

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Shoreline Nursing Home

2a Park Avenue, Redcar, TS10 3JZ

Tel: 01642494582

Date of Inspection: 03 December 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Staffing	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Ms Dave & Mr Puri & Ms Gupta
Registered Manager	Ms. Tracey Godfrey
Overview of the service	Shoreline Nursing Home is a purpose built nursing home providing services for up to 44 older people. The home is situated on the sea front in Redcar.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

During the inspection we spoke with eight people who used the service and two relatives. We also spoke with the manager, the cook and three care assistants. People who used the service told us that they were happy with the care and service received. One person said, "Everything and everyone is wonderful." Another person said, "The staff give a 100%, they get you anything you want or need."

We were able to observe the experiences of people who used the service. We saw that staff treated people with dignity and respect. We saw that people had their needs assessed and that care plans were in place.

People were supported to eat and drink sufficient amounts to meet their needs.

We saw that the service had appropriate equipment. We saw that regular checks and servicing of equipment was undertaken to ensure that it was safe.

We saw that there was staff with the right knowledge and experience to support people.

People were protected from the risks of unsafe or inappropriate care and treatment because appropriate records were maintained.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During the inspection we sat in the lounge on the ground floor so that we could observe both staff and people who used the service. We saw that staff were attentive and interacted well with people. We saw that staff communicated well with people and explanations of care were given in a way that could be easily understood. We saw that staff followed safe practice when moving people. We observed staff transfer a person who used the service from their chair to a wheelchair and another person using a handling belt. We saw that staff clearly explained to the person what they were doing and provided reassurance. This helped to ensure the safety and wellbeing of the person.

We saw that staff engaged and interacted positively with people. When we arrived at the home we saw that the activity co-ordinator had started to put up the Christmas decorations, we saw that two people who used the service had helped with this. The home employed an activity co-ordinator to work 14 hours a week to plan activities and outings for people who used the service. The manager told us that recently, there had been a clothes show and shoe shop at the home. People had been able to purchase clothes and shoes of their choice. One person who used the service told us that they had been out shopping and that they were one of four people who had been to the local pub for a three course meal. People who used the service told us that they liked to play bingo and games. This helped to ensure the wellbeing of people.

The manager told us that they had made plans for Christmas. We were told and saw posters displayed in the home which informed that children from the local school were coming in to sing carols. Staff had planned a Christmas party to which friends and family were invited.

At the time of the inspection there were 39 people who used the service. During our visit we looked at the care records of four people. We saw that each person had an assessment which highlighted their daily care needs. Following assessment, care plans had been developed. Care files reviewed contained information about the person's likes,

dislikes and personal choice. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be.

Risk assessments had also been completed for a number of areas including pressure area, falls and moving and handling. This meant that the provider took sensible and proportionate measures to control risk and ensure the wellbeing and safety of the person.

People we spoke with during the inspection were complimentary about staff and the care that they received. One person said, "I couldn't wish to find a better place." Another person said, "I am always treated with kindness." A relative said, "They are all brilliant."

The manager told us that in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. The manager told us that all staff had received basic first aid training, but it would be the nurse on duty who would take the lead in a medical emergency. We looked at the certificates of thirteen staff to confirm that staff had undertaken first aid training.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

The cook told us that the home operated a four week menu plan in which alternatives were available at each meal time. The cook told us that menus were changed according to the season. Menus we looked at were varied and contained suitable and nutritious food. Menu choices at lunch time included cottage pie, chicken casserole, beef cobbler, chicken hotpot and dumplings, fish and chips and on a Sunday, a roast dinner. Menu choices at tea time included prawn salad, ploughman's, scrambled egg, pasta bake and a buffet tea. The cook told us about the importance of ensuring that fresh fruit and vegetables were provided to people who used the service. The cook also told us about the importance of ensuring a high calorie diet for those people at risk of malnutrition or who had lost weight. The cook said that she made high calorie milkshakes on a daily basis and added cheese and cream to homemade soups to boost the calorie intake for those people who had lost weight. On the day of the inspection we observed that some people had milkshakes.

The cook told us that the provider supported them to develop their skills and knowledge in nutrition. We were told that they had undertaken a recent course on nutrition which had provided them with a greater knowledge and understanding of a healthy and nutritious diet. The cook showed us a file on Eating Well for Older People; this gave practical and nutritional guidelines for food in residential and nursing homes. This meant that staff had the knowledge to support people in having a healthy and nutritious diet.

We saw that staff had carried out nutritional screening on people who used the service to identify if they were malnourished or at risk of malnourishment. We saw that staff had taken appropriate action and contacted the GP when people had lost weight. The provider may find it useful to note that staff had incorrectly calculated the risk of malnutrition on the nutritional screening tool for one of the four people's care records we looked at during the visit. This was pointed out to the manager at the time of the inspection who said that they would check the nutritional screening of all people who used the service.

During the inspection we observed the lunch time of people in the downstairs dining room. We saw that lunch time was relaxed and that people enjoyed the food provided. We saw that one person had chosen to have a bacon bun rather than the cooked meal. Food served was appetising and well presented. We saw that when people needed help staff provided this. People we spoke with told us that they enjoyed the food provided. One person said, "The food is wonderful, and you can have whatever you want. The

strawberry trifle today was beautiful." Another person said, "The dinners are absolutely beautiful."

We were told that no one who used the service had religious or cultural needs that required the menus to be changed. The manager described how dietary requirements would be discussed during pre-assessment before moving into the home.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

We saw records to confirm that mobile hoists, bath hoists and hoist slings had been checked and serviced in July 2013 to make sure that they were in safe working order. We saw records to confirm that in addition to regular servicing, any necessary repairs of equipment had been carried out by people who were competent to do so. This helped to protect people against the risks of using unsafe equipment.

The manager told us that they had specialist air flow mattresses, some of which they had purchased and were responsible for servicing and others which had been supplied by Tees Community Equipment Service (TCES). We were told that those mattresses supplied by TCES were serviced by TCES. The manager told us that wheelchairs were serviced and repaired as and when required.

The provider may find it useful to note that the chair scales had not been calibrated to ensure accurate readings since April 2009. The manager told us that this was an oversight and that she would arrange for them to be calibrated as a matter of importance.

We saw records which confirmed that portable appliance testing (PAT) had been carried out on electrical equipment in November 2013 to ensure that it was safe for use.

The provider might find it useful to note that one person who we spoke with during the inspection pointed out that the doors to bedrooms were battery operated and closed when the fire alarm was activated. This person said that on one occasion they had to have their bedroom door shut all day as the home did not have a replacement battery in stock to replace a flat battery.

The manager told us that Medical Device Alerts (MDAs) were e-mailed to the home on a regular basis. MDA's are the latest safety information on medical devices and medicines. We were told that when the home received these alerts checks were carried out to ensure equipment within the home was safe to use. We saw that the manager kept a record of all MDA's which detailed action that she had taken on receipt of the alerts.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs

Reasons for our judgement

The manager told us that the service employed 40 staff which consisted of the manager, nurses, senior care assistants, care assistants, an activity co-ordinator and ancillary staff. We were told that additional care assistants and cleaners were employed and worked on an as needed basis when other staff were on holiday or when sickness occurred.

The manager told us that at the time of the inspection she had a vacancy for a nurse to work two nights a week. The manager said that in the interim she had used agency nurses and that she had tried to get the same regular agency nurses to ensure continuity of care. The manager told us and showed us a night routine for agency nurses. This was a plan of work to ensure that people who used the service received care and support as required. The manager told us that the three senior care assistants employed had a minimum qualification of NVQ level 3 in care and that 19 out of 20 care assistants had or were working towards an NVQ level 2 in care. This meant that staff were equipped with the knowledge to care for people.

We were told and saw records which confirmed that there was one nurse, a senior care assistant and six care assistants on duty from 8am until 2pm. From 2pm until 8pm there was a nurse, a senior care assistant and five care assistants and on night duty there was one nurse and four care assistants. We spoke with eight people who used the service. Six of the eight people we spoke with thought that there was sufficient staff on duty and two people thought that more staff were needed. Two staff we spoke with during the inspection told us that at the time of the inspection there were two care staff on sick leave and another on maternity leave. We were told that bank care staff were used as needed. Staff told us that they were feeling the pressure of staff sickness as bank staff were not as familiar with the daily routine. This was pointed out to the manager at the time of the inspection.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because appropriate records were maintained.

Reasons for our judgement

We found that the care files of people who used the service were accessible to care staff that worked at the home. Care records were stored within an office. The manager told us that this office was locked when staff left the room.

Care files contained assessments, risk assessments and care plans. We looked at the care files of four people who used the service. The provider may find it useful to note that in two of the four care files looked at during the inspection we found that the care plans had not been evaluated since September 2013. Inaccurate and out of date information could impact on the care, support and treatment that people received.

We found that nutritional screening had been reviewed and updated on a monthly basis and that staff had made a daily record in which they summarised how people were.

We found that records of servicing of equipment and certificates of staff training were located promptly when we asked for them.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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