

Care UK Community Partnerships Ltd

Ponteland Manor Care Home

Inspection report

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11 December 2019

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16 January 2020

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Ponteland Manor Care Home provides nursing care and accommodation for up to 52 people. At the time of the inspection, 50 people were living at the home, some of whom had a dementia related condition.

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

People were complimentary about living at the home. One person told us, "I love being here as I really like having the company all of the time and I have made some new friends."

The home had previously relied a lot on agency staff. More staff had recently been recruited. When agency staff were still required, the same agency staff were requested for consistency. An agency nurse told us, "I only go to the homes I like and this is one of them."

Systems were in place to safeguard people from abuse. People told us they felt safe. Safe recruitment practices were followed. Staff were suitably trained and supported to enable them to meet people's needs.

People were supported to eat and drink enough to maintain their health and wellbeing. Staff assisted people to access healthcare services and receive ongoing healthcare support.

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 were treated with kindness. People and relatives spoke positively about the caring nature of staff. One person told us, "Honestly, they are all just wonderful."

People received personalised care which reflected their needs and preferences. Their social needs were met. One person told us, "I love the activities they are great, I join in with everything."

The home had been through a period of change. A new manager was in post and the home had become more settled. People told us they were happy and spoke positively about living there. One person said, "I really like the atmosphere here, it's a happy place."

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 14 June 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?

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.

Ponteland Manor 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.

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

Ponteland Manor Care Home 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 15 people, six relatives, the regional manager, the deputy manager, an agency nurse, a senior care worker, three care workers, a member of the domestic team and the activities coordinator. The registered manager was not present on the day of the inspection. We spoke with her the day after the inspection.

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

After the inspection

We continued to seek clarification from the registered manager to validate the evidence we found. The registered manager sent us further information relating to the management of the home for us 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.
- Checks and tests were carried out to ensure the premises and equipment were safe. In the most recent relatives' survey, 91% of respondents were satisfied with the home's general upkeep and décor.

Staffing and recruitment

- There were enough staff deployed to meet people's needs.
- The home had previously relied a lot on agency staff. More staff had recently been recruited. When agency staff were still required, the same agency staff were requested for consistency.
- Safe recruitment procedures were followed.

Using medicines safely

- A safe system was in place to manage medicines. An electronic medicines management system was used.
- People were encouraged to be as independent as possible with their medicines. One person had chosen to manage their indigestion medication as they were aware of when it was needed.

Preventing and controlling infection

- Systems were in place to prevent infection.
- The home was clean and there were no offensive odours.

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 following best practice guidelines. 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 supported and trained.
- Staff told us and records confirmed that there was sufficient training to enable them to meet people's needs. Induction training was provided to ensure new staff were competent to carry out their role safely and effectively. One new member of staff said, "I am shadowing staff as part of my induction which gives me the chance to ask any questions I have, which is good."
- 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 ensure their health and wellbeing.

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.
- An oral health care programme was being introduced. One member of staff told us, "Care plans are in place about what support people need with cleaning their teeth or dentures. Toothbrushes and paste are always available. The dentist visits the home, or some residents go out to their own dentist."

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

- The design and décor of the home met people's needs. There was adequate space for people who used wheelchairs or walking frames to mobilise safely.

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 followed the legal requirements of the MCA.
- 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.

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 care provided. One relative told us, "The staff are really kind and caring, also smiling and have a really nice way with my family member and have a laugh and a joke which is brilliant."
- At the most recent survey, 96% of people agreed with the statement, "The staff provide the care I need." The registered manager told us, "The most important value is that we care. The feedback, from residents' surveys, reviews and compliments, reflect our achievements in terms of caring."
- Staff spoke enthusiastically about making people happy. A member of the domestic team told us, "We are not only cleaners, we are seeing to the residents and making them happy. Most of the residents are in their rooms and we go in and we sing and we dance."
- A 'wishing tree' initiative was in place, where staff helped make people's wishes come true. One person had lost their PhD thesis which they had written in 1960. Staff liaised with the local university who managed to locate the last remaining copy. Staff organised a visit to the university where the person was presented with a leather bound copy of their thesis.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence. One member of staff told us, "The ethos of the service is around promoting residents' independence and choices."
- People's care plans described what a person could do independently and what they needed support with.
- People were provided with equipment which promoted their independence.

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

- People were involved in their care.
- A 'resident of the day' system was in place. The person, their relatives, where appropriate and members from all departments within the home were involved in reviewing the care and support provided. This system helped ensure that all aspects of the person's care and support were met and their care documentation was up to date.

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

- People received personalised care which reflected their needs and preferences. People told us they could choose how they spent their day. One person said, "You can get up and go to bed when you like. Some nights I go to bed at 1am."
- Care plans guided staff on how to deliver person-centred care. People had a life story book which included photos and stories of their life. These books could then be used to engage with the person and stimulate memories.

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.

- The home was meeting the AIS. People's communication needs were recorded in their care plans. Information was available in a variety of formats.

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. They were supported to maintain their hobbies and interests. Two lifestyle coordinators were employed and an activities programme was in place.
- Staff recognised the positive effect which animals and children had on people's wellbeing. Children from the local nursery came to the home. Pets as therapy dogs and other animals, such as miniature ponies visited. The home also had two resident budgies, Sweet Pea and Prince.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Complaints and actions taken to resolve the issues raised were documented.

End of life care and support

- End of life care was provided. 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 requires improvement. At this inspection, this key question has now improved to 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; 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Managers and staff were clear about their roles and responsibilities.
- The home had been through a period of change. A new manager was in post and the home had become more settled. The registered manager told us, "I am so proud of what we have achieved this year. It's an honour and privilege to look after our residents whom have such interesting and varied history between them. I am proud the home has become a real home with a happy and welcoming atmosphere. I'm so proud of all my team whom all work so hard every day to make our residents comfortable, cared for and loved."
- People told us they were happy and spoke positively about living there. One person said, "I really like the atmosphere here, it's a happy place."
- A 'Going the extra mile' award scheme was in place. This scheme recognised staff who went the extra mile in terms of their work and commitment.
- The registered manager understood their responsibilities in relation to the duty of candour. She stated, "We are always open and transparent, as we acknowledge we can get it wrong sometimes but it's how we put it right that matters."
- A range of audits and checks were carried out to monitor the quality and safety of the service. Action was taken if any shortfalls were identified.
- The registered manager had submitted the required statutory notifications to CQC.

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. The home had a 'Colleagues Voice' representative. Staff were able to raise any issues with their representative who passed their feedback to the regional director for a response.

Working in partnership with others

- The service worked with health and social care professionals to make sure people received joined up care.