

Care UK Community Partnerships Ltd

Ponteland Manor Care Home

Inspection report

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Date of inspection visit:
18 November 2022
22 November 2022

Date of publication:
04 January 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ponteland Manor Care Home provides nursing care and accommodation for up to 52 people. At the time of the inspection, 47 people were living at the home, some of whom had a dementia related condition. Accommodation is provided across two floors which has adapted to meet the needs of people.

People's experience of using this service and what we found

Measures had been taken to respond to the findings from our last inspection to ensure improvements were made in relation to Infection Prevention and Control [IPC], the governance of the service and duty of candour.

Policies and procedures in relation to infection prevention and control (IPC) to prevent the spread of infections were in place. The registered manager reviewed government guidance in relation to COVID-19 and a member of staff was the identified infection control champion at the home. Arrangements were in place for people to receive indoor visits from relatives or friends. Medicines were managed safely and reviews of incidents took place to assess if any improvements to staff practice could be made. Systems were in place to share this learning with the staff team.

The service was well-led. Governance systems were effective in monitoring quality at the home. The registered manager worked in an open and transparent way and understood their responsibilities in relation to the duty of candour regulation.

Systems were in place to safeguard people from the risk of abuse and the risks people were exposed to had been assessed. There were enough staff deployed to meet people's needs. Due to difficulties in recruiting permanent staff there was a reliance on the use of agency staff. This had impacted on the consistency of care. There had been a successful recruitment campaign and plans were in place for a number of new staff to commence employment. This would reduce the need for agency staff at the home. People and their relatives were complimentary about staff and of the care provided.

Staff had been recruited safely. However, records did not always demonstrate the necessary checks had been completed for agency staff prior to them working at the home. We have made a recommendation about this.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 June 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to the management of an outbreak of COVID-19. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We also followed up on breaches identified at our last inspection.

We carried out an unannounced focused inspection of this service on 18 February 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance and duty of candour.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ponteland Manor on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation under the safe key question the provider reviews their agency staff induction system to ensure records evidence the necessary checks have been undertaken.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ponteland Manor Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ponteland Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ponteland manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding teams, the local NHS infection prevention and control [IPC] team and Healthwatch to request feedback. 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 15 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, deputy manager, nurse, domestic and agency staff. We reviewed a range of records. This included care records for 6 people. We looked at the recruitment records for 3 staff and a variety of records relating to the management of the service, including policies and procedures. After the inspection visits we requested additional information by email and continued to seek clarification from the provider to validate the evidence we found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess all of the risks people were exposed to. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- A range of risk assessments were in place to ensure the safety of the environment. In addition, maintenance checks had been carried out for any equipment used to check its safety. We did identify 1 door leading to a stairwell was not always closing and locking properly after use. We brought this to the attention of the deputy manager who took immediate action to bring this to the attention of staff and to make the area safe until this could be rectified.
- Risks people were exposed to had been assessed. The actions required to support people to achieve their expected outcome were recorded.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems were in place to ensure medicines were managed safely. Records confirmed people had received their medicines as prescribed.
- We identified a discrepancy with 1 controlled drug which had not been identified during the medicines audit. We brought this to the attention of the registered manager to enable them to respond to this appropriately.

Preventing and controlling infection

At our last inspection the provider had failed to ensure safe IPC practices were always followed by staff. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- Systems were in place to ensure people could receive visitors from people important to them.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Safeguarding policies and procedures were in place to guide staff in the actions to take if they had any safeguarding concerns.
- People told us they felt safe and relatives confirmed this. A person told us, "I'm well cared for and well looked after." A relative said, "The safety [at the home] is very good and I feel people are 100% safe."

Staffing and recruitment

- Agency staff were used to maintain safe staffing levels in the home. Due to difficulties in recruiting permanent staff there had been a high use of agency staff. This had impacted on the consistency of care provided to people.
- We observed some shortfalls in the practices of two agency staff. We brought this to the attention of the registered manager who took immediate action to respond to this.
- The registered manager told us there had recently been a successful recruitment campaign which would reduce the need to use agency staff in the home.
- Systems were in place to ensure staff were recruited safely. However, records were not available to demonstrate the appropriate checks or induction had always been completed for all agency staff who had worked at the home.

We recommend the provider reviews their process to ensure records demonstrate the necessary checks are always completed for agency staff.

Learning lessons when things go wrong

- Lessons had been learned from our previous inspection. Measures had been taken to respond to the findings from our last inspection to ensure improvements were made.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection an effective governance system was not fully in place. In addition, accurate and contemporaneous records were not always maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective governance systems were in place. A comprehensive action plan had been developed following our last inspection. This was regularly reviewed by the registered manager to monitor progress against each identified area.
- The registered manager completed daily 'walkarounds' in the home to monitor quality. Records were kept of these checks to evidence any actions which were required were completed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to ensure their duty of candour policy and procedures were followed. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20.

- Systems were in place to ensure the appropriate action was taken in response to any notifiable safety incident.
- The registered manager understood their responsibilities under the duty of candour and worked in an open and transparent way.

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

- The registered manager promoted a positive culture which was person centred to the needs of people. A person told us, "I would recommend the home [to other people], I do think it's a good home. Anything I have raised with [name of registered manager] has been dealt with straight away."
- People were asked to provide feedback about the care they received. A person told us, "I completed a questionnaire a while ago [to give feedback]."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Systems were in place to communicate relevant information with the staff team. For example, we reviewed minutes from staff meetings where the registered manager had identified areas where improvements could be made to staff practice. This was communicated to the whole staff team.
- We received positive feedback from people, relatives and visiting professionals about the management of the home. Staff worked in partnership with healthcare professionals to meet people's health needs. A visiting healthcare professional told us, "[Name of manager] runs a tight ship, she is always professional and respectful."
- Systems were in place to recognise staff for their achievements. This included an awards ceremony organised by the provider. The registered manager had attended an awards event in London representing staff at the home.
- Action was taken to share any learning across the whole provider group. For example, the registered manager had taken action to ensure their knowledge around the duty of candour regulation was shared with other managers employed by the provider.