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Close House Nursing and Residential Care Home

Inspection report

Close House
Hexham
Northumberland
NE46 1ST

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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:

Close House is a residential care home providing accommodation and personal care to 22 older people, some of whom have nursing needs.

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

People felt safe living at Close House with support from very caring staff, who knew them well. People's privacy and dignity were protected, and staff were respectful.

People's care needs were assessed. Any risks to their health, safety and well-being were identified and reduced. Medicines were managed well. People's current needs were met, and the records reflected this. Any accidents or incidents were investigated and reported as required.

Staffing levels were very good. Staff were well supported to provide high quality, person-centred care to people. Staff recruitment remained safe and staff training was up to date. Competency checks were carried out to ensure staff remained suitable for their role.

Activities were arranged, and people were supported to pursue their own interests and hobbies.

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.

Independence was encouraged by staff, and people were involved making decisions about their care. We have made a recommendation about the provider's process of obtaining proper legal consent, and the associated documentation.

The management team achieved high standards through continuous improvements to the service. The quality and safety of the service was monitored through regular checks and audits.

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

Rating at last inspection and update

The last rating for this service was good (published 11 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 Close House 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Close House Nursing and Residential 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. This inspection was planned to check 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 conducted by one inspector and a specialist advisor, who was a qualified nurse.

Service and service type

Close House is a 'care home'. People in care homes receive accommodation and 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

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about Close House since the last inspection. We contacted the local authority and other professionals who work with the service for information. We used this to plan our 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who lived at Close House about their experiences of the care provided. We spoke with staff, including care staff, nursing staff, the kitchen manager, the trainee manager and the registered manager. We also spoke with one visitor to the service.

We reviewed five people's care records in detail and reviewed aspects of others. We looked at the information kept regarding the management of the service. This included four staff files and records related to the quality and safety of the service.

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

- People continued to feel safe living in Close House with support from staff. A visitor told us, "I have been coming here for 3 years, I've never saw anything untoward or unsafe."
- There were good systems in place to reduce the risk of abuse towards people. Safeguarding concerns were investigated and reported to external agencies as necessary by the registered manager.
- Staff fully understood the importance of safeguarding people and how to raise any concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The risks people faced were identified and assessed. Action was taken to reduce the risk of incidents.
- Accidents and incidents were recorded and investigated to take appropriate action.
- Following a recent incident, lessons had been learned and action was taken to minimise risks to people. The registered manager shared learning with staff to ensure they were fully aware of health and safety guidance.

Using medicines safely

- There continued to be good management of medicines. There was a good system in place for staff to ensure the safe ordering, storage, administration, recording and disposal of medicines.
- Medicine administration records were well maintained and up to date.
- Regular medicine audits were carried out by nursing staff to ensure people had received their medicines as prescribed. This was overseen by the clinical lead nurse and management team.

Preventing and controlling infection

- Staff used personal protective equipment such as disposable aprons, gloves and hand gel to reduce the risk of cross infection when delivering personal care.
- Dedicated cleaning staff kept the home clean and comfortable. A visitor told us, "It is always nice, clean and tidy."

Staffing and recruitment

- Staff recruitment remained safe. One person said, "(Registered manager) is very good at picking good people to work here."
- There were more than enough staff employed to provide a safe and consistent service to people.

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 as 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 had been assessed, including their physical, medical and social needs. People continued to experience good outcomes with support from staff. For example, staff had identified a change in a person's behaviour which they referred to a community psychiatric nurse. The nurse changed the person's medicine, which included a decrease in sedatives and an increase in pain relief medicine. This change had a positive impact on the person by reducing their agitation.
- Care plans described people's needs, wishes and choices, which enabled staff to deliver care in the way people had chosen. The support offered to people reflected their current needs.
- Staff supported people in line with aspects of best practice guidance and relevant legislation.

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

- People's nutritional needs were met. The kitchen staff were fully aware of people's dietary requirements and they were well catered for. For example, vegetarian and diabetic options were available.
- Staff followed guidance from external professionals when specialist techniques were required. For example, fork mashable meals and soft textures.
- People enjoyed a positive experience at meal times. The dining area was very homely and pleasant which encouraged socialisation. The kitchen area was safe and very clean.
- There was an abundance of choice from home-cooked meals, snacks and drinks. One person said, "The food is very nice, all home cooked, lots of choice and plenty of it. Fish and chips on Tuesdays are lovely. Another person said, "All the food is my favourite."

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

- Staff continued to have good links with health and social care professionals to improve people's health and well-being and provide a joined-up approach to their care. For example, two people had recently been referred to dieticians which led to a prescription of food supplements to support their nutritional needs.
- People were supported to live healthier lives. Staff supported people to grow their own vegetables, which were used in their meals. Where ability allowed, some people were encouraged to access the extensive garden areas for exercise. One person told us they enjoyed using a static pedal exerciser to keep active.

Staff support: induction, training, skills and experience

- Staff were trained, which supported them to deliver effective care. They had the key skills and knowledge to deliver high-quality care.
- A nationally recognised induction for care staff was embedded into the staff probationary period. This

covered the fundamental standards needed for staff working in health and social care. New staff also undertook shadowing shifts. This provided the registered manager with assurances that staff were suitable and competent.

- Ongoing staff support through daily checks and formal supervision sessions was provided by the management team. This enabled them to identify and address any staff development areas. Annual appraisals continued to be carried out.

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

- People's rooms were personalised and filled with their own belongings. They were adapted to meet people's individual needs and decorated to their own choice. The registered manager told us, one person's family were supported by staff to decorate their room exactly like their bedroom at home, to help the person settle in and feel comfortable.
- Communal areas of the home were also adapted and designed to meet people's needs. The provider continued to invest in making improvements to the existing building and garden areas.

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.

- The registered manager understood the DoLS procedures. There were seven people with applications in progress to legally authorise restrictions on their liberty, for their own safety.
- Staff were trained in the MCA and applied the principles of the Act, when supporting people.
- Some relatives held a lasting power of attorney to make decisions about care and welfare on a person's behalf. The registered manager ensured they were involved in decision making.
- Staff were aware of people's ability to make decisions for themselves. However the registered manager had not ensured a mental capacity assessment of people's needs, including their ability to consent to receive support, was carried out. We found there was no impact on people due to this shortfall and the registered manager addressed this immediately during the inspection.
- Specific decisions were made in people's best interests, such as the use of bedrails to prevent a fall from bed. Staff ensured the equipment was used only for people's safety and only as a last resort. However, best interest decisions had not been made in accordance with legislation, using appropriate documentation to formally record decisions made by staff, families and external professionals in a person's best interests. We found there was no impact on people due to this shortfall and the registered manager addressed this immediately during the inspection.

We recommend the provider ensures a full review of people's mental capacity is undertaken, and full consent is legally obtained and formally recorded.

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

- Staff treated people with great care, compassion, kindness and patience. Everyone we spoke with gave good feedback about the staff and their experience of the service. One person said, "This is my home, staff always have time to talk." A local authority commissioner said, "I find the home provides a good level of care which I have witnessed on my visits."
- Staff had developed excellent communication skills to help them understand people's wishes and choices. They displayed a very positive approach to supporting people in a way which met their individual needs. For example, staff used a small whiteboard to communicate in simple sentences with one person.
- An equality and diversity policy was in place and staff were trained to ensure people were treated with respect regardless of their age, gender, disability or beliefs. People's diverse needs were described in their care plans. Staff ensured people were not discriminated against in any way and promoted their rights.
- The home was held in high regard within the local community for caring for local people. The service had recently received a small business award voted for by the local community for providing a service which was described as "going above and beyond" and, having "hard-working owners who serve their customers well." The local MP had awarded this to the home commenting on how valued the home was within the community.

Respecting and promoting people's privacy, dignity and independence

- People were treated with the utmost respect and their dignity was maintained. People received a consistent service from staff who knew them well.
- People's privacy and confidentiality rights were respected. Staff recognised when people were in discomfort or distress and they acted discreetly to provide any necessary support.
- Staff encouraged people to maintain or regain their independence.

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

- Staff recognised when people needed help from others, such as obtaining advice and independent support. They listened to people's views to ensure they were involved in making decisions about their care.
- Staff had time to engage with people and provide important emotional support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 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

- People's care records contained personalised information about them, to enable staff to deliver the service in a way people preferred.
- People and their representatives were involved in developing care plans.
- Regular care plan reviews took place to ensure staff were meeting people's needs. Any changes were quickly put into practice and communicated to staff to ensure continuity.

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.

- People's communication needs were assessed, and appropriate care plans were in place with specific details on how people were able to communicate.
- Information was displayed throughout the home in various formats, such as easy read and graphics.

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

- Staff encouraged people to make friends with others who shared their home and to maintain relationships with their families. Visitors were made to feel very welcome at any time. People could have private use of parts of the home to host meals, parties and other family gatherings if they wished.
- A variety of engaging activities were organised for people. These activities reflected people's individual needs, wishes and preferences with regards to hobbies and interests, to enhance their lives. This included, bird watching, gardening and growing vegetables.
- People were given choices about how they spent their time and some people (ability allowing), regularly went on outings.
- There were positive links with the local community including, schools and churches. The home had an arrangement with the local library to access talking books. A machine was on hire from the library which read out books and newspapers. The registered manager said, "We send it around the home; people like to listen to stories from the Hexham Courant (local newspaper)."

Improving care quality in response to complaints or concerns

- There had been very few complaints made about the service. Complaints were investigated by the registered manager and responded to, with an explanation and an outcome.

- Information about how to raise a complaint or concern was widely publicised. The registered manager had recently implemented a suggestions/comments box to allow people or visitors to anonymously share any issues or ideas they may have.
- Learning from complaints or issues was shared with staff to improve their practices and the service people received.

End of life care and support

- There was currently no-one receiving end of life care. However, staff were experienced, well trained and supported to deliver this, when people needed it.
- Some people had chosen to share their end of life wishes which included religious and cultural preferences. This had helped staff to care for people when they were no longer able to express those wishes or in an emergency.
- Advanced care planning, emergency care and resuscitation preferences were recorded, where people had chosen to share these.

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

- The registered manager, who co-owned the home was dedicated to delivering person-centred care. It was a family run business with staff who displayed strong family values, such as compassion, honesty, generosity, humour and leadership. One person said, "Lovely staff. They know me, sometimes better than my family." A staff member said, "It is the best, so I got my mam in here."
- Staff felt empowered to deliver a high-quality service which achieved good outcomes for people, such as improving health and well-being and reducing loneliness.
- Everyone we spoke with said this service was well-led. People, a visitor and staff told us they would recommend this service to others.

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

- A good quality assurance process was applied to monitor the service. Audits were undertaken to check the quality and safety. The management team addressed any issues raised immediately. A local authority commissioner said, "If I have raised anything with the owner, they have been quite responsive."
- There were policies and procedures in place which included best practice guidance. The registered manager and staff had a clear understanding of their roles and responsibilities.
- Record keeping was good throughout the service, although we did highlight some areas to improve, to make records more comprehensive and clearer.

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

- The registered manager understood their obligations under the duty of candour. There had been a recent incident which required them to act on this duty. We saw this was being managed properly.
- The registered manager demonstrated an open and honest attitude when dealing with any issues raised and had developed a good relationship with people, relatives and staff. There was confidence in the registered manager to act in a responsible manner if something did go wrong.
- The registered manager told us lessons has been learned following the recent incident and changes had been made to improve care.
- During this inspection, the management team demonstrated continuous learning, to improve and strengthen aspects of the service such as record keeping.

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

- The management team were a visible presence in the home and regularly engaged with people and their visitors to keep them involved in how the service was operated. This included 'residents and relatives' meetings.
- The management team also gathered feedback to help improve the service through surveys and a suggestions box.
- Staff meetings took place to share information and best practice ideas. This gave staff an opportunity to be involved in how the service was run. Staff said the management team were approachable and listened to their suggestions.

Working in partnership with others

- Positive relationships had been maintained with external professionals and other local services to help meet people's needs and achieve positive outcomes.