Newcastle-upon-Tyne City Council

Connie Lewcock Resource Centre

Inspection report

West Denton Road
West Denton
Newcastle Upon Tyne
Tyne and Wear
NE15 7LQ

Tel: 01912773699
Website: www.newcastle.gov.uk

Date of inspection visit:
04 December 2018

Date of publication:
10 January 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 4 December 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

The service was last inspected in April 2016. 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.

Connie Lewcock Resource Centre 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 service works in partnership with Newcastle upon Tyne Hospital Trust. It provides short stay care for up to 24 older people who require community rehabilitation or emergency care in crisis situations. At the time of our inspection 20 people were using the service.

There was a registered manager in place. 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. The registered manager was registered in October 2016.

Risks to people using the service were assessed and plans put in place to address them. Plans were in place to support people in emergency situations. The provider had clear and effective infection control processes in place. People were safeguarded from abuse. Medicines were managed safely. The provider and registered manager ensured enough staff were deployed to support people safely. The provider's recruitment process minimised the risk of unsuitable staff being employed.

Staff were effective at ensuring people received the support they needed and worked very closely with external healthcare professionals to provide this. Staff were supported with regular training, supervision and appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported with food and nutrition. The premises had been adapted for the comfort and convenience of people living there.

People spoke positively about the support they received and described staff as kind and caring. People were treated with dignity and respect. Staff were focussed on promoting people's independence and helping them return home as soon as possible. Throughout the inspection we saw numerous examples of staff delivering kind and caring support. People were supported to maintain relationships and social connections

of importance to them. At the time of our inspection nobody was using an advocate, but policies and procedures were in place to support this where needed.

People received person-centred care based on their assessed needs and preferences. People were supported to communicate effectively and were given information in accessible formats. People were supported to access activities they enjoyed. Clear policies and procedures were in place to investigate and respond to complaints.

Staff spoke positively about the leadership of the registered manager and culture and values of the service. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken. The provider and registered manager carried out a number of quality assurance audits to monitor and improve standards at the service. Feedback was sought from people, relatives and staff and was acted on. The registered manager and staff had worked to create a number of community links that benefited people using 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? 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**

Connie Lewcock Resource Centre

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 4 December 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

The inspection team consisted of one adult social care inspector 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Connie Lewcock Resource Centre.

We spoke with six people who used the service and one relative of people using the service. We looked at three care plans, three medicine administration records (MARs) and handover sheets. We spoke with seven

members of staff, including the registered manager, two senior managers from the provider and support staff. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Good

Is the service safe?

Our findings

Risks to people using the service were assessed and plans put in place to address them. For example, one person with mobility difficulties had a risk assessment in place with guidance to staff on how they could be safely supported when personal care was delivered. Recognised tools were used to assess and reduce risk. Assessments were regularly reviewed to ensure they reflected people's current level of risk.

The premises and equipment were monitored to ensure they were safe for people to use. Regular maintenance checks were carried out, and required test certificates were in place. Accidents and incidents were monitored to see if lessons could be learnt to help keep people safe.

Plans were in place to support people in emergency situations. Fire fighting equipment and systems were monitored, and fire drills took place regularly. The provider had a contingency plan to ensure a continuity of care in situations that disrupted the service, such as loss of utilities.

The provider had clear and effective infection control processes in place. Staff received infection control training, and used personal protective equipment appropriately. The premises were clean and tidy, and we saw staff regularly washing their hands throughout the inspection.

People were safeguarded from abuse. Staff received safeguarding training and had access to the provider's safeguarding policy, which provided guidance on how concerns could be raised. Records showed that incidents were investigated and responded to.

Medicines were managed safely. Information on people's medicine support needs was detailed in their support plans. Medicine administration records had been completed without unexplained gaps, and medicines were safely and appropriately stored. People were encouraged to manage their own medicines, and appropriate risk assessments were in place to support this.

The provider and registered manager ensured enough staff were deployed to support people safely. Staffing levels were based on the assessed level of support people needed, which was regularly reviewed. Normal daytime staffing levels were a Health and Social Care Coordinator and five Health and Social Care Officers, in addition to an on-site community rehabilitation team of health and social care professionals. Night staffing levels were two Health and Social Care Officers with an on call system for staff to attend should they be needed. One member of staff said, "There are enough of us."

The provider's recruitment process minimised the risk of unsuitable staff being employed. This included attending interview and the provider obtaining written references and carrying out a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults.

Good

Is the service effective?

Our findings

Staff were effective at ensuring people received the support they needed. The service provided short term stay care for people who required community rehabilitation or emergency care in crisis situations. The average stay at the service was 23 days, but sometimes people stayed for only a couple of days. The service had a team of healthcare professionals based onsite who were involved in assessing and supporting people. These included nurse practitioners, occupational therapists and social workers. There was a daily meeting with staff to review each person's progress towards their rehabilitation goals. We attended this meeting and saw that it was used to discuss people's current support needs and how their health and wellbeing could be promoted.

The service also worked very closely with external healthcare professionals to ensure people received the support they needed. A senior doctor visited the service twice a week, and was involved in reviewing and planning people's care. External professionals such as GPs, district nurses and podiatrists were involved in developing people's care plans, both for their time at the service and as part of the strategy to help them return home.

Staff received the training they needed to provide effective support. This included training in first aid and moving and handling. Training was regularly refreshed to ensure it reflected the latest knowledge and best practice. One member of staff said, "We get all the training we need. Just done some, and it gets regularly refreshed."

Staff were supported with regular supervisions and appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were used to review staff performance and give them an opportunity to raise any issues they had.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (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 had the appropriate legal authority and were being met. At the time of our inspection nobody was subject to DoLS authorisation, but processes were in place to make applications where appropriate.

People were supported with food and nutrition. Specialist dietary needs were recorded and catered for, and people spoke positively about food at the service. People used a skills kitchen to prepare food as part of their rehabilitation.

The premises had been adapted for the comfort and convenience of people using the service. Appropriate signage and furniture was in place. Even though people lived there on a short stay basis they were supported to customise and personalise their rooms.

Good

Is the service caring?

Our findings

People spoke positively about the support they received and described staff as kind and caring. One person told us, "We're treated like royalty" and "it's like a hotel."

People were treated with dignity and respect. Staff addressed people by their preferred names, and knocked on doors and waited for a response before entering. When staff wanted to discuss people's support needs they did this quietly and away from communal areas in order to protect people's confidentiality.

Staff were focussed on promoting people's independence and helping them return home as soon as possible. The service had a 'skills kitchen' that was used to help people maintain and strengthen their ability to manage their food and nutrition. Occupational therapists at the service ran a 'Breakfast Club', with an emphasis on people preparing their own breakfasts. People had specific plans in place, with agreed timetables, on how their rehabilitation would be carried out and how they would reach targets people had set themselves. One person told us, "The staff encourage me to walk around the building."

Throughout the inspection we saw numerous examples of staff delivering kind and caring support. We saw staff supporting one person walking down a corridor with some mobility exercises, and offering kind encouragement as they did so. Later in the day we saw staff helping a person to find a seat in a communal lounge. They were joking with the person and said, "You'll want a nice, comfy one so we'll make sure we find one." Staff had professional but close and friendly relationships with the people they supported. We heard lots of laughter and joking between people and staff during the inspection. One member of staff joked with a person that they had reputation for being loud. The person joked back, "No, you're just full of volume." The staff member joked back, "They employed me so I'd bring down the NHS hearing aid battery bill" before enjoying a laugh with the person.

People were supported to maintain relationships and social connections of importance to them. Relatives and friends were encouraged to visit as much as possible to support people in their rehabilitation. People with a religious faith were supported to practise this during their time at the service.

At the time of our inspection nobody was using an advocate, but policies and procedures were in place to support this where needed.

Good

Is the service responsive?

Our findings

People received person-centred care based on their assessed needs and preferences. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person.

People's support plans had been developed involving them, their relatives and other professionals involved in their care. They focussed on the areas of support people needed and how they wanted this to be delivered. For example, one person liked to manage as much of their own personal care as possible and their support plan set out the areas they would like staff to help with. Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences.

Staff were responsive to changes in people's support needs. There was a daily meeting involving the onsite professionals involved in people's care. This reviewed people's progress and consideration was given to whether additional support was needed. This meant staff were highly knowledgeable about the most effective ways to support people.

People were supported to communicate effectively and were given information in accessible formats, details of which were recorded in their support plans. For example, some people were given feedback surveys in a pictorial, easy read format. The provider followed the principles of the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

People were supported to access activities they enjoyed. Though people only used the service for short-term stays we saw lots of photographs of people taking part in and enjoying activities such as trips to local amenities, visiting entertainers and arts and crafts sessions. When we inspected a number of Christmas-themed activities were planned, including decoration making.

Staff we spoke with were passionate about using activities to help people develop social connections that would help enhance their wellbeing when they left the service. One member of staff said, "People have made friends in here that they take out with them. We're trying to reduce isolation. It's not the case that everyone has someone to look out for them in the community. It's given us a big push to try and get people to develop an interest and make new friends in here. It can make a massive difference to them."

Clear policies and procedures were in place to investigate and respond to complaints. Records showed that when issued were raised they were investigated in line with these policies. Complaints were monitored to see if any common trends were emerging that required remedial action.

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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. The registered manager was registered in October 2016.

Staff spoke positively about the leadership of the registered manager and culture and values of the service. One member of staff told us, "[Registered manager] is a good manager. Laid back but gets things done. It's a lovely place. A rewarding feeling to help people get home."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The provider and registered manager carried out a number of quality assurance audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. These included audits of care plans and medicines. Where issues were identified action was taken to address them.

Feedback was sought from people, relatives and staff and was acted on. When people left the service they were given a feedback questionnaire to complete asking them about their experience and how this could be improved. The results of these questionnaires were displayed in communal areas, and we saw these were positive. One person had written, 'Staff gave me the confidence and ability to return home.' Meetings were held regularly for people, relatives and staff and records of these showed they were used to discuss and resolve any issues raised.

The registered manager and staff had worked to create a number of community links that benefited people living at the service. A 'Live Well' project had been run with a local museum, which was designed to help older people in the area engage with culture and heritage. We saw photographs of people enjoying taking part in the project. A 'Reading Friends' project was being planned to encourage people to take part in reading groups, which would continue after they left the service. Staff worked with a local church to help people access a project teaching older people new skills about using tablet computers and mobile phones. The registered manager attended a regional forum for registered managers to that was used to discuss topics including best practice and available training.