Northridge Healthcare Limited

Seaview

Inspection report

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Tyne and Wear
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Tel: 01912537959

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 26 November 2016 and was unannounced. This meant the provider did not know we were coming. We last inspected the service on 5 November 2013 and found the provider was meeting the regulations we inspected against. Prior to this inspection the home had been closed from January 2016 to October 2016 in order to carry out essential maintenance work due to flooding.

Seaview provides short breaks, as well as permanent nursing care and accommodation, for up to 20 people with complex needs, including learning and physical disabilities, dementia and acquired brain injury. At the time of this inspection seven people were using the service.

The service was required to have a registered manager but there was no registered manager at the time of our inspection. The current manager had applied to become the registered manager. This application was still being considered when we inspected. 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.

During this inspection we found the provider had breached regulations 11, 12, and 17. Medicines records did not show medicines were managed appropriately. The medicines fridge was not operating at the correct temperature. Nurses and care workers lacked personalised guidance to ensure people received when required medicines consistently and correctly. Records of topical medicines like creams and ointments were inaccurate.

Some people did not have the relevant care plans in place to ensure all of their needs were met. Care plans were not always personalised so that people received the individual care they needed.

Care records did not accurately account for all of the care people required or had received. This included people at risk of poor hydration and people prone to skin damage.

The provider was not following the requirements of the Mental Capacity Act (MCA). Applications for Deprivation of Liberty Safeguards (DoLS) authorisations for relevant people had not been made in a timely manner. People did not have care plans to guide care workers about the support they needed with decision making. Decisions had been taken in people's best interest without the necessary MCA assessment having been carried out. Care records contained some blank consent forms which people had not yet signed.

Some assessments had also not been completed including, nutritional assessments, spiritual assessments and activities plans. Some care records were left blank or contained gaps in recording, such as oxygen level charts, blood sugar level charts and fluid balance charts.

Fluid balance charts had not been analysed to check people were adequately hydrated. The provider had

not been proactive in ensuring essential care records were accurate and fit for purpose.

You can see what action we have asked the provider to take at the back of the full version if this report.

Some health and safety checks weren't being completed, such as checks of the emergency lighting system. The fire risk assessment was overdue and the gas safety and legionella certificates were not available to view.

People said they were happy with their care. They confirmed they were treated with dignity by kind and considerate care workers. People told us they felt safe living at the home.

Care workers knew about safeguarding adults and the provider's whistle blowing procedure. They knew how to report concerns and told us did not have any concerns about people's safety.

There were enough staff on duty so that people had their needs met a timely manner. We found effective recruitment checks in place to ensure care workers were suitable to work with people living at the home.

Care workers confirmed they were well supported. Essential training was up to date including health and safety, food hygiene, infection control, first aid, medicines, moving and handling, safeguarding, fire safety, equality and diversity.

People told us they were happy with the meals provided at the home and said they were given choices. People received patient support from care workers and were provided with the specialist equipment they needed.

People told us and records confirmed they had access to external health professionals such as GPs, community nurses and speech and language therapists.

People gave us examples of how care workers had responded to their requests for assistance.

We observed care workers participating in activities with people. People said activities were provided for them to take part in.

People knew how to complain and told us they had no concerns about their care. There had been no complaints made about the home.

People and care workers described the home as having a positive and welcoming atmosphere.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines records did not adequately support the safe management of medicines.

The fire risk assessment for the home was overdue and there was no current Legionella certificate.

People said they felt safe living at the home. Care workers said they had no concerns about people's safety.

There were enough staff on duty. The provider carried out recruitment checks before new care workers started their employment.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider was not following the requirements of the Mental Capacity Act.

Care workers said they received the support and training they needed.

People were happy with their meals. People received practical support with eating and drinking.

People were supported to access the healthcare they needed.

Is the service caring?

Good

The service was caring.

People were happy with their care and said care workers were kind and caring.

Care workers treated people with respect and promoted their independence.

People were supported to meet their choices and preferences.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some people did not have all of the relevant care plans in place to guide staff about the support people needed.

Care plans were not always personalised to people's individual needs.

People said care workers were responsive to their needs and requests for assistance.

Activities were organised for people to participate in.

People were aware of how to complain. They told us they had no concerns about their care.

Is the service well-led?

Requires Improvement

The service was not well led.

The home did not have a registered manager.

Care records did not always account for all of the care people required or had received.

Fluid balance charts had not been analysed.

The provider had not been proactive in ensuring accurate records were maintained.

Quality assurance checks had not yet started.

Seaview

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 26 November 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We spoke with two people who used the service. We also spoke with the manager not yet registered, the bank nurse and two care workers. We looked at a range of records which included the care records for four people, medicines records for seven people and recruitment records for five care workers. We also reviewed records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Medicines records we viewed did not support the safe management of medicines. Some people were at risk of skin damage and had been prescribed creams to help keep their skin intact. The application of creams was recorded on a special chart called a TMAR (topical medicines application record). We viewed people's TMARs and found they did not confirm people had their creams applied correctly. For example, one person required their creams to be applied every day. When we viewed their TMAR we found there was no record of creams being applied on eight out of a possible 17 occasions. It was also unclear from viewing the TMAR how often the creams were to be applied as staff had not recorded this. The manager told us the cream was applied once a day but on some days there was a record of two applications. For another person the manager was unable to provide their TMAR on the day of our visit. The provider sent us this separately after the visit. The TMAR covered a period of 25 days and directed the person to have their cream applied 'twice daily'. We saw there was no record of the cream having been applied for five days. For a further 12 days the records showed the creams had been applied once a day rather than twice.

Some people were prescribed when required medicines which required nurses to make a judgment as to when and how to administer these medicines. For example, one person had a specific medicine prescribed for breakthrough pain. We found there were no protocols, guidance or medicines care plans which described the triggers which indicated the person was in need of the additional pain relief. Some medicines were being administered covertly or in a specific way. For example, one person had a medicine in capsule form. Nurses were pulling the capsule apart prior to administration as the person was unable to swallow the capsule. Another person was having medicines crushed prior to administration and given with food. The nurse on duty described the various strategies in place for each person but confirmed these were not documented in a care plan or protocol. This meant there was a risk that people may not receive these medicines consistently or safely due to a lack of personalised guidance. The nurse told us they would write the care plans straightaway.

We found the medicines fridge was not working correctly. The fridge temperature records showed the fridge had not been working properly since 17 October 2016. Prior to that date there were also gaps in the records where the temperature had not been recorded. At the time of the inspection the fridge was still not working properly and the digital recording flashing 'Lo'. There were no medicines stored in the fridge when we visited.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we discussed medicines with people they told us they received their medicines when they were due. One person commented, "There are no problems with medication. I get them when I should be getting them." Another person told us, "The nurse on duty gives you your meds. It is always the nurse."

Most health and safety checks had been completed since the home re-opened such as water temperatures, the emergency call system, a health and safety inspection, PAT testing and equipment servicing. Some

health and safety checks weren't being completed, such as checks of the emergency lighting system. The manager told us this would be started straightaway. We found also the fire risk assessment was overdue as it was last carried out in July 2015. On the day of our inspection there was also no gas safety certificate or legionella certificate available to view. Following the inspection the provider sent us the gas safety certificate and confirmed a contractor had been instructed to carry Legionella testing of the water supply. The provider's contingency plans, to help ensure people continued to receive care in an emergency situation, had been reviewed shortly before the home re-opened.

People confirmed they felt safe living at the home. One person said, "I like the idea of having people there especially at night." Care workers also felt people were safe. One care worker commented, "The quality of care is really good." Another care worker told us, "We are not short of any equipment. Staff use equipment once they have been appraised. Nobody is left unattended."

We discussed the provider's whistle blowing procedure with care workers. They confirmed they were aware of the procedure and knew how to raise concerns. Care workers told us they had not needed to use the procedure but would not hesitate to do so if they felt people were not safe. One care worker told us, "If there is anything I see that I am not happy with I know I can go to [manager]." Another care worker commented, "I would raise concerns anyway I wouldn't let anything happen to the people in here. Everything is good." Care workers had completed safeguarding adults training. At the time of our inspection there had been no safeguarding concerns made about people using the service.

The provider carried out a range of standard assessments to help protect people safe from a range of potential risks. These included the risks associated with poor nutrition and mobilising.

There were enough staff deployed to meet people's needs in a timely manner. At the time of our inspection there were five care workers on duty to meet the needs of seven people. People confirmed they did not have to wait if they needed any assistance. One person told us, "It was just a few minutes before they came up (when I rang the buzzer). I have never had to wait for anything." Another person said, "If you need staff they are there. They go out of their way. There is usually one nurse and four carers." One care worker commented, "There are five care assistants plus a qualified."

The provider had effective recruitment procedures. We viewed the records for five recently recruited care workers. Pre-employment checks had been carried out to check they were suitable to work with people using the service. This included requesting and receiving two references and Disclosure and Barring Service (DBS) checks. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with people.

Requires Improvement

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met."

We found the provider was not following the requirements of MCA. Some people lacked capacity to make some or all of their own decisions. We found these people had not been assessed in line with the MCA to determine whether an application to the local authority for a DoLS authorisation was required. At the time of our inspection there had been no applications submitted. Following our inspection the provider confirmed DoLS applications had been submitted for two people using the service.

We found some decisions had been made without consideration of the implications of the MCA. For example, some people were receiving medicines covertly. Although the manager told us these decisions had been made by qualified clinicians, there was no written authorisation or best interest decision in people's care records. However, the provider forwarded copies of the authorisation following our visit to the home. We also found MCA assessments and best interest decisions had not been documented for most people who were unable to consent to their placement in the home. For one person we saw in their care records a MCA assessment in respect of their admission to their home. However, this was over 12 months old and related to a previous admission to the home. We also found people did not have care plans in place which detailed the support they needed to enable them to make as many of their own decisions as possible.

We found examples in all the care records we viewed of blank consent forms. These included some care plans and consent for specific situations such as consent to locking doors in the home and for taking photographs.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although care records lacked guidance for care workers about how to support people with decision making, they still showed a good understanding of people's communication needs. Care workers described the strategies they used to enable people to make as many of their own decisions as possible. For example, showing people objects or clothes to choose from. Care workers told us they had taken time to get to know people and understand their communication style. This included the pitch of the person's voice, gestures

and getting to know their personality. They also said they consulted with relatives to find out about people's needs. One care worker said, "(People are) always shown, there are a lot of choices."

Two people we spoke with confirmed they were asked for their consent before receiving care. One person said, "They are always saying is it okay to do this, is it okay to do that."

Care workers told us they were well supported to carry out their caring role. One care worker said, "I have had a lot of support off [manager]. They ask how you are doing." Another care worker told us, "(Support was) brilliant, really good. Anything you need is sorted there and then. Any concerns are dealt with the same day. We are a close knit staff team." The manager had developed a plan to ensure care workers received supervision and appraisal in line with the provider's expectations. We checked the plan and saw it was progressing as expected.

Records we viewed confirmed essential training for care workers had been completed. Essential training included health and safety, food hygiene, infection control, first aid, medicines, moving and handling, safeguarding, fire safety, equality and diversity.

Although care records did not show people received the support they needed to meet their nutritional needs, people gave us positive feedback about the meals provided at the home. One person told us, "The meals are lovely, home cooked. You get plenty of choice. They know I don't like fish. They always do me an alternative. They are great that way." Another person said, "The food is beautiful. You get two choices for lunch and a pudding. At tea time you get two choices. If you didn't like was on the menu they would make you something. I had scrambled eggs, they cook you what you fancy."

We observed over the lunch time people received appropriate support to help them with eating and drinking. Some people required one to one assistance from care workers. We saw this was done at the person's own pace and not rushed. We also saw one person who was at risk of poor hydration had a drink available to them by their bedside. They told us, "There is always a drink there (at the bedside) for me ready."

People told us they had access to external health professionals when required. For example, one person said, "The dietitian has been yesterday. She gave them a sensible eating plan for me." Care records showed the home had regular input from a range of health professionals such as GPs, community nurses and speech and language therapists.

Good

Is the service caring?

Our findings

People were happy with the care received at the home. Two people we spoke with gave us positive feedback. One person commented, "I came for a week's respite. I decided I didn't want to go back home. It is brilliant, it is the best thing I have done. Everybody is so kind and nothing is a trouble for them. They have been absolutely brilliant. I knew after the week I didn't want to go back (home)." Another person told us, "It has been lovely. The staff are nice, my room is fantastic. You get looked after really well." They went on to tell us, "I have my own shower, I am quite self-contained. It is more like a hotel than a care home. Everything is just so nice. They have spared no expense."

People told us care workers were kind and attentive to their needs. One person told us, "They pop in all the time and see that you are alright. If they are up here seeing to another patient they pop in and see you are alright." Another person said, "We have a little bit of banter. They can't do enough for you. They make me laugh." We saw throughout our visit care workers were always friendly but professional when they interacted with or supported people.

We observed examples of care workers carrying out care in line with people's care plans. For example, we found one person had a care plan for a specific medical condition they had. The person had been assessed by a speech and language therapist as requiring certain equipment when eating. We observed care workers used this equipment when assisting the person to eat.

People told us they were treated with dignity and respect. They said they felt at ease with their care workers. One person commented, "They make you feel at home." Care workers described how they promoted dignity and respect in the caring role. They said they would make people feel at ease through making sure doors are closed when supporting people and keeping people covered as much as possible when providing personal care. We observed care workers knocked on people's doors before they entered their rooms and were courteous when they spoke with people.

Care workers supported people to meet their choices and preferences. One person said, "The chef comes every morning to see what you want for lunch and tea. It's just like home from home"; and, "They pop to the shops for you if you want something." One care worker commented, "(For breakfast) people can have what they want. It is up to the individual what they want."

People were supported to maintain and develop as much of their independence as possible. One person told us, "They have been trying to get me back to health, helping me to do exercises." Care workers told us they used prompts, encouragement and support to promote people doing things for themselves. One care worker said, "We encourage people to do things themselves, we give praise and say just give it a try."

Requires Improvement

Is the service responsive?

Our findings

We found some people did not always have care plans in place to meet their needs placing them at risk of inconsistent care. We viewed the care records for one person who had been residing in the home since 1 November 2016. We found care plans were in place for some care needs but not others. For example, the person did not have care plans for anxiety, socialising, diabetes and sleeping.

Some care plans were not personalised to the individual needs of each person. For example, the provider used a general care plan for personal care for all people using the service regardless of their specific needs. The plan was pre-typed with gaps in the body of the care plan to handwrite the person's name into the plan. This meant care workers did not have access to specific guidance about how each person wanted to receive their personal care.

Care records did not accurately account for the care people needed or had received. Fluid balance charts we viewed indicated people were regularly not offered sufficient fluids to keep them hydrated. For example, one person's nutrition care plan identified a specific daily target for fluid intake. We viewed the fluid balance charts for the person since they started living at the home. We found the records showed the amount of fluids the person had been offered and taken had only met the daily target on four occasions out of a possible 24. For another person, the records suggested they had only been offered fluids that met their daily target twice since 24 October 2016. The manager assured us people were given the appropriate amount of fluids but this was not always recorded.

Care records suggested people prone to skin damage were not receiving the care they needed. Some people living at the home were mostly nursed in bed. The care plan for one person who was mostly nursed in bed recommended they spent up to two hours each day in a chair. We found no reference within their care records of this happening since their admission to the home. Some people had been prescribed creams to help protect their skin. We asked to view the records relating to the application of these creams. However, for one person there were gaps in the records and for another person the records were not available to us on the day of our inspection. Where people had problems with their skin, the associated paperwork had not been completed. For example, we found blank documents in people's care records relating to wound care. These included documents to carry out a wound assessment , a wound management plan to care for the problem and body maps to record the location of any skin damage.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although care records indicated people prone to skin damage were placed at an increased risk due to not receiving the appropriate care, in practice people told us they did receive the care they needed. One person said, "The tissue viability nurse is involved. I am happy with my skin care." Another person told us they had problems with their skin from when they were in hospital. They said, "They [care workers] have been trying to get me back to health, putting cream on ……. Just being generally nice." We observed people were nursed on specialist mattresses which had been checked by the tissue viability nurse." The nurse on duty

was able to describe each person's skin care regime. Other care workers confirmed the appropriate checks were in place for each person. One care worker told us, "The girls are on top of turns every two hours". Checks are done regularly." Another care worker said, "[People nursed in bed] are monitored to check they are okay."

People told us they had been given the opportunity to discuss their care needs when they were admitted to the home. One person told us, "When I first came they asked what would you expect and what would you like." Another person commented, "I think I have got a care plan but I haven't seen it. The plan is to get me back to health again."

People confirmed care workers were responsive to their needs. One person said if they asked care workers to do something they would say, "No problem, is there anything else you need doing. Sometimes there is not (anything I need)." Another person commented, "[Manager] is lovely, she can be really funny and make you laugh. If you ask for pain killers she comes up and sees if she can help. If it is beyond her she sends for the doctor. You are not left."

There were opportunities for people to participate in activities. We observed a game of dominoes between one care worker and two people. The care worker was kind and considerate and patiently encouraged both people to take part. One person told us, "They try with activities but I prefer my own company. At least you are not bored."

The provider planned to meet regularly with people and their relatives. An initial meeting had been scheduled for 9 December 2016 and then every two monthly after that throughout 2017.

People knew how to complain if they were unhappy. One person said, "(I would) just see [manager], they are in charge. I have had nothing to complain about." Both people we spoke with confirmed they had no concerns about their care. One person said, "I cannot complain, I have no concerns." Another person told us, "I have no concerns I would happily stay here forever." There had been no complaints made about the home.

Requires Improvement

Is the service well-led?

Our findings

Care records we viewed were inaccurate or incomplete. For all four people whose care records we viewed we found a significant number of blank documents. For example, for one person there were no admission details recorded, such as next of kin, medical details or information about any cultural, spiritual or lifestyle preferences they had. Some assessments had also not been completed including a nutritional assessment, a spiritual assessment and an activities plan. This meant care workers did not have access to important information about people to help them better understand their needs and provide personalised care.

Other care records we viewed contained gaps in the recording of important information used to monitor people's health and wellbeing. For example, one person had daily charts to monitor their oxygen and blood sugar levels. We found the oxygen levels had only been recorded 10 times out of a possible 25, whilst their blood sugar levels had only been recorded three times out of a possible. Another person's blood pressure chart had only one entry dated 14 October 2016 and nothing recorded after that date. We found similar gaps in other records such as fluid balance charts, topical medicine charts and blood pressure monitoring charts.

The format for fluid balance charts prompted staff to carry out a daily analysis of people's fluid intake and then a further analysis after two weeks when the chart was full. This included documenting the action taken when people had not achieved their daily target. We found on all charts we viewed the fortnightly analysis was always left blank, despite on a significant number of occasions the records showed people had not achieved their daily target. The daily analysis was inconsistent with care workers recording that people had met their target when the records indicated they had not.

Up to the point of this inspection the provider had not been proactive in ensuring the records intended to promote people's health and wellbeing were accurate and fit for purpose. Most care files contained a handwritten list of missing or incomplete documents. However, we found some of these were still missing when we visited.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were mindful the home had only re-opened less than six weeks prior to our inspection. So there had been very little quality assurance carried out. Therefore we were unable to assess how effective the provider's quality assurance systems were in promoting sustained improvement to the quality of people's care.

The home did not have a registered manager. The current manager of the home had submitted an application to register with the CQC as the registered manager. This application was still being considered when we inspected the service. Due to the home only recently re-opening there had been no need for the provider to submit any statutory notifications. People gave us positive feedback about the manager. One person commented, "[Manager] is really nice."

There was a good atmosphere in the home. People described to us how comfortable they were and how they had been made to feel welcome. One person told us, "When I came in everyone was waiting at the door to welcome me." Care workers also confirmed there was a positive atmosphere. One care worker told us, "I love the feel and atmosphere (in the home). It is a happy place."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not followed the requirements of the Mental Capacity Act (2005) where people could not consent to their care and treatment because they lacked capacity. Regulation 11

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care records, including medicines records did not show people received safe care and treatment. Risk assessments and care plans did not adequately assess and manage all of the potential risks to people's safety. Regulation 12(2)(a) and 12(2)(g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems monitor and mitigate the risks to people's health, safety and welfare. The provider did not maintain accurate and complete records in respect of each person using the service. Regulation 17(2)(b) and 17(2)(c).