

Roseberry Care Centres (England) Ltd

South Quay Care Home

Inspection report

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Blyth
Northumberland
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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

South Quay is a care home which provides accommodation and care for up to 58 people across two separate wings in a purpose-built building. One wing provided nursing and personal care for older people. The other wing provided nursing and personal care for those with a neurological condition. There were 45 people using the service at the time of inspection.

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

People and relatives spoke positively of staff and how they helped keep people safe.

Risks to people's health and safety were regularly assessed and monitored to ensure they were kept safe. The provider had safeguarding systems, policies and procedures in place to keep people safe. Staff understood these.

The environment was clean, safe and well maintained. There had been some recent refurbishments and the outdoor space was extremely well maintained.

Staff were recruited safely. They received ongoing training, supervision and competence checks to monitor their performance.

Medicines were managed safely by suitably trained staff. Systems and process were well established to ensure good practice was in place.

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 enjoyed mealtimes and the options available. People's nutritional needs were well supported.

Activities had reduced during the pandemic and, more recently and significantly, during an outbreak. There was an activities coordinator and plans in place to increase the range of activities.

The registered manager had positive working relationships with external healthcare professionals. Staff worked well with specialists when people's needs changed and more help was needed.

Staff said there had been improvements to the culture and felt they could talk to the registered manager. Staff morale had improved.

Clear systems were in place for sharing key information on a daily basis.

The registered manager had made a range of improvements to the service, notably a reduction in reliance on agency staffing, and improvements to record-keeping.

The provider had monitoring systems in place to identify trends and patterns after specific incidents.

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

Rating at last inspection

This service was registered with us on 18 May 2020 and this is the first inspection.

The last rating for the service, under the previous provider, was requires improvement, published on 9 December 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 ●

South Quay 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 Care Act 2014.

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

The inspection was carried out by two inspectors and a specialist advisor with a background in nursing.

Service and service type

South Quay is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider

information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people and thirteen relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We observed further interactions between staff and people in communal areas. We spoke with eight members of staff including the registered manager, regional manager, lead nurse, chef and care staff. We spoke with a visiting healthcare professional. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted four further health and social care professionals.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Staffing and recruitment

- Risks to people's health and safety were clearly assessed, regularly reviewed and managed in line with care plans. Staff demonstrated a good understanding of specific risks and how to reduce them, for instance choking, malnutrition and falls.
- People and relatives had confidence in staff and their ability to keep people safe. One person said, "They can't do enough. I'm very safe here." One relative said, "I think they're very safe and they like their carers."
- The service was well maintained and clean. The provider had systems to monitor the safety of the environment and equipment in the home. Recent refurbishment had taken place to bathrooms and the outdoor space was extremely well maintained. Utilities, lifting and other equipment were regularly serviced.
- There were sufficient numbers of staff to meet people's needs. People and relatives confirmed this. Some night staff stated that there were times when they had to work with three rather than four staff, putting them under significant strain. The registered manager acknowledged this and confirmed there should be a minimum of four staff on a night with current levels of residents. They committed to ensuring this minimum level was in place.
- The registered manager had ensured a significant decrease in the reliance on agency staff usage over the past six months. Relatives had noticed this and one stated, "The carers in the home are much better now than in the past when they had a lot of agency staff." Staff also confirmed this meant a positive impact on their working practices and, ultimately, the consistency of care they could offer people who used the service.
- Staff had been recruited safely. Pre-employment checks had been carried out to reduce the risks of recruiting unsuitable people.

Using medicines safely

- The provider has systems in place to make sure people received their medicines as prescribed, when they needed them. Staff demonstrated good practice, such as detailed de-escalation care plans to support people who may be anxious, and therefore would sometimes require more medicine. This meant the use of potentially sedative medicines was low.
- There were systems in place to reduce errors, including stock checks, audits by senior staff and a visiting pharmacist.
- The registered manager ensured staff understood core areas of medicines practice, through training and competence assessments.
- Medicine Administration Records (MAR) were accurate and up to date. All medicines, including controlled drugs, were stored safely. Where covert medicines were required in one instance, this was comprehensively documented in terms of considering the person's best interests.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse. Relatives had confidence in staff keeping people safe. Staff were patient with people, for instance when helping them at mealtimes or walking.
- Staff received safeguarding training and knew what to do if they had concerns.
- Safeguarding incidents were reported promptly and reflected on to see if lessons could be learned.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. We observed an isolated instance of staff with masks under chins. The registered manager took action and provided assurances. A subsequent external visit by infection prevention and control specialists raised no concerns.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- The registered manager ensured relatives were able to visit their loved ones, in line with current guidance.

Learning lessons when things go wrong

- Accident and incident records were completed in line with the provider's procedures. When something went wrong or a mistake was made, the provider took appropriate investigatory action and updated staff with any lessons learned.
- The provider reviewed incidents at a national level and shared any learning with registered managers, who then shared with their teams. The provider acknowledged there may be a better way of consistently sharing these themes/lessons with all staff, such as a bulletin or newsletter.

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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

- Staff assessed people's needs before they used the service to ensure their needs could be met and preferences respected. Care plans were detailed regarding all core areas of care and staff were knowledgeable about people's needs.
- Oral care records, nutrition records, skin integrity and falls information had all been improved to ensure staff and external specialists could be assured they had access to up to date information.

Staff support: induction, training, skills and experience

- Staff were appropriately skilled and trained. The provider was less reliant on agency staff than previously. One relative said, "I think the staff are well trained. They are in her room more now than they were in the past." Another said, "The carers in the home are much better now than in the past when they had a lot of agency staff." There was a consensus of opinion that the more stable staffing levels had led to staff being more effective.
- Staff demonstrated a good level of knowledge in the areas they had been trained in. Staff were trained through a blend of online and face to face training, with the registered manager able to provide some of the training, for instance First Aid.
- Staff received regular support from the registered manager through supervisions and ad hoc discussions. Daily 'huddles' meant key information or changes could be shared. Staff supervision and competence checks had not been completed as regularly as the registered manager planned, but they had focussed on safety during a time of outbreak. Staff felt supported.

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

- People were supported to eat and drink in line with their preferences and needs. People were offered a choice of food and it appeared appetising. People told us they enjoyed the food. One person said, "The food here is excellent." There was a consensus of opinion from relatives that meals had improved recently. They said, "My relative really enjoys the food now," and, "The food was poor in the past, but is much better now." The registered manager acknowledged that food at weekends was not to the same standard as the service were currently relying on agency cooks. The registered manager was looking to find permanent weekend staffing for the kitchen.
- The chef demonstrated a detailed understanding of people's specialist dietary requirements and preferences; records reflected this information.
- We observed a pleasant lunchtime experience with people having additional drinks, provided by attentive staff. One person said, "Staff don't rush me and there is plenty to drink." The registered manager was in the process of introducing new menus to help people make decisions.

- People were supported with specialised diets. Where people were at risk of malnutrition, this was identified and additional support in place. This was well documented.

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

- Staff monitored people's health care needs and informed relatives when there were changes. Relatives told us they were updated when there were changes with people's needs. External professionals confirmed staff worked with them openly.
- People and relatives confirmed people saw a GP when they needed and there were good relationships established with local surgeries. The local GP conducted a weekly round at the home and stated, " I have confidence they have the knowledge to know when someone is deteriorating."

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 were knowledgeable and suitably trained. Capacity assessments were decision-specific and people were asked for consent before care and treatment.
- Where best interest decision making was required, this was completed in line with MCA guidance and involved those who knew people best.

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

- The premises were spacious and suitably adapted. There were some aspects of dementia-friendly design, notably new doors resembling front doors on people's rooms, and contrasting bathroom furniture.
- People could choose where they spent their time and there was an extremely well maintained outdoor space.
- People's rooms were tidy and furnished to their tastes.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partner in their care.

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

- Staff were kind and patient with people. They took the time to genuinely listen to what people needed and to support them. We saw positive, gentle interactions with people. It was evident some staff had built up strong bonds with people over time.
- People were calm and relaxed around staff, interacting with them in way that demonstrated trust and familiarity. Staff knew people well, including their habits and what good and bad days might look like. People told us staff were, "lovely." One relative told us, "The staff are very nice to my relative and are very caring. They most certainly treat her with real respect." Another said, "When we haven't been able to come in much, we have peace of mind."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Systems and processes supported staff to recognise and support people's individuality. For instance, there was a 'resident of the day' approach, whereby heads of all departments either met with a person or checked relevant care records. Staff showed genuine concern for people and supported them discreetly. People told us staff were kind to them. One relative said, "I think the staff are caring. They are all very polite."
- Staff worked hard to balance the need to respect supporting people in a calm, patient manner, alongside a busy workload. One relative said, "To have kept on top of an outbreak and everything else going on, as well as making mum feel settled in a new place with new people, when we couldn't visit, was first class."
- Staff supported people to maintain their independence. The registered manager recognised the negative impacts of periods of isolation and had plans in place to increase group and external activities.
- People were supported to make day to day choices. The registered manager involved people by seeking their views over breakfast and acting on this feedback. They had planned more formal residents meetings, which could not take place recently due to an outbreak of COVID.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- The registered manager was proud of the support staff had been able to provide to people at the end of their lives. Staff had supported a number of people to have a peaceful and compassionate end to their life in recent months. One relative said staff treated them and their loved one with, "tender, sensitive care," and commented, "they treated us with loving care and made me feel like part of a family."
- The registered manager recognised the emotional impact on staff and ensured they were able to reflect on their experiences with colleagues, and via a staff helpline.
- The registered manager had reflected on practice. They planned to implement palliative care boxes. These are good practice and mean the service has quick and easy access to the equipment needed to support a person at this difficult time.

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

- There was a consensus of opinion from relatives that activities were an area that had suffered during the pandemic. The registered manager acknowledged this and had a range of plans for outdoor activities for the spring/summer. There was an activities coordinator in place. We observed springtime craft activities taking place during the inspection, and people spoke about a recent visit from a singer they had enjoyed.
- Staff worked hard to ensure people could see their relatives during the pandemic. Relatives confirmed staff had ensured their visiting preferences had been met and they were supported to safely visit the home.
- People were encouraged to maintain relationships that were important to them. Staff had worked proactively with one regular visitor, who had become unable to visit due to physical difficulties, to stay at the service in order to visit their loved one.
- There was a consensus of opinion from relatives that more formal communications regarding planned activities or updates, such as a newsletter would be an improvement. The registered manager assured us they were planning a newsletter and would email this to relatives.

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

- Care plans contained detailed, up to date information about people's health needs, medical histories and preferences. Staff and other professionals had clear access to information about the support they needed. Care plans were personalised and reviewed.
- Daily notes documented tasks performed. Notes were detailed and up to date.

Improving care quality in response to complaints or concerns

- The provider had clear policies and procedures in place to handle complaints. People, relatives and staff

told us they were confident in raising any issues. There had been no recent complaints.

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.

- Care plans contained detailed information about people's communication needs. Staff interacted with people in a way that demonstrated they understood their verbal and non-verbal communication. Staff supported people when their needs changed.
- The registered manager was implementing more accessible menus at the time of inspection.

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.

This is the first inspection of this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The registered manager and staff team understood their role and responsibilities. They worked together to meet people's needs.
- The registered manager had led the service for six months and, in that time, had made a range of improvements, particularly regarding less dependence on agency staff, record keeping, and setting clear expectations.
- Senior staff in key roles knew their responsibilities and took ownership, supported by the registered manager. There were plans to introduce champions and a mentoring scheme to support new staff. These were not in place but the registered manager hoped they would move the service from stability and safety towards continual improvement. The registered manager had overseen the bulk of the improvements in the past six months, without some key senior supporting roles in place. The provider confirmed they had now recruited a deputy and all nurse positions.
- Auditing systems and processes were used to identify areas where improvements were required. Medicines auditing was particularly comprehensive and other audits were effective. Some audits had not taken place as regularly as planned due to staffing pressures and an outbreak but the registered manager had risk assessed this.

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

- The registered manager and provider had implemented changes to try and improve the culture at the service. These included recruitment incentives, staff awards, a focus on less agency staff, and more inclusion and involvement from staff when trying new systems or paperwork. The majority of staff we spoke with recognised this and felt the culture had improved in the past 6 months. One said, "It is better now – you're listened to. Before it was just lip service and nothing changed. I think it has now."
- People had developed positive bonds with staff. The atmosphere during inspection was calm and relaxed.

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

- There were systems in place to ensure people's opinions and individualities were considered. Staff spoke with people in a way that sought their views. The registered manager attended breakfasts with people to seek their views, and regular residents and relatives meetings were planned again. These had not taken place regularly during the pandemic.

- The service worked in partnership with health and social care professionals who were involved in people's care. Feedback was broadly positive from these partners. The registered manager hoped to forge stronger community links.
- Staff we spoke with felt supported by the registered manager. They recognised their visibility and hands-on support during a difficult time.

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

- The registered manager had communicated well with relatives and provided CQC with all necessary notifications of specific incidents.
- The registered manager was open and honest about the service, the challenges they faced and the improvements they planned to make.