Mr J & Mrs D Cole

No 11&12 Third Row

Inspection report

11 & 12 Third Row
Linton Colliery
Morpeth
Northumberland
NE61 5SB

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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

11 and 12 Third Row 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. The home provides care for up to four people with a learning or physical disability. There were four people living in the home at the time of the inspection.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

This inspection took place on 22 June 2018 and was announced. This meant the provider knew we would be visiting as it is a small service and we wanted to be sure people were in.

We last inspected the service in January 2017 where we found concerns related to the safeguarding of people from abuse and improper treatment because applications to deprive people of their liberty had not been sent to the supervisory body at the local authority in line with legal requirements. We also found gaps in audits and checks on the quality and safety of the service. We asked the provider to complete an action plan outlining improvements they planned to make.

At this inspection, we found the provider had made improvements in both these areas and was no longer in breach of regulations.

DoLS applications had been made in line with legal requirements and policies and procedures had been updated relating to capacity and consent.

Medicines were managed safely and regular medicine audits and checks on the competency of staff to administer medicines were carried out.

Regular checks were carried out to ensure the safety of the premises and equipment and infection control procedures were followed. Improvements were made to the premises following fire safety advice due to adaptations to the premises. Individual risks to people were assessed and plans were in place to mitigate these. A record of accidents or incidents was maintained.

Safeguarding policies and procedures were in place and staff knew what to do in the event of concerns of a safeguarding nature. There were suitable numbers of staff on duty to care for people safely.

Staff received regular training, supervision and appraisals. There were no gaps in supervision records at this inspection and staff felt well supported.

People were supported with eating and drinking. Specialist dietary advice was sought when necessary and people's nutritional needs were closely monitored. The health needs of people were met. They were supported to attend routine appointments and checks-ups and timely advice was sought in the event of health concerns being identified.

A number of improvements had been made to the environment. All rooms in the house were personalised and homely.

Staff were caring and polite and knew people well. We have not provided very detailed examples of care to protect the privacy of people as it was a small service. We observed numerous examples of kind and caring interactions with people.

People were supported to make choices where possible using adapted accessible communication. Things people could do for themselves and the level of support they needed to maintain their independence was clearly documented in care plans.

Care plans were person centred which meant people's individual needs and preferences were taken into account when planning care.

A complaints procedure was in place, including in easy read format for people using the service. No complaints had been made. Relatives we spoke with said they had not needed to make a complaint but said they felt confident any concerns they may have, would be acted upon by staff and the registered manager.

Improvements had been made in the management of the service since the last inspection. A new registered manager was in post and systems and processes were more robust to enable more reliable monitoring of the safety and quality of the service.

Questionnaires and surveys were used to gather the views of people and relatives and the ones we read were positive about the running of the service.

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.

There were safe procedures in place for the ordering, receipt, storage and administration of medicines.

Checks were carried out on the safety of the premises and equipment and the home was clean and well maintained. Advice from the fire safety officer had been taken on board and improvements made to fire safety following the adaptation of the premises.

Risks to people were assessed and care plans put in place mitigate these. A records of accidents and incidents was held.

Is the service effective?

Good

The service was effective.

Policies and procedures relating to DoLS and the Mental Capacity Act 2005 had been reviewed and updated. Applications had been made to the local authority to deprive people of their liberty in line with legal requirements.

People were supported with eating and drinking. Nutritional needs and risks were assessed and plans were in place to support people at risk of malnutrition.

There was timely access to health services and people were supported to attend regular routine health checks.

Is the service caring?

Good

The service was caring.

Staff knew people well and treated them with kindness and respect.

The privacy and dignity of people was maintained and records were stored securely.

People were offered choice in all aspects of their lives. They were

supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People's needs were responded to by staff who knew them well. Person centred care plans were in place which were up to date and kept under review.

A complaints procedure was in place including an easy read version for people to use. There had been no complaints received about the service.

People had access to a range of activities in keeping with their individual hobbies and interests.

Is the service well-led?

Good

The service was well led.

A new registered manager was in post who was supported by a general manager.

Improvements had been made to systems to monitor the quality and safety of the service. There were no gaps in staff supervision records which were taking place more frequently.

More regular staff meetings were taking place and staff felt well supported.

Feedback mechanisms were in place to obtain the views of people and relatives about the quality of the service. We found feedback was positive and relatives told us managers were accessible and helpful.

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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 June and was announced. The service was small and we wanted to make sure people were in. The inspection was carried out by one adult social care inspector.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable CQC to monitor any issues or areas of concern.

We contacted the local authority safeguarding and contracts teams. We used their feedback to inform the planning of this 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 spoke with the registered manager, general manager, one staff member, two relatives, two care managers and two people that used the service. We contacted two relatives by telephone following our inspection.

We looked at one staff recruitment file, two care plans and a variety of records related to the quality and safety of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they were well cared for. Some people were unable to communicate with us, but we observed they were relaxed and comfortable around staff they were familiar with. A relative told us they felt their relation was safe and said, "They are safe, we have never had any concerns at all."

We checked the management of medicines and found clear procedures remained in place for the safe ordering, receipt, storage and administration of medicines. There were no gaps in medicine records we checked and clear instructions were in place for medicines that needed to be given on certain days or at a specific time. Instructions for medicines to be given as and when required were not always sufficiently detailed. The provider confirmed a new protocol was in place immediately following our inspection which detailed the circumstances and individual signs that someone might need extra medicines. Audits of medicines were carried out and the competency of staff to administer medicines was assessed on a regular basis.

Risks related to the safety of the premises and equipment were assessed and regular maintenance and safety checks were carried out. The premises were clean and well maintained and staff had received training in infection control. Gloves and aprons were available to staff and they had also completed food hygiene training. The contents of the first aid box were routinely checked to ensure all the necessary items were available in the event of an accident.

Adaptations to the premises had been made since the last inspection in order to accommodate a new person by providing a fourth bedroom. A fire safety officer had visited the premises and advised on fire safety improvements which had been carried out at the time of the inspection. These included a new fire door and installation of a wireless alarm system and additional alarms. New fire extinguishers had also been provided following advice from the fire service. A carbon monoxide alarm was also in place.

Safeguarding procedures were in place and staff were aware of the procedures to follow. There was a stable staff team and suitable numbers of staff were employed. One person had been recruited since the last inspection and we found safe procedures had been followed including checks carried out by the Disclosure and Barring Service [DBS]. The DBS checks the suitability of people to work with adults who may be vulnerable. We found one gap in the recruitment file and discussed this with the registered manager. They advised they would add staff records to routine audits to ensure files contained the correct information.

Individual risks to people were assessed including risks of infection, slips trips and falls, and personal safety and security. An alarm had been added to the front door since our last inspection to alert staff if someone left the premises unsupervised. A record of accidents and incidents was kept. Suitable procedures were in place for the safe handling of money and a record of transactions and receipts was maintained. Formal financial arrangements were in place with the local authority for some people.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection, we found applications had not always been made to the supervisory body at the local authority to deprive people of their liberty. At this inspection, we found applications had been made and policies and procedures relating to mental capacity and best interests decision making had been updated. A new DoLS file was in place which recorded applications granted and the dates of renewal. Decisions made in people's best interests, were undertaken in consultation with family members and other visiting professionals in line with best practice.

People were supported with eating and drinking. A minimum of two choices were available at meal times, and we observed people choosing what they wanted to eat for lunch. The service was small and therefore flexible in relation to meal times and choices, and some people chose to eat on their own while others preferred to sit at the table.

People's weights were recorded, and new sit on scales had been purchased to make this easier for some people with mobility problems. No one was being seen by a dietitian at the time of the inspection, but dietary advice had been sought for one person who had a long term physical condition which contributed to weight loss. We saw this was managed well by the provider who knew the person well and how best to support them, including an awareness of their personal preferences.

Holistic assessments were carried out. Care and treatment was designed and delivered in a way which took into account people's individual needs and preferences relating to their physical, social and mental health needs. A new person had moved into the home since our last inspection and we found great care had been taken to assess their needs and to support their transition to their new home.

Staff received regular training including first aid, fire safety, health and safety, DoLS, introduction to learning disability and epilepsy awareness. An induction programme was in place for new staff and records showed this had been completed with the newest staff member. Most staff held a National Vocational Qualification. At our last inspection, we found gaps in staff supervision records. At this inspection, staff told us and records confirmed they received regular supervision and appraisals. This meant the support and development needs of staff were monitored. Staff told us they felt well supported by the registered manager and general manager.

People had access to healthcare services including an annual health check. Records showed people had attended a "well man" clinic. Emergency Health Care Plans [EHCP] were in place. A detailed plan was in place for one person who was unable to communicate verbally to ensure they were thoroughly checked when unwell. Plans relating to health care took into account how stressful some people might find attending appointments, so home visits could be made instead where appropriate. People were always accompanied to hospital visits and their care records were taken with them to ensure health professionals had access to up to date care information.

A relative told us their relation's health needs were responded to in a timely manner by staff. They said, "If they are worried about something they make an appointment straight away."

A number of improvements had been made to the environment. A relative told us, "The bedroom is lovely. They have decorated it really well and it has all the things [name] likes." An additional downstairs bedroom had been built and a specialist bed provided. An adapted downstairs bathroom was available which had been redecorated since our last inspection. Bedrooms were personalised and decorated to reflect people's individual hobbies and interests. Two downstairs lounges were available and we observed some people moved to the quiet lounge when they found the main room over stimulating. A number of carpets had also been replaced.

A large garden was available and one person told us they enjoyed spending time in the garden and caring for tomato plants. A new gazebo had also been built since the last inspection.

Good

Is the service caring?

Our findings

People who were able to communicate with us, told us they were well cared for. We observed kind and caring interactions between people and staff and saw the needs of people with communication difficulties were responded to by caring staff who knew them well. A relative told us, "It is their home and staff treat it as people's home. When [name] comes to visit, they ask to go back home to Third Row and that reassures us."

People were treated with respect. Care records were stored securely and staff received training relating to information security and confidentiality. Staff were polite and courteous in their communication with people.

Due to the small number of people living at the service, we have chosen not to include detailed examples of the care and support they received to protect people's privacy and ensure they could not be identified from the information included in our report. We had no concerns about the care and support provided by staff who interacted with people well.

People were offered choices and included in all aspects of their care. Easy read accessible communication was available to support people and staff asked people to show us round and if they minded us looking in their rooms for example. Independence was promoted and care plans clearly outlined the level of support people needed to maximise their potential and when they needed additional help.

Staff knew people well, and during the inspection demonstrated this by picking up clues from one person's non-verbal communication that they were becoming anxious by our presence. They sensitively supported the person.

A new person had moved into the home and they had lived in another home previously owned by the provider and had been well supported following a bereavement, and to adjust to their new home. They spent short visits at the home before moving in permanently and staff told us this had worked well and we saw they were very settled.

People were supported to maintain personal relationships with family and friends. The importance of these relationships was reinforced with personal photographs of significant people, and people who used the service, being displayed throughout the home.

No one was using the services of an advocate at the time of the inspection, but staff were aware of how to arrange this for people if they needed support. An advocate is person who provides objective support to people to assist them in making and communicating important decisions.

Good

Is the service responsive?

Our findings

Staff responded to people's needs well during the inspection. We spoke with a care manager who told us the staff supported the person they visited well. They said, "They have cared for [name] for a long time now and know them well. They have some quite complex needs but they manage their care well and this is mainly due to their in depth knowledge of them."

Person centred care plans relating to people's physical, psychological and social needs were in place. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. Daily communication records were maintained and each person had a clear daily routine based around their needs and preferences. Care plans were up to date and kept under review.

A complaints procedure was in place and an easy read version was available to people. No complaints had been received by the service since our last inspection and feedback sought from relatives about the quality of the service was positive. We spoke with a relative who told us, "We have never had to make a complaint. If we have any concerns we just speak to the manager but we've never had to complain." Another relative told us, "Fortunately there hasn't been anything so I have never had to make a complaint. The staff are very good and very helpful."

People had access to a range of activities depending on their interests. One person enjoyed visiting the cinema and theatre and visiting McDonald's restaurant. Another person went out most days as they enjoyed walking on beaches and in woodland, and then having lunch and watching what was going on around them. An artist visited one person who showed us their paintings and told us how much they enjoyed this.

An area of the quiet lounge had been decorated with a music theme as one person loved music. Staff told us people often took part in spontaneous activities that were weather dependent. People accessed the community to take part in activities wherever possible such as attending coffee mornings.

Good

Is the service well-led?

Our findings

At our last inspection, we found there were gaps in systems and processes to monitor the quality and safety of the service. At this inspection, we found this had improved and effective systems were in place.

A new registered manager was in post. They had worked for the provider for a number of years in another home and were registered with CQC in May 2017. A general manager was also employed and continued to be involved in the day to day running of the service and provided support to the registered manager.

Relatives told us they thought the service was well run. One relative said, "You can go at any time, it isn't a problem." Another relative told us the general manager and registered manager were accessible and available to discuss concerns at any time.

We spoke with staff who told us there were clear roles and responsibilities and they felt well supported by the provider.

Audits were completed regularly and additional areas had been added since the last inspection. Monthly audits included checks on daily records, care plans, medicines including records, counts and spot checks, fire and electrical safety visual checks, cleanliness, cash box, supervision and training records.

The provider carried out regular monitoring visits to the home which were recorded and described what was happening in the home at the time of their visit, and who was on duty. Regular staff meetings had been introduced since the last inspection and minutes were available to staff. A note was taken of staff who were unable to attend meetings and they were briefed about the content of the meetings at individual supervision.

We checked statutory notifications. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. We found the provider was aware of their responsibilities to notify and of the requirement to display their current inspection rating in the service and on their website.

Feedback was obtained from people who used the service and their relatives. People were supported to complete an easy read questionnaire format. This included questions about whether they felt safe, protected, enjoyed suitable activities and their satisfaction with access to medical treatment and the standard of meals and quality of care provided by staff.

Relatives questionnaires we read stated they were "very happy" with the care provided.