M D Homes

Northwood 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

This unannounced inspection took place on 19 & 24 December 2018. Northwood Nursing Home is registered to provide accommodation and support for up to 35 people with health conditions, age related frailty and people living with dementia. It also provides nursing care. At the time of our inspection there were 30 people living in the home.

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

At the last inspection in July 2017 we found that people's liberty was being restricted unlawfully and the governance systems in place were not robust.

At this inspection we found that the service had worked hard to improve the safety, liberty and welfare of people at the home and now demonstrated good outcomes for people.

The service had a manager who was registered with the 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.

People felt safe and staff knew how to mitigate risks to people's health and wellbeing. Medicines were managed safely and infection control practice adhered to. Safety checks and fire drills were completed appropriately.

People's individual risk assessments in care records had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded when needed.

Staff demonstrated a good understanding of safeguarding procedures and signs of possible abuse. They told us they reported any concerns to senior staff on duty or their manager and they were aware of the whistleblowing procedures if they needed to elevate any concerns externally to local safeguarding authorities.

Staff were knowledgeable about people and were able to promptly identify changes in people's needs.

Staff and people who lived at the home were knowledgeable in safety protocols and were provided with the opportunity of attending both fire safety and health and safety training to help ensure they were confident and able to maintain their own safety in case of an emergency.

People were looked after by enough staff, who were trained and supported to help meet peoples` individual needs.

Staff were recruited through robust procedures which ensured that staff working at the home were of good character and were suitable to work with the people they would be supporting.

People were supported to take their medicines safely by staff who had received training and had their competencies checked.

People`s consent to the care and support they received was obtained and staff worked within the principles of the Mental Capacity Act 2005 for people who lacked capacity to make certain decisions to ensure that the care and support they received was in their best interest.

People told us, and we observed, that the service provided a healthy and varied diet and in sufficient amounts to maintain people`s health and well-being.

The environment has been improved with some areas being redecorated and updated since the last inspection took place. The home was maintained to a safe standard.

Staff told us they received regular training and updates to ensure their skills and knowledge remained current in relation to their job responsibilities. Staff were well supported through a range of methods including work based observations, team meetings and individual supervisions.

People told us that staff were flexible and responsive to their needs and preferences. People told us and we observed that the care and support they received met their needs and was personalised to suit each individual. Professionals involved in the service were positive about the service and how it operated.

People were offered a range of activities both within the home and were also supported to access the local community.

The service was well managed. There was clear and effective leadership at the service with staff having well defined roles and responsibilities. The management was open and transparent. The registered manager had worked hard to improve the quality of the service provided which helped the service to operate in a productive way. There were systems in place to monitor and manage the overall quality of the service and this included getting regular feedback from the people who used the service.

People were supported to give feedback through regular meetings and had a representative to put forward their views. People told us they felt fully consulted and involved in all aspects of the running of their home.

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 consistently safe.

Staff were aware of safeguarding people from potential risk and knew how to report concerns.

Risk assessments were completed and reviewed regularly.

There were sufficient staff with the right skills and experience to meet people`s needs at all times.

Safe recruitment procedures were robust.

People were protected from the risk of infections.

People were reminded and supported to take their medicines and staff had been trained in the safe administration of medicines.

People were protected from the risk of infections by staff who knew how to use personal protective clothing and work in a clean environment.

Is the service effective?

Good

The service was consistently effective.

People received support from staff who had received the necessary training to carry out their role effectively.

Staff felt supported by the registered manager.

People were encouraged to eat a healthy balanced diet.

People were supported when required to attend health care appointments.

Is the service caring?

Good

The service was caring.

People developed positive relationships with the staff who

supported them.

People were involved in making decisions about the support they received.

People were supported to retain their independence.

People were treated with dignity and respect and their privacy was maintained.

Is the service responsive?

Good

The service was responsive.

People received care and support that was personalised, met their needs and improved the quality of their life.

People were involved in in the development and review of their care and support plans to help ensure the support was provided in a way which suited them.

People were encouraged to live their lives in the way they wanted and were involved in meaningful activities.

People`s views and opinions were actively sought. They were listened to and the service improved and changed as a result of their input.

There was a flexible approach by staff which supported people`s individuality.

People were encouraged to raise concerns or complaints.

Is the service well-led?

Good

The service was well led.

People received a good standard of care and support in the home.

People were supported by a staff team who were committed to achieving good outcomes for people.

There was an open, transparent and inclusive culture at the home.

Staff were well supported by the management team and were clear on their roles and responsibilities.

There were robust quality monitoring systems in place to help ensure continual improvements were made and the care people received.

The management and staff team demonstrated a professional commitment to achieve good outcomes for the people they supported.

Northwood 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 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 the 19 and 24 December 2018 and was unannounced. The inspection was undertaken by one inspector and one expert by experience. An expert by experience is a person who has experience in this type of service.

Before the inspection we reviewed all the information we held about the service, including statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. Before the inspection the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit which helped us plan our inspection.

During the inspection we observed how staff supported people who used the service. We spoke with eight people who used the service, five staff members, an activity co-coordinator, ancillary staff, the deputy manager and the registered manager. We spoke with relatives of three people who used the service to obtain their feedback on how people were supported to live their lives.

We looked at four people's on-line care records, three recruitment files, training records and other records relating to the overall management of the service, including quality monitoring records and the overall safety of the service.

Good

Is the service safe?

Our findings

The provider had systems in place to protect people from abuse and avoidable harm. This included close working with external agencies such as the local authority safeguarding team, the police or CQC. A poster giving details of how to report any concerns was on display in the home's main reception area and throughout the communal areas of the home.

All staff had received updated training in safeguarding within the past 12 months and a new safeguarding protocol was now in place. All five staff we spoke with as part of this inspection were able to fully describe the key elements that constitute abuse and were knowledgeable in the safeguarding procedure to follow in case of an allegation of abuse.

People told us they felt safe living at the home and throughout the inspection we observed staff were very aware of people's safety and wellbeing. One person told us, "I feel very safe here. The staff are always on hand to help both during the day and also at night which gives me peace of mind." We also spoke to a visiting GP who told us "There are enough staff on duty at all times to keep the residents safe."

A family member told us, "There have been a lot of changes recently, for the better, which makes me feel confident that (name) is safe and looked after well." We found that staff had the required skills, knowledge and the ability to recognise when people felt unsafe.

Staff demonstrated a good understanding of the different types of abuse. One staff member told us they would, without hesitation, report any concerns to the senior staff on duty and were confident that any concerns would be fully investigated by the registered manager. Another staff member told us, "If I had any concerns at all I would go directly to the manager, they are as passionate as me about the welfare of the people who live here." Another staff member told us "If anything happens on my shift that I have concerns about, I know have to tell a senior member of staff immediately." This meant that staff were proactive and professional in their knowledge and understanding of how to safeguard people from harm.

We found up to date guidance was in place and included moving and handling assessments, nutrition support, medical conditions, mobility, fire and environmental safety for each person who had been identified at risk of harm. Equipment was also used to support people to stay safe, for example the use of walking frames. Personal emergency evacuation plans (PEEPS) were in place for staff to follow should there be an emergency.

All appropriate recruitment checks had been completed which ensured fit and proper staff were employed, including a disclosure and barring service (DBS) check, and checks of qualifications, identity and references were obtained.

People told us that there were enough care staff available and that they always attended to them promptly when requested. One relative we spoke with told us saying, "This is the best home (name) has lived in and (I) always leave knowing that they are safe and in good hands."

Throughout the inspection we observed staff had time to spend, chat and socialise with people and also had time to provide one to one support to several people both within the communal areas and within people's own bedrooms.

All staff we spoke with commented that people's personal care needs were always met. One staff member said, "We have more staff now which means we can spend time chatting with people and not just carrying out tasks." A family member also told us "Yes, there are always enough staff to help (name) when they need it, especially if they are having a difficult day, this is very important to the overall welfare." A visiting GP also confirmed that they had always found staff available and had always found them both professional and patient when they supported people with their appointments.

Another staff member we spoke with told us "I like working here and this is partly because we are a great team, who help each other out, especially if extra shifts need to be covered, I think this important for consistency rather than use agency staff that people may not know or trust."

The registered manager used assistive technology where people were at risk of falling, this included sensor mats to alert staff if people were moving about in order that staff could respond quickly to prevent them from falling.

Medicines were administered safely to people. Staff administering medicines had received regular training updates which ensured their practice was up to date and in line with current pharmaceutical guidance and legislation. We observed that the designated staff member administered medicines with patience and gave people an explanation of what they were taking and why. People we spoke with told us they received their medicines on time. One person we spoke with told us, "My medicine is given on time both in the morning and the evening. It's always on time, which is very important to me." The GP we spoke with told us, "The medication is always given on time and checked for accuracy in dosage."

There was a main medicine storage room which was located on the ground floor of the home. We found that the electronic system provided a safe and effective system to administer and manage people`s medicines. No medicine or recording errors were found. Only the registered manager, deputy or senior staff administered medication and were responsible for stock control and storage. The storage room was clean, tidy and locked.

The medicine trolleys were secured to the wall in the locked medicine room. The trolley was well organised with morning, midday and evening blister packs in separate sections. Liquid medicines showed date of opening. People's regular medicines in tablet form were in blister packs supplied by the pharmacy.

We observed the lunchtime medicine round where each person was asked if they had any pain. We saw non-prescription pain relief medicines were administered to two people. There were no communal homely medicines. For each person there was a personalised indication and frequency for on the electronic medicine system, approved by the GP.

Where people had medicines administered covertly [without the person's knowledge] we saw that this was clearly recorded on the medicines administration records (MAR) chart. Appropriate assessments of the person's capacity had been undertaken and the decision to administer medicines covertly had been made with other professionals, such as the GP, in the person's best interests. There was also a written protocol for covert medicines. Staff took pharmacy advice on which tablets could be crushed or which needed to be given, for example, in a liquid form. The registered manager told us that the service they received from the pharmacist was very efficient. We saw evidence of regular medicine reviews by the GP on people's files.

MAR charts had the person's date of birth and allergies noted. Standard codes were used, for example if a person refused any of their prescribed medicines.

Medicines that required refrigeration were stored in the fridge. The temperature of the room and the fridge was monitored and recorded daily.

Infection control measures were in place to reduce the risk of cross infection. There were cleaning schedules in place and the home was found to be clean. Infection control audits were in place. Staff were aware of how to reduce the risk of cross infection and were observed to use personal protective equipment (PPE) such as aprons and gloves while supporting people with personal care.

Accidents and incidents were recorded and a log was kept which ensured that relevant authorities such as the local authority and CQC were informed as required. All accidents and incidents were discussed at handover, which meant that staff were aware of everything that happened. Action plans were put in place when needed to prevent recurrence as far as possible. Learning from these incidents was passed to the staff.

Good

Is the service effective?

Our findings

People at the home received care, based on best practice. One person we spoke with told us, "The staff are professional, caring and friendly." A professional who had experience of the service told us, "I am very happy with being this home's GP. The practice that I am a partner of attends several homes and this is one of the best."

People told us the home catered positively for people's different cultural and diverse needs. For example, we saw a poster displayed within the reception area that promoted and supported the LGBTQI foundation.

The registered manager told us they had developed relationships with representatives from various religious denominations and people were supported to follow their faiths and celebrate any holidays or events they wished. This included catering for specialist dietary requirements.

Before people were admitted to the home they were assessed by a senior staff member in order to ensure the home could meet their individual needs. We reviewed a completed assessment for three people which included every aspect of care including the person's religious, spiritual and cultural needs.

Staff demonstrated they knew people well, for example they had a good knowledge of people's preferred routines which included where people liked to have their meals, how people would like to spend their leisure time and whether they preferred tea or coffee in the morning. One person said, "They all know what I like to eat, what my favourites are and also when I like to go to bed and this happens 99% of the time, which seems pretty good to me."

We saw details of the training records and found that all staff were up to date with all the required training considered mandatory by the provider. Staff told us the face to face training was interactive and gave them an opportunity to ask questions if they weren't sure of anything. One staff member we spoke with told us, "We have compulsory training on the internet and also face to face training in groups. This covers dementia, moving and handling, safeguarding and health and safety issues and a basic understanding of the Mental Capacity Act (DOLS)." Another person we spoke with told us, "The training has really improved recently since the new manager came, especially regarding training in supporting and understanding people with mental health needs."

Staff who commenced employment with the service all underwent a thorough induction. They were provided with training in a variety of topics which were delivered face-to-face by a trainer. They then shadowed more experienced staff until they felt confident and were deemed competent to work on their own. This meant that there was an emphasis from the registered manager and the provider which ensured staff developed and learned how to deliver care and support to people based on best practice.

Staff said that staff meetings took place and that supervision was regular. One member of staff commented, "I have monthly supervision with the home manager which I find very useful and informative. We discuss things like attendance, staff rotas, staff holidays, punctuality and personal development. I can talk about

anything with the manager." Another member of staff told us "Supervisions are much more regular now the new manager has come, I feel that I benefit greatly from these one to one sessions and can talk about the people at the home that I may be concerned about. Yes, they are very useful." This demonstrated staff comments were valued and supervision was a two-way process.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection we found that people were being deprived of their liberty unlawfully. For example, two people who chose to smoke cigarettes were prevented from freely accessing these due to a restriction being imposed by the home. However, at this inspection we found that the registered manager had worked extremely hard to improve this aspect of the service and to ensure people's rights and liberties were protected at all times. We reviewed six Mental Capacity Assessments(MCA) and we found all had been reviewed and updated within the past six months. We also reviewed the (DoLS) register which provided evidence that consideration had been given as to whether a Deprivation of Liberty (DOLS) application was required to the Local Authority in relation to this restriction. Staff were aware of how protect people's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA. Staff had good knowledge of the principles of the MCA and gave us examples of how they ensured they applied the MCA principles in their day-to-day work, for example by asking people if it was alright to assist them.

People's consent was obtained before they were supported by staff. We saw that people had signed various support documents to give their consent to the care they received. This included consent to share documents, for their medicines to be administered by staff and to agree their care and support plans.

We noted that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members. The registered manager had recently developed and implemented a discreet and effective system which enabled staff to quickly and immediately identify people who had a DNACPR in place by attaching a small red symbol to the relevant bedroom doors.

Where people did not have family members to support them with important decisions we noted that the registered manager took appropriate action to ensure that alternative arrangements were made, for example the use of an advocate or Independent Mental Capacity Assessor [IMCA].

We found people's weight and fluid intake were monitored effectively through the use of food and fluid charts. Specialist nutritional food supplements were provided when this was required to support people's nutritional intake. We saw that the home referred people to specialist dietary services, when necessary, for example, community dieticians and speech and language therapist (SALT).

People were supported to eat and drink sufficient amounts to maintain their health and wellbeing. People were complementary about the food and meals provided. We discussed the current menus with the cook who demonstrated a good understanding of the individual requirements of people who lived at the home,

which included diets for people with specific needs, for example, diabetics, low fat, low salt diets and special diets such as those for vegetarians and for people who had a halal diet. One relative we spoke with told us "(Name) eats all the food presented to them at this home. They have put on 13 kg since being here as they had lost a lot of weight whilst in hospital and also when they were in another care home."

We observed the lunchtime meal being served within the main dining room. We saw that people had a choice of where to take their meal, for example, sitting in the lounge, in the conservatory or within the privacy of their own bedrooms. Each table was presented with pictorial menus, flowers and napkins and we saw that people who required assistance with eating their meals were supported in a kind and respectful manner. We saw staff took their time with the person, explained what the meal consisted of and sat down and assisted them at 'eye' level, in order to maintain their dignity.

We saw throughout the inspection that people had access to a range of snacks and drinks in all the communal areas of the home. One person told us, "We can now get snacks and drinks anytime we like which is much better than it used to be and it's how it should be as this is not a prison."

We found several areas of the home had been redecorated since the last inspection and now provided a light and comfortable environment for people in which to live. The registered manager and staff had worked hard to improve areas of the home for people who lived with dementia. For example, the use of visual aids and pictorial prompts to help people locate both their bedrooms and to help navigate their way around the communal areas of the home.

People were supported to access a range of healthcare professionals to help promote their physical and mental health. People`s support plans provided evidence that people who used the service had accessed a range of health care professionals such GP's, psychologists, occupational therapists' dentists, and opticians. One person told us "The home arranges my doctor appointments and if I need someone to come with me they arrange this too." People were supported to attend hospital appointments when necessary. This helped to maintain an overview of the health and wellbeing of people living in the home.

Good

Is the service caring?

Our findings

The service was kind and caring. People who lived at Northwood Nursing Home and their families told us they were happy living there. One person said, "I think this is a fantastic place for (name) to live. I give them 10 out of 10 for the care they provide. "Another person who lived at the home told us "The staff are all very respectful to me here and always knock before they come into my room."

Visitors and relatives were welcomed to the service by staff at any time. Throughout the inspection families visited and we saw they were made to feel welcome by the staff on duty and the registered manager. One person told us, "We can come and visit any time we like which means they have nothing to hide from us, we always get a warm welcome from everyone. They always offer us a drink or if we would like to have a meal."

Staff had a good understanding of protecting and respecting people's rights and choices. Staff had a sensitive and caring approach which we observed throughout our inspection. A staff member said, "We always respect people's choices. People's life histories were taken where possible on their admission to the service. The staff told us they speak with families where possible for those who have limited communication due to living with dementia or poor memory. Staff knew people well and were able to tell us about people's backgrounds and past lives. One relative commented "A lot of the staff have been here for some years and know (family member) very well and are always very cheerful and kind." Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

People's privacy and dignity was upheld. People all had their own rooms and doors were closed when personal care was being delivered. One person said, "When I have a shower (staff) are very respectful, they put a towel round me to keep me warm whilst I get undressed and dressed." Other comments included, "They always knock and wait for say if its ok to come into my room and don't ever just barge in."

Staff were kind and thoughtful in the way they spoke with and approached people. They ensured that they faced people, crouched down to be at eye level when speaking directly with. In turn, we saw that people usually responded to this attention in a positive way. There was lots of laughter and chatter in lounges and during the lunchtime meal. People were assisted by staff in a patient, respectful and friendly way. Staff were frequently checked on people's welfare, especially those that remained in their own rooms. Records recorded daily interventions. Staff were seen to have time to stop and engage with people. One person said, "They always try and stop for a quick chat when they are passing through the lounge, even though I know they are always so busy." This demonstrated staff were both patient and caring approach.

People were encouraged to make decisions about their care, for example when they wanted to get up, what they wanted to eat and how they wanted to spend their time. One person said "I get up and go to bed when I like. Staff always ask me if I am ready to get up or go to bed. It's my choice." Where possible staff involved people in developing their care plans and being part of the review. Families told us they knew about their relative's care.

Information about advocacy services was available. Staff told us they would support people to access a lay advocate if they needed to support people in making decisions about their care and support. Advocates are able to provide independent advice and support. No one at the time of this inspection was using the advocacy service.

Good

Is the service responsive?

Our findings

People needs were assessed prior to them moving into the home by the registered manager or senior staff members. This process helped ensure that the registered manager and staff were able to meet the persons individual needs. Each person had a care plan in place. People and their families were involved in the development of care plans where appropriate. Care records contained life history information and staff demonstrated they knew people well. One person said, "I am well looked after in here the (staff) are lovely." Daily records were held in people's rooms, which included fluid charts, turn charts and health and welfare checks. We saw that all these records were all up to date. This enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being.

People were complimentary about the activity coordinator who had the knowledge, skills and resources to support them in a range of activities. An activity plan was placed on notice boards throughout the home so people knew what was happening and could make a choice as to whether to take part. There were group and individual events that took place in the service regularly. For example, memory games, music sessions and arts and crafts. One the day of the inspection, the activity coordinator was spending time chatting with people on a one to one and was also organising a Christmas card making session with a group of people, which everyone appeared to be enjoying.

The communal areas of the home were decorated with photographs of recent events both held at the home and also out within the local community, for example trips to the local cafes and local shops. The home also arranges for an entertainer to come and encourage people to take part in sing a long session. One person said, "I like the sing songs, and someone to sit with me and do the crosswords." One relative made the following comment, "Every day they hug my (name) and reassure them and dance with (name). I have also seen the activity worker encourage people to take part in art and craft sessions as well, it creates a happy and sociable atmosphere for people rather than just sitting around looking at each other."

We saw examples where the registered manager ensured that people's cultural and religious beliefs and behaviours were both respected and honoured. This included ensuring that people who practiced a faith that required them to be cared for by only female staff members was recorded and documented within their care plan and the registered manager had also ensured their bedroom was located immediately next to the bathroom. There was also a positive culture promoted in relation to diversity and equality which included information and contact details displayed for a LBGTQI organisation, with an emphasis on supporting 'difference'.

The provider had a clear complaints policy. The policy was displayed within the service and people received a copy when they moved in. All complaints and concerns had been fully investigated and responded to. One person told us, I have no complaints." Another person said, "If I had any complaints I would speak to the staff, they would sort it out I'm sure."

People had their end of life care wishes recorded as part of their care plan, where this had been identified as a need. Information was recorded about preferences for such things as who was important to the person,

where people wanted to be and what they wanted to happen after they died. Staff received training in end of life care, which provided them with guidance about how to continue meeting people's care needs at this time. There was one person at the time of the inspection receiving end of life care. The registered manager told us they would seek the advice from other healthcare professionals to ensure that the person would receive a dignified and pain free death.

Good

Is the service well-led?

Our findings

At our previous inspection in July 2017 we found that the home was not managed well. There was a lack of strong leadership, staff were not supervised regularly and not always offered the appropriate training to carry out their role effectively and safely. We also found that the quality assurance process in place had not identified or rectified failings within the service. At this inspection we found that improvements had been made by the newly appointed registered manager and the service was now well led. These improvements now included a more effective and robust quality monitoring system to identify areas of the service that required further development and improvement. Staff were now supported through a formal process of supervision and were also now provided with the training and knowledge to ensure they provided the best possible care and support to people.

We saw the registered manager promoted an open-door culture within the home which helped give people the opportunity to address any concerns or issues they may have and to resolve these at the earliest possible stage. During our inspection we observed a steady flow of people who lived at the home call into the office to either chat with the managers or to discuss their care or social arrangements. One visiting relative we spoke with told us "The new manager is open and honest and I feel confident that I could pop into see them at any time and they would be able to help." Another person who lived at the home told us "Things have improved since the new manager came, they listen to you and make things happen. We can all see what a difference they have made to our lives."

The registered manager and staff team had consistently developed the service around the people they supported. The registered manager told us, "I believe everyone living at Northwood Nursing home deserves the very best care and support from staff who feel valued and respected. This is the culture I want to create and maintain here".

People, relatives and staff told us the registered manager was approachable, listened and acted on information that was presented to them. One staff member told us, "They are fantastic, firm but fair and that is how it should be. If I am doing my job properly then this should be recognised and appreciated and in the same way if there are things that I am not doing then I understand this has to be brought up in my supervision." Another staff member told us "Our supervisions are much more regular now and the training we get has also improved, which means we have the skills to the best job we can."

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager and all members of staff understood what was expected of them. For example, senior staff members were responsible for the procedures and processes in relation to medication. One member of staff said, "I think the care we deliver has improved since the new manager has been here. I would certainly recommend this place to my friends and family."

The provider had a system in place to monitor the quality of the service staff delivered to people. Senior staff and manager undertook a number of audits of various aspects of the service to ensure that, where needed, improvements were made. Audits covered a number of areas including medication, health and safety,

environment, and care plans. The provider's representative continued to visit the service and undertake a quality audit on a monthly basis. Areas for improvement had been noted by the manager and actions were underway to address these. For example, further development of some care plans to ensure they included all information relevant to the persons care and support needs and improvements to the environment.

People, relatives and friends had the opportunity to give their views on the quality of the service provided. There were regular meetings for them to attend. On relative said, "Yes, I always attend when I can."

The registered manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, district nurses, GP's and other healthcare professionals. A visiting professional told us "The people here are well cared for and the staff always appear professional and knowledgeable."

Staff meetings took place regularly to support staff. These were an opportunity to keep them informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. There were handovers between shifts and during shifts if changes had occurred. One member of staff said, "The meetings have improved in recent months and they are more consultative which means we all feel more involved in the service we provide." Another staff member told us "We are able to bring up any concerns or ideas that we have."
The registered manager informed CQC of significant events in a timely way and was consistently responsive when communicating with CQC and other stakeholders.