Sisters of Mercy Sunderland

Hexham Carntyne Residential Care Home

Inspection report

Carntyne Residential Care Home
Hencotes
Hexham
Northumberland
NE46 2EE

Tel: 01434600195

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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

Hexham Carntyne Residential Care Home is a 'care home' split over three floors for 19 older people. People in care homes receive accommodation and nursing or personal care as single packages under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This home does not provide nursing care. At the time of the inspection the service was fully occupied.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew about safeguarding procedures, had received training and knew what to do if they had any concerns. People and their relatives reported that staff maintained their safety.

Medicines were managed appropriately, with people being given the opportunity to self-medicate where they were able.

Risk assessments were in place and these were regularly reviewed and updated as changes occurred. Personal evacuation plans detailed what staff would do in particular emergencies and fire drills had been carried out. A fire risk assessment had just been carried out and the provider was in the process of addressing the actions required. Accidents and incidents were recorded and monitored for trends occurring.

There were sufficient numbers of staff on duty. Effective recruitment and selection procedures continued to be in place. Staff were supported and had the skills and training required to adequately support the people in their care.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff were aware of the dietary needs of people and support was given when required. People enjoyed the food and refreshments available. Care was person centred, planned and regularly reviewed to ensure it continued to meet people's needs. There were activities available for people to choose from should they

have wished to participate.

Good working relationships had been developed with external health care professionals, including, GPs and nurses.

We were told the staff team were very caring. We observed warmth and kindness shown to people throughout our inspection. People's dignity, privacy and respect were maintained by staff. Staff were discreet and remembered to speak quietly when asking people about supporting them with personal care when in the company of others. People were promoted to maintain their independence and encouraged to choose what they wanted to do. .

We saw a copy of the provider's complaints policy and procedure and people knew how to make a complaint if they needed to. The provider had received many compliments about the care and support provided by the staff.

People, relatives and staff were asked their views and played a part in the operation of the service. People and their relatives told us that all of the staff and management were approachable. They also confirmed this included the 'sisters' who visited regularly.

The provider had systems and procedures in place to monitor the quality of the service provided. When issues or shortfalls were identified, corrective actions were taken. The registered manager ensured statutory notifications had been completed and sent to the CQC in accordance with legal requirements and displayed the latest report as required.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Hexham Carntyne Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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 22 and 25 January 2018 and was unannounced. The inspection team consisted of one inspector.

We reviewed information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We contacted the local authority commissioners and safeguarding teams, the local Healthwatch, infection control leads for care homes, nutritional leads for care homes and the local fire authority. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their information to plan the inspection.

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 reviewed four people's care plans and medicines records. We examined documentation in relation to the management of the service, including staff personnel records, training documents, and quality assurance systems.

We spoke with eight people who used the service and also three relatives and two visiting friends. We spoke with the registered manager, the deputy manager, two senior members of care staff, one care worker, the

maintenance person, the cook and the head housekeeper. We also spoke with one occupational therapist and a patient transport driver.

We carried out an observation using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also undertook general observations of how staff interacted with people as they went about their work and viewed the property inside and out.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. One person said, "I am very safe here. The staff are marvellous." Another person said, "That is exactly why I came here…to be safe, and I am." One relative felt their family member was very safe and said, "We don't live nearby and I feel happy in the knowledge they are well taken care of."

Historic safeguarding concerns had been investigated and when required the local safeguarding authority had been alerted. Staff had received training in safeguarding procedures and those spoken with told us they would have no hesitation in reporting any concerns they had. The provider had learnt from incidents which had happened at the service. For example, one person had fallen and the provider had put measures in place to ensure that a similar incident could be prevented. People had access to a large secure garden at the rear of the property. Cameras were in place to monitor this area and ensure people's safety. During the inspection, the registered manager told us that they were going to implement permanent alarms on this door to alert staff and further ensure people were safe while going out into this area.

Medicines were safely managed and administered as prescribed. Medicines records we viewed were up to date and accurate. There were people who were supported to self-administer their own medicines. During the inspection, after discussion, the registered manager introduced a written monitoring sheet to confirm no issues had arisen regarding people who self-medicated; this had previously been completed, but only verbally. Staff received medicine competency checks to ensure they were handling medicines safely.

Risk assessments were completed for people based upon their needs, for example falls or their risk of pressure damage or choking. Assessments explained actions for staff to take to ensure the person remained safe and we confirmed they had been regularly reviewed. General risk assessments were also in place, such as those for visiting animals, risks relating to housekeeping and those in relation to lone working and identified control measures for staff to maintain.

Maintenance of the building was appropriately monitored and recorded, including in connection with electricity, gas and lift equipment. Fire safety procedures were followed, which included fire drills and regular monitoring of fire equipment. The service had personal emergency evacuation plans (PEEPs) in place for each person which contained information on how staff should support the person in the need of evacuation in an emergency. A yearly fire risk assessment had just been undertaken by an external contractor and a number of actions were required. The provider was in the process of having these addressed. Monthly health and safety checks were conducted, including checks on fire doors, water temperatures and window security. All of these measures ensured that people remained as safe as possible.

The service was clean and tidy throughout and staff followed safe infection control procedures, including the use of appropriate personal protective equipment (aprons and gloves). We observed cleaning trolleys left unattended for short periods of time while cleaning work was undertaken. We spoke with the registered manager who immediately addressed this and before the end of the inspection had purchased lockable boxes for any cleaning products to be placed in when not in use on the trolley. Although we saw no person

accessing this area, we discussed the kitchen, laundry and staffing areas being easily accessed by people via a back staircase. The registered manager immediately arranged for this area to be secured and was further arranging for access to be only by staff via a key pad system.

Accident and incidents continued to be recorded, collated and monitored. The registered manager reviewed the information to identify themes and trends.

The provider operated safe and robust recruitment processes. Application forms were completed which obtained a full employment history. Checks on identification were made and two references from previous employers and Disclosure and Barring Service (DBS) checks were undertaken. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

People we spoke with thought there were enough staff working at the service, although staff told us it could be busy at certain times of day. One person said, "There is always staff around to help you." Dependency tools used confirmed enough staff were on duty. We spoke with the registered manager about staff comments and they told us they were going to review staffing levels throughout the day and look to change morning shifts to better suit busier times.

Good

Is the service effective?

Our findings

Staff we spoke with had a good range of skills and competencies acquired internally and externally and we saw these demonstrated during the visit. One person told us, "The staff are skilled at what they do, could not ask for any more than that." One family member told us, "Staff are fantastic, could not fault any of them." Staff were complimentary about the training. One staff member told us, "It's the best training I have ever had." We found through records that a need had been identified for further oral hygiene training to take place with staff. We saw arrangements had been made and this training was occurring in the very near future. Staff had received a range of training, including food hygiene, moving and handling and health and safety.

We confirmed staff had an induction on commencing work and received regular supervisions and had an annual appraisal. One staff member told us, "We are a small team and if there is something we need to talk about, we just go to [registered manager name] or another supervisor. It's never a problem to do that."

The registered manager was currently liaising with the local authority learning and development unit. This was to ensure their induction programme carried on being robust and included all elements of the Care Certificate.

Records showed people had been assessed prior to them moving into the service. This ensured that the staff were knowledgeable about their particular needs and wishes and knew they could meet the needs of that individual.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider continued to make timely DoLS applications to the local authority and had a system in place to monitor expiry dates. There were three people with a DoLS authorisation in place. Staff gained people's consent before they provided any support and we observed this throughout our inspection. One person told us, "The girls will ask me before they help. They are very respectful of me." Families confirmed that any best interest decisions which may have been required were made with their full participation; however, this was not always recorded. We spoke with the registered manager about this and they said they would look into this.

People were able to choose what they wanted to do and how they wanted to do it, including where they ate their meals and if they wanted to participate in any activities. We also heard people being offered the choice of taking their medicines when they were being supported by staff. One person told us, "Some of us [people]

were up till late at Christmas and New Year celebrating in style!"

People received meals in an unhurried fashion, including specialised meals, for example, pureed or fork mashable. Staff supported people where the need had been identified and we saw staff helping and encouraging people in the dining room. The atmosphere was sociable with conversations taking place between staff and people. One particular person had a decreased appetite and we observed kitchen staff trying a number of different preparations to entice them to eat more. Good quality food was purchased and full fat milk, butter and cream were used to fortify meals to support people in their nutritional needs. Kitchen staff had been provided with information on each person and had a full appreciation of the nutritional needs of people in their care. Plenty of refreshments were available throughout the day. People and their relatives told us that meals were very good. One person told us, "I am just putting more and more weight on…it's nice though!" A family member said, "We can have meals if we want, it's all very nice."

People and relatives told us the staff were good at contacting doctors or hospitals if that was needed. There was clear evidence of visits and contact with healthcare professionals when additional support was required for people. For example, social workers, dieticians, community nurses and GP's were all noted in records as having supported individuals with their care.

The provider had a beautiful, well stocked garden to the rear of the property and we saw certificates to confirm that every year the service had won either gold or silver awards from 'Britain in Bloom'. People could view or access the garden areas through a lounge. Garden areas had been adapted with pathways and further accessible seating and had been fenced off to provide a secure setting for people to enjoy the surroundings.

Good

Is the service caring?

Our findings

Observations of interactions between staff, people and visitors to the service confirmed staff were kind, compassionate and thoughtful and they knew people well. People and their relatives told us that staff were caring and considerate. People and visitors told us the service felt homely and said this made it feel a welcoming environment to live in and visit. One person said, "They have made me feel very welcome. Very caring group of staff, wonderful. No problems at all." One visitor to the service said, "They [staff] are very welcoming and have a sunny disposition. The way its [service] run is like your own home." We overheard a staff member and one person laughing while personal care was being completed in the communal bathroom. This was not the only laughter we heard throughout the inspection.

External healthcare professionals we spoke with were complementary about the care and support given by staff. One external healthcare professional told us, "Never had any issues with the care provided. One of the nicer care homes."

People were able to personalise their bedrooms with items that mattered to them, for example small items of furniture, ornaments or pictures of family members. We noted that the majority of bedrooms had been personalised. One person said, "This is all their furniture, its lovely though. I have my own pictures and a couple of ornaments; and it suits me fine." Another person said, "What a view I have….don't really need anything else when you look at that (the view), but I have brought the things I need with me anyway. Very happy thank you."

Staff kept relatives up to date with any changes in the health and wellbeing of their family member, one family member we spoke with confirmed this.

There were clear friendships between people. We watched two people holding hands as they escorted each other to the lounge area. People and staff were overheard chatting to each other about everyday matters. The registered manager and staff had built up meaningful relationships with people and their relatives, and this was clear from what we observed. Staff supported people with their personal care and they did so in a respectful and gentle way.

Staff treated people with dignity and respect. Staff were seen always knocking on doors and seeking people's permission before they entered. Staff understood the importance of promoting people's independence whilst still keeping them safe. People were never rushed so were able to take their time with everyday tasks. One relative said, "They have been very good really, always trying to keep [person] motivated to help themselves, it's getting harder now though, but they still try."

A number of church services were held within the service, including for example, Catholic and Methodist. If people wished to participate in other religious services they were able to, including for example via the Salvation Army.

At the time of our inspection no one accessed the services of an advocate, but we saw more informal means

of advocacy through regular contact with families. This meant that people were invited to be supported by those who knew them best. Advocates help to represent the views and wishes of people who are not able to express their wishes.

Good

Is the service responsive?

Our findings

People's care had been planned and regularly reviewed. Plans took into account people's history, preferences and what was important to them. For example, people who wanted to participate in church services held within the premises were able to do so. Care plans were thorough and identified each person's individual need. These covered areas such as mobility, personal care and spiritual needs. When people's needs changed, care plans reflected the change. For example, one person's ability to support themselves at meal times had decreased. Staff had provided additional equipment to support them and this was reflected in records.

One family member was able to use the service's hairdressing room to provide their relative with personal hair treatment whenever they needed to. The staff helped them to facilitate this, with fresh towels and private time in the area.

People and their families were consulted about how they wanted their care to be delivered. This ensured it remained personalised to the individual. Where external healthcare professionals had been involved in people's care, relevant information or guidance was included in their care plans.

People took part in various activities and were helped to follow their interests. We saw people attending a knitting club which had been set up. People were knitting articles to support a charity. We were told that trips out had been arranged, including shopping, walks in the park and visits to the provider's convent in Sunderland. Newspapers were delivered to those people who wished to receive one and a 'talking' newspaper format was available to people who were visually impaired. Afternoon tea was served and sometimes followed with gentle exercises for those who wished to partake. We saw people leaving the service and going out shopping, for a walk or a breath of fresh air.

People were supported to maintain relationships important to them, including with pets. One person receiving respite care had arranged visits from their dog which was important to them and the provider had no problems with facilitating this.

Many compliments were received at the service. We noted many expressions of gratitude for the care that had been provided by staff. We were given permission to use the following compliment which had been received. "We have so much gratitude for their kind, caring, loving nature. It touched our hearts and will stay with us forever, for them to be as personable and loving right to the end humbled us."

Complaints procedures were available and when we asked people and their relatives if they knew how to complain, they all told us they did. One person told us, "I have no cause to complain, but if I did I would speak to any of the staff." One relative told us, "I would have no hesitation in speaking with the manager. She is very approachable and she would address my concerns; of that I am sure." There had been one complaint since our last inspection and this had been dealt with quickly and appropriately.

At the time of Inspection there were no people receiving end of life care, although there was evidence in care

records that plans were in place for when the time came, and had been discussed with the person and their family.

Good

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post and they had held this position for many years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a visible management team and an open door policy was in place. The registered manager and her team worked well together and the service received regular visits from provider representatives. Staff told us the management team were both supportive and approachable. Staff were appropriately delegated work with the aim of supporting their professional development.

We observed people and their relatives regularly speaking with the registered manager and clearly knew them well from the rapport they had. People were sometimes seen sitting in the registered manager's office having a chat about everyday matters. Relatives were also overheard speaking with the management team about the care being provided to their loved ones.

Staff reported they enjoyed working at the service and found it to be, "One of the better care homes". One staff member said, "I like working here, we are a good team." Another staff member told us, "There has never been any trouble getting staff to work here, it's locally known as a good place to work."

The service had systems in place for monitoring and assessing the quality of care provided. Regular audits were completed covering areas such as medicines and health and safety. An infection control audit was undertaken by the lead for care homes in the area and the service also carried on their own checks. Action had been taken if issues were found.

The provider had an improvement plan for the service which identified areas for development and detailed when the work had been completed. For example, it was noted that a fence was to be erected and this was completed in August 2017.

People had been asked their views via 'service user questionnaires'. Feedback had also been sought from relatives. The registered manager told us, "If someone makes a negative comment we would look into it straight away." Meetings carried on taking place for people and their families and staff. All of these steps helped the provider gather the views of people, relatives and staff in the continued quality monitoring of the service.

We found that management records held within the service were in need of archiving in places. We discussed this with the registered manager and she acknowledged that this was the case and said she would start a programme to address this. She confirmed that the service now had a 20 hour administrator who would be able to support this task.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. They also displayed their most recent inspection rating and registration details as required.

We saw all records were kept secure, up to date and in good order. They were maintained and used in accordance with the Data Protection Act.