there was a concern I would get the nurse in charge to look at them, if there was a problem they would automatically contact the doctor."
● People and their relatives told us they felt health needs were well met and were supported to access external medical support if needed. Comments included, "Yes, they [staff] are there for that. I'm going to get another hearing aid next week sometime" and "They [staff] call the doctor."
● People's care plans were kept up to date and reflected advice and guidance from external health professionals. For example, we saw guidance included in people's care plans relating to eating and drinking, specific dietary needs and pressure relief.
● A range of tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used tools to assess people's pain levels, risks of developing pressure injuries and to monitor their bowel movements. Clear guidelines were in place for staff to follow when action was required.

Staff working with other agencies to provide consistent, effective, timely care
● The manager and staff had a positive working relationship with the local GP surgery and used an electric health monitoring system called 'telehealth'. This meant they could monitor peoples blood pressure, oxygen levels and pulse rates and send the information electronically to the GP surgery, who could provide a quick response if needed. This allowed timely and effective care to be provided.
● When people were admitted to hospital, written information was available and sent with the person to the medical team, to help ensure the person's needs were known and understood.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed prior to moving to Northbrooke House which provided staff with

information that enabled them to provide care that was effective and responsive.
● People's care plans contained details of their background, any medical conditions, and information about choices and preferences. Information had been sought from relatives and other professionals involved in their care. This meant that staff knew people well and supported them in line with their wishes.
● People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments. People's diverse needs were detailed in their care plans which included their preferences in relation to culture, religion, diet and relationships. For example, people had relationships care plans, which described how the person interacted with others, who was important to them and how staff should support them to be able to engage positively with others.
● Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a positive quality of life.

Staff support: induction, training, skills and experience
● Staff received a detailed induction into their role and were provided with a 'mentor', to assist them with their learning and development in. One staff member said, "It [the induction] was really useful, I had never done care, I had four-day induction shifts and lots of in-house training."
● The provider had a detailed training programme and staff had regular updates to keep them informed of best practice. There was information available for staff to see when training was scheduled. Training provided included first aid, infection control, end of life, pressure care, nutrition, dementia care, restrictive intervention and safeguarding awareness.
● People and their relatives confirmed they thought the staff knew what they were doing and received good training. A relative told us, "They [management] spend a long time with new staff. They[staff] seem to have a lot of training."
● Staff received regular supervision and an annual appraisal, which enabled the registered managers to monitor and support staff in their role and to identify any training opportunities.
● Staff told us they felt supported in their roles by the provider and registered managers. One staff member said, "I had shadow sessions here and I observed, then they observed me."

Supporting people to eat and drink enough to maintain a balanced diet
● Food provided at Northbrooke House was freshly prepared and catered to people's individual needs. We observed that people had plenty of choice, with several options being available for each meal.
● People were supported to choose the food they wished to eat. We saw that if they were unsure what was being offered, staff helped them to understand by explaining or using pictures. We observed one person being offered some cake. They were unsure what the cake was and when they tried it, they clearly expressed they did not like it. Staff immediately offered an alternative that they knew the person enjoyed.
● Our observations during lunchtime demonstrated it was a sociable occasion with positive interactions between people and staff. For example, we observed staff sat next to people and spoke to them in a gentle and kind manner, whilst supporting them to eat or drink.
● People told us the food was enjoyable. One person said, "It's [the food] lovely, well cooked and presented well"
● Where people required their food to be prepared in a specific way because of a medical need or problems with swallowing, staff were aware of the associated risks. Staff followed guidance from healthcare professionals in relation to these.
● People's food and fluid intake was monitored, with clear action for staff to take if people were not eating and drinking sufficiently well. For example, they referred people to GPs or specialists for advice and offered meals fortified with extra calories. A relative told us, "They [staff] prompt [person] to eat. They lost weight recently and they [staff] recognised it straight away."

Adapting service, design, decoration to meet people's needs

● The building had been adapted to meet the needs of the people living there had been designed to be a relaxing, homely and comfortable space. A great deal of care had been taken to consider the lounge environments, so they were conducive to people living with a cognitive impairment. For example, lounges had been designed by considering the different stages people living with dementia were experiencing. One of the registered managers told us they had found that people had benefitted from this, with a reduction in incidents of agitation or distress. However, they worked in a person-centred way and if someone was settled in one lounge area, they would not necessarily move them to use another lounge, if the impact of their dementia increased.

● Adaptations had been made to the home to meet the needs of people with reduced mobility and cognitive impairments. For example, a passenger lift gave access to the upper floors, toilets and bathrooms had suitable equipment such as hand rails and bath hoists, and they were well-signed to help people find them.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● People confirmed they were asked for consent by staff. A person told us, "Yes, definitely [ask for consent]. They [staff] say, 'Please may I'…"

● Staff were knowledgeable about how to protect people's human rights in line with the MCA and received regular training on this topic. We observed staff seeking people's consent before assisting them with all aspects of their care. A staff member told us, "We assume person has capacity unless deemed otherwise, a bad choice isn't necessarily a wrong choice. We maintain independence as much as possible."

● Mental capacity assessments were completed when there was any question of a person's capacity to independently make important decisions. Where people could not make their own decisions, the best interest decision making process was used.

● People who had been assessed to lack capacity to make some decisions, were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Where some people had been assessed as needing restrictions to keep them safe, they had specific 'restrictive intervention' care plans. These detailed how the person should be supported in the least restrictive way and guided staff to understand where and when the person may need additional support. This demonstrated the provider recognised the importance of supporting people in a way that respected their choice and control.

● The registered managers understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) to the authorising authority and making notification to us about those applications being granted. There were systems in place for monitoring these and ensuring they were kept

up to date.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us the staff were kind and caring. One person said, "Yes, they [staff] are very kind. I get on with them very well." A relative told us, "The care here is amazing, I can't fault it." Another said, "I wouldn't want [relative] anywhere else. They [staff] respond to [relative] as an individual."
- We observed staff were attentive and patient when supporting people. For example, we saw a member of staff assisting a person to drink, kneeling in front of them and holding their hand. Another staff member brought a person some clothes for the doll they were caring for. This demonstrated that staff were observant and actively sought ways to ensure people mattered. A staff member said, "I don't feel like I am coming to work. I feel like I am coming into their [people's] homes we are such a family."
- External professionals told us that staff were genuinely kind and cared about the people living at the home. The registered manager had received feedback from one external professional who had said, "I can say without doubt that the level of professionalism and cooperation that the staff displayed and provided was unsurpassable. They have been nothing short of brilliant, I really mean it. It was apparent from the outset that [person's name] mattered."
- People had their life history recorded, which staff used to get to know people and to build positive relationships with them. A relative told us, "[The staff are] professional, caring and kind. The people here with dementia, they tell the same stories over and over. They repeat themselves, but you wouldn't know it from the way the staff act. They act as though it's the first time they've heard it."
- Staff completed training in equality and diversity and the provider, registered managers and staff demonstrated they were committed to ensuring people's individual needs and choices were met.

Supporting people to express their views and be involved in making decisions about their care

- Care records demonstrated the person who received care or their family members, had been involved and were at the centre of developing their care plans.
- Staff gave people time to process information so that they were able to make decisions. For example, we observed staff using simple, gentle calm language and touch when asking people what they would like to eat or drink and waiting for them to answer in their own time.
- People and their relatives, where appropriate, were encouraged and supported to have their say. If people were unable to make decisions and had no relatives to support decision making, they had access to independent advocates. Advocates can be used when people have been assessed to lack capacity under The Mental Capacity Act 2005 for a specific decision and have no-one else to act on their behalf. We saw examples in people's care plans where advocates had supported people to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

● People told us staff respected their privacy and we observed staff knocking on doors before entering. Comments from people included, "Yes, they [staff] knock on the doors" and "They close the curtains." A staff member said, "If we [staff] are going into anyone [person] we must knock and talk to the person and ask permission."

● Relatives also confirmed that staff respected people and treated them with dignity. A relative told us, "The staff are caring, and they treat them [people] with respect."

● People were encouraged and support to maintain their independence as much as possible. For example, we saw that one person's care plans described how much support they needed and how staff should support them to maintain their independence where possible. Their care plan said, '[Person's name] is very independent and can wash and dress independently- please ensure you support [person's name] to maintain their independence.' In addition, a staff member told us, "I support a person who has got swollen legs and hands, I encourage them to do their own shaving and teeth with the other hand. We also use adapted cutlery to encourage people to have a go."

● People were treated as individuals and we observed staff using people's names when they spoke to them and it was clear they knew each other well. One relative told us, "What really impressed me was that she'd [relative] only just moved in, she'd only been there 5 minutes, and she didn't want to sit down, she was walking along the [corridor] with a carer, and every person she passed said, 'Hello [name]' to her. Everyone."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care that recognised their individual needs and wishes, and it was clear that staff were dedicated to providing individualised care and support. One staff member said, "Every individual [person] is different, so the care [provided] needs to meet that person's needs and be centred to that person."
- People's needs were assessed prior to admission to ensure the service could offer the support they needed. Care plans were then developed which were person centred, contained good detailed information about the person, and described how they wanted to be supported. This considered people's preferences and recognised their individuality. For example, one person with a significant cognitive impairment, liked to move about the home and became distressed at times, if they could not get outside. Their care plan described how staff should support them to go outside regularly and to walk around the building, as this helped them to feel settled again.
- Where people had a diagnosis of dementia they had specific dementia care plans. These described how dementia may present in the person and specific information about how staff should support them, which recognised the sensory impact of dementia. For example, one person's care plan described how staff should keep good eye contact with the person and use gentle supportive language to help then feel safe, when showing signs of being agitated.
- In addition, people all had a 'relationship care plan', which detailed information that was important to the person, such as their hobbies and interests. For example, one person's relationship care plan described how they had an interest in art and were 'a great artist.' In addition, it described how the person 'loves to laugh at jokes' and that staff should, 'spend time with [person's name] having a cup of tea and talking things through.'
- Relatives told us they felt the staff knew people well and understood what their needs were. One relative said, "In a nutshell, they [staff] look after people as individuals. They're really person centred, and they provide the care [relative] is happy with."
- Relatives confirmed with us they were invited to be part of the review of their family member's care. One relative said, "If anything changes or someone has an idea, we [staff, relative and person] all talk it though together."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.
● Care records included information about how the person communicated and if they needed any communication aids to enable them to be able to express their views or concerns. People were wearing hearing aids and glasses as required.
● People had information presented in a way they found accessible and in a format they could easily understand. For example, pictures, symbols and photos were available to assist people to be involved in making decisions, if needed.
● Staff members knew how to effectively communicate with people. The approach by the service met the principles of the Accessible Information Standards.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● The service employed staff specifically to provide activities and consider people's wellbeing. For example, the management team recognised the importance of people maintaining daily living skills, in line with the tasks they would have been familiar with. Consequently, people were supported to be involved in activities of daily living such as peeling vegetables or folding laundry, which we were told helped them feel valued and have focus.
● People were supported to enjoy other stimulating activities, both group-based and one-to-one. Activities included, games and quizzes, reminiscence sessions, visits by therapy animals, discussions about the daily news and using a smart speaker that connected to the internet. For example, people were supported to ask the speaker questions or to choose music for it to play, which we saw had a positive effect on their emotions and feelings.
● In addition, the home held a summer garden party and Christmas party, where friends and relatives of people could join in. External activity providers were also invited into the home on a regular basis, such as falconry displays and musical entertainers. When people had birthdays, these were celebrated, and people choose what they wanted to do. For example, we saw that one person was celebrating their birthday during our visit and had chosen to go to a local pub with a staff member for a drink. On their return they had a huge smile on their face and told us they had really enjoyed it.
● The provider and registered manager analysed the impact of the activities they offered and listened to people and their relative's views on them. For example, the service had a 'pub night' once a month, where they created a pub like atmosphere in one of the lounges. We were told there were now plans to create a permanent ''pub themed' lounge, as people had really enjoyed it.
● The provider and management team ensured they knew people well so they could consider how to support people to feel settled and happy living in the home. For example, one person had their own small apartment within the home and wanted to have a pet cat. The provider had brought their own cat in for visits to give them the opportunity to 'pet and care' for the cat. In addition, visits to a local cat home had been arranged, so the person could spend some more time caring for cats. A cat flap had been placed in the outside door of their apartment and plans were being made for them to get their own cat, once they were ready to do so.

Improving care quality in response to complaints or concerns
● The provider had a policy and arrangements in place to deal with complaints. These provided detailed information on the action people could take if they were not satisfied with the service being provided. Complaints were listened to, taken seriously and dealt with appropriately. Records confirmed this.
● People and their relatives told us they knew how to raise a complaint about the service, if they needed to. A relative told us, "I have no complaints, but if I did I would speak to the [registered] manager." A person said, "I would tell [management], they would follow it up, but I've got nothing to complain about."
● The registered managers told us if any complaints were received and upheld, lessons learned would be

shared with staff to avoid a similar issue arising in the future.

End of life care and support

- Staff had received training in end of life care.
- People had end of life plans in place which captured their wishes for how they would like to be cared for at the end of their life.
- The registered managers told us that they worked closely with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and cared for at the end of their life.

Good

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Good

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 the provider had failed to provide good governance to ensure the safety and quality of service provision so that accurate records were maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made to ensure that accurate and up to date records were maintained and auditing processes had been improved. Therefore, the provider was no longer in breach of this regulation.

- The service had two registered managers and they were clear about their responsibilities and the regulatory requirements of their role. They had notified the CQC when required of events and incidents that had occurred at the service.
- There was a clear management structure, consisting of the provider, the two registered managers, deputy managers and senior staff. There was an on-call system so that staff could get support from the management team when they needed it. In addition, the registered managers and deputies visited the service out of hours, to complete monitoring checks.
- Effective quality assurance systems and processes were in place using an electronic records system that the provider had oversight of. Audits were consistently completed and areas for development and improvement highlighted and promptly addressed through action plans.
- The provider was very proactive and provided a positive mentor role and support for the registered managers. In addition, the provider had a health and safety lead who carried out regular environmental health and safety, and fire safety checks.
- The provider had a private social media platform that the registered managers could access. This meant they could seek advice and support from the provider and the registered managers of other locations owned by the provider. Consequently, there was a robust support network where best practice and solutions could be shared effectively.

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

- People and their relatives told us they were happy living at Northbrooke House. There was a warm, welcoming and relaxed atmosphere.

● The registered managers and staff fully considered people's life history and how they could support them to get the best out of living at the home, in sometimes complex circumstances.
● The registered managers and provider demonstrated dedication in providing person centred care to people and had developed positive relationships with them and their relatives.
● Relatives were very positive about the management team and the staff. Comments included, "I would recommend the home to others," "The staff are brilliant and the new [registered] manager [in Nursing side of home] has lots of knowledge and expertise, with proper leadership and management and I have seen improvements over past year," and "There's a lovely team feel, and the staff are respected by the management. It never feels task focused. They advocate for her [relative] at meetings [with other professionals], they fight her corner."
● Staff were aware of the provider's values and told us they enjoyed working at the service and felt supported by the registered managers. One staff member said about one of the registered managers, "I think she is awesome, we have the same vision. She is very approachable, really supportive, her door is always open. Communication is really nice. She understands us. We are like a big family here."

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 management team were open with us and committed to ongoing service development.
● The previous performance rating was prominently displayed in the reception area.
● The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. Following any incidents or incidents people and their relatives were kept informed showing a transparent service

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff told us they felt listened to and the registered managers and deputy managers were approachable. One staff member said, "If we [staff] aren't happy we can talk to registered manager or deputy that day or in our supervision or team meetings, I feel like I am fully supported by them and things do get done properly."
● Staff meetings were held regularly. Meetings were used to provide information, such as any changes planned, training, sharing best practice and introducing new activity ideas. Minutes were kept and showed that where issues or suggestions were raised, action was taken.
● People's relatives and friends could visit at any time and told us they felt people were cared for well. A relative said, "It's a fantastic place. All the staff, the carers, the catering staff, the laundry staff are all brilliant. There's nothing negative."
● The provider held meetings called 'family forums', which were informal get togethers where people and their families could discuss any changes and share experiences with each other. In addition, the provider offered support and training for families to understand and learn about people's dementia journey. One relative told us, "The family forum is good. You can meet with other family members and air your views. Families bring up things and you get feedback. Any concerns, you can bring up. They [staff] are very good at sorting things out."
● People's individual life choices and preferences were met. The registered managers and deputies were clear how they met people's human rights. People and their relatives were involved in planning care and support and the management team regularly spoke to people and involved them in decisions about the home. A staff member said, "We treat everyone the same, give choice and options and allow everyone to be an individual."

Continuous learning and improving care
● The provider and registered managers sought feedback from people about the service in a range of ways,

which included annual quality assurance surveys, the family forums and through informal one-to-one discussions. A relative said, "They [management team] send them [quality assurance questionnaires] out, I've filled in several. The family liaison meetings are helpful. If you've got any queries, they're good."

● The provider had arrangements in place to support the registered managers in their professional development. For example, regular managers meetings were held with managers from the providers other services. Any incidents that had occurred in any of the providers services, were discussed so that lessons could be learnt, if needed. At each management meeting a member of the provider's management team, was given an area to research and deliver information to the other managers. This meant that the management team were actively seeking information to keep themselves up to date with latest guidance and best practice.

● The provider arranged for external training for the registered managers, if needed to target specific areas where the service wished to improve and develop their practice further.

Working in partnership with others

● The provider offered training and support to families using their services. For example, training to understand dementia and how it can present in people, mental capacity awareness and finances, were available free of charge to families. This demonstrated that the provider wanted to work collaboratively with families to achieve positive outcomes.

● The registered managers and senior staff teams worked effectively with external health and social care professionals. They had close links with the local community nursing team who provided advice and guidance where needed. An external healthcare professional told us, "Personally I have always found the management approachable and quick to respond. My opinion is that all staff I have met appear to be interested in new initiatives and improving standards for their clients and organisation."