

Shaftesbury Care GRP Limited

De Baliol

Inspection report

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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

About the service

De Baliol provides nursing care and accommodation for up to 59 people. At the time of the inspection, 50 people were living at the home. Accommodation for people who were living with a more advanced dementia condition was on the first floor. Staff referred to this area as the 'dementia care unit.'

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

People were complimentary about living at the home. We asked people how they would describe De Baliol for members of the public who were looking to choose somewhere to live for either themselves or a relative. One person told us, "I would tell them, I love it here, there are lots of people around. The staff are very nice and you can do what you like and have your freedom. I had a first home and this was my second home, by now I think of this as my first home and I love it."

Systems were in place to safeguard people from abuse. People told us they felt safe. People were cared for by a consistent and stable staff team who knew people well.

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.

People and relatives spoke positively about the caring nature of staff. One relative told us, "Sometimes when I come in, I can see her through the window of the door and I see staff comforting her which is really nice to see. It makes me feel they do care about my relative."

We observed that some staff were more confident and skilled when communicating with people who were living with dementia than others. Further dementia care training was planned.

People were supported to continue their hobbies both within and outside of the home. We spoke with the registered manager about further meaningful activities which staff could undertake with people in the 'dementia care unit' to help promote their engagement and wellbeing.

The home had a mini bus and people went out on trips to help ensure they remained involved in the local community where many of them had lived. Staff recognised the importance which animals, children and being outdoors had on people's wellbeing. One relative told us, "There is a lovely big garden and when the weather is better you can go out into the garden. There is also a play area for visiting grandchildren which is nice."

There was a cheerful atmosphere and positive culture at the home. Staff told us they felt valued and enjoyed working there.

A range of audits and checks were carried out to monitor the quality and safety of the service. The 'dementia care unit' was still relatively new and was developing. We discussed with the registered manager about ensuring their quality monitoring system included checking the experiences of people who had a dementia related condition. This was to make sure that best practice guidelines were followed.

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

Rating at last inspection

The last rating for this service was good (published 24 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

De Baliol

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 Care Act 2014.

Inspection team

The inspection was carried out by two 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

De Baliol 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. 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 all of this information to plan our inspection.

During the inspection

We spoke with five people and seven relatives about their experience of the care provided. We spoke with the registered manager, the deputy manager, a nurse, a senior care worker, three care workers, two activities coordinators, a member of the housekeeping team and the chef. We also phoned night staff and left our contact details should they want to provide any feedback about working at the home.

We looked at three people's care plans, recruitment checks for one staff member, training and supervision records, medicines administration records and records relating to the management of the service.

We contacted various health and social care professionals for their feedback. We also spoke with the community matron for nursing homes and contacted a care manager and an infection control practitioner from the local NHS Trust.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us further information relating to people's care and support to review.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse.
- People told us they felt safe. Staff were knowledgeable about what action they would take if abuse were suspected.

Assessing risk, safety monitoring and management

- Risks were assessed and monitored.
- Care plans were in place to guide staff on how to support people who displayed distressed behaviours. These were not always detailed. The registered manager told us that this would be addressed.
- Checks and tests were carried out to ensure the premises and equipment were safe. Certain areas of the home were warmer than others. The registered manager told us that the underfloor heating system was being checked.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. People were cared for by a consistent and stable staff team.
- Safe recruitment procedures were followed.

Using medicines safely

- A safe system was in place to manage medicines. People told us they received their medicines as prescribed.

Preventing and controlling infection

- Systems were in place to prevent cross infection.
- The home was clean and there were no offensive odours. Safe infection control practices were followed.

Learning lessons when things go wrong

- There was a system in place to record and monitor accidents and incidents. These were monitored to check for any themes or trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to live at the home. These assessments were used to devise a plan of care.

Staff support: induction, training, skills and experience

- People were cared for by staff who were trained and supported.
- We noticed that some staff were more skilled at communicating with people living with dementia than others. Further dementia care training was planned.
- A supervision and appraisal system was in place. Staff told us they felt supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to promote their health and wellbeing.
- Lunch time in the 'dementia care unit' was busy. We spoke with the registered manager about monitoring the lunch time experience for those living with dementia to ensure meal times were a positive, social experience which promoted people's independence and involvement. The registered manager told us that staff used a staggered meal time system to allow plenty of time to support people with their meals. She explained that this had not happened on the day of the inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services and receive ongoing healthcare support. One health care professional told us, "They have well established staff and always have two nurses on duty through the day which is great. They are also well supported by a regular GP who does regular home rounds,"

Adapting service, design, decoration to meet people's needs

- The design and décor met people's needs.
- Consideration had been given to the design and décor of the building for those who were living with dementia. We spoke with the registered manager about certain features such as the book effect wallpaper, a painted telephone box and bus stop which we considered could cause further confusion.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff had assessed whether people's plan of care amounted to a deprivation of liberty. The registered manager had submitted DoLS applications to the local authority. There had been a delay in the review/authorisation process. This was due to external factors and was not due to any oversight by the provider.
- The registered manager was strengthening their paperwork relating to the MCA to ensure it evidenced how staff followed the MCA. Work was ongoing with regards to the assessment of one person's mental capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness.
- People and relatives spoke positively about the home and the care provided. One person said, "They are kind and do come in and talk to me." The care manager from the local NHS told us, "The staff are very accommodating and go out of their way to help the residents and provide good care."
- We observed positive interactions not only between care workers and people, but also other members of the staff team such as maintenance and kitchen staff.
- Staff spoke in a caring and respectful manner about the people they supported. They talked about caring for people like members of their family. Staff told us that they would be happy for a friend or relative to live at the home because of the standard of care provided.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence.
- Each person's care needs were diverse and individual to them. We saw no evidence to suggest that anyone who used the service was discriminated against.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care. Reviews were carried out. One person told us, "They know me and what I want - they do listen."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Overall, people received personalised care which reflected their needs and preferences. One relative told us, "They go above and beyond - it's reassuring and they do what she needs." Work was ongoing with regards to the planning and delivery of one person's care to ensure the support provided met their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Overall, the AIS was met. Care plans contained details of people's communication needs. The registered manager told us that information was available in different formats should this be required. Work was ongoing with regards to one person's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs were met. The care manager from the local NHS Trust told us, "There always seems to be plenty of activities going on and lots of trips out. The activity ladies are dedicated to their work and work really hard as do all of the other staff."
- At least one member of staff remained with people in the 'dementia care unit' to help ensure people were safe. We spoke with the registered manager about further meaningful activities which staff could undertake with people to help promote their engagement and wellbeing.
- Staff recognised the importance which animals and children had on people's wellbeing. Local school children visited and pets were welcome.
- The home had a mini bus which helped ensure people remained involved in their local community where many of them had lived. One person said, "When we go out we get to know totally different people because they also give everyone one a chance to go out. This is really nice"

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No one we spoke with raised any complaints about the home or staff. The registered manager told us, "I operate an open door policy and welcome any feedback of any kind at any time."

End of life care and support

- People received compassionate care at the end of their lives. Staff liaised with health care professionals to ensure people received care which met their needs.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a cheerful atmosphere and positive culture at the home.
- Staff told us they enjoyed working at the home and felt valued. The registered manager told us, "Our staff are not just colleagues, they are family and we all support one another as best we can. We have a low turnover of staff which results in continuity of care and a good knowledge of the residents."
- People spoke positively about living at the home. One person told us, "I love everything here - the staff, the food and the freedom. I can close my door when I want to and they very much respect my privacy. There are no restrictions, nobody tells you what to do."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- Managers and staff were clear about their roles and responsibilities.
- People and relatives told us the home was well-led. One relative said, "It is well-managed. I would be happy to come and live in here if anything happened to me."
- The registered manager had notified CQC of all incidents that affected the health, safety and welfare of people who lived at the home.
- A range of audits and checks were carried out to monitor the safety of the service.
- The 'dementia care unit' was still relatively new and was developing. We discussed with the registered manager about ensuring their quality monitoring system included checking the experiences of people who had a dementia related condition. This was to make sure that best practice guidelines were followed.
- The registered manager understood their responsibilities in relation to the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were involved in the running of the home. Meetings and surveys were carried out. Updates on actions taken were communicated via a newsletter or "You said, We did" information boards. Where required, feedback was provided directly to individuals in response to any specific issues raised.

Working in partnership with others

- The service worked with health and social care professionals to make sure people received joined up care.
- There were links with local schools, churches and businesses to help ensure people were involved in their local community.