

Ringdane Limited

# South Quay Care Home

## Inspection report

Cowpen Road  
Blyth  
Northumberland  
NE24 5TT

Tel: 01670351831  
Website: [www.fshc.co.uk](http://www.fshc.co.uk)

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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

### About the service

South Quay is a care home which provides accommodation and care for up to 58 people across two separate wings. One wing provided nursing and personal care for older people. The other wing provided nursing and personal care for those with a neurological condition. During our inspection there were 12 people on the neurological unit and 39 people on the older person's unit.

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

Staff deployment and organisation differed between shifts on the older people's wing. Some people told us that more staff would be appreciated. We have made a recommendation about staff deployment.

Medicines were generally managed safely. We identified shortfalls with certain aspects of medicines management including the recording of topical medicines. The registered manager told us that this would be addressed.

People told us they felt safe. There were no ongoing safeguarding allegations. Safe recruitment procedures were followed.

Staff supervision and appraisals had not been carried out as planned. The registered manager had a plan in place to address this issue. Staff however, told us that they felt supported and the registered manager's door was always open to discuss any concerns. There were gaps in certain training. Ongoing training was being carried out.

We received mixed comments from people and staff about the quality of meals. The registered manager was aware of this issue and had already held meetings with kitchen staff to address this matter.

Records did not always demonstrate people were supported with their nutritional and hydration needs.

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 positive about the caring nature of staff. We observed positive interactions between staff and people.

Care plans did not always reflect people's needs and staff did not fully record the care they had given, such as support with personal care. This meant it was difficult to check whether care and support had been provided as planned. People's social needs were not always met.

There was a complaints procedure in place. Formal complaints were recorded and responded to. However,

it was not clear how informal concerns and complaints were managed and monitored.

During the inspection we identified shortfalls with various aspects of the home, especially relating to the maintenance of records. There was a new registered manager in post. She was supported by two 'unit managers.' Both unit managers had a small number of supernumerary hours each week to carry out management duties. It was not clear whether there were sufficient management hours/oversight to ensure improvements were made in these areas.

The registered manager was open and honest about the improvements which were needed. She said that changes were being introduced gradually. This was to ensure that improvements were more likely to be maintained in the long term.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 16 July 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found certain improvements had been made; however, further action was required, and the provider was still in breach of regulations.

This is the second consecutive time this home has been rated requires improvement.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We identified breaches in relation to person-centred care and good governance. Please see the action we have told the provider to take at the end of this report. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents and issued a fixed penalty notice which the provider has paid. Full information about CQC's regulatory response found during the inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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.

#### Inspection team

The inspection was carried out by two inspectors, an assistant inspector 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

South Quay 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

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we looked at information received from the service, including incidents or any allegations made. We contacted the local authority commissioning and safeguarding teams, the local fire authority, the infection control lead for care homes in the area, dietitian teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Any comments received supported the planning and judgements of this inspection.

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 14 people who used the service and 10 relatives about their experience of the care provided. We also spoke with a community matron for nursing homes and a local fire officer. We spoke with members of staff including, the registered manager, regional manager, resident experience support manager, two unit managers, a trainee care home assistant practitioner, a senior care worker, four care staff, two members of housekeeping staff two activities coordinators and the chef. 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 reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment. 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 looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staff deployment and organisation differed between shifts on the older people's wing. Some people told us more staff would be appreciated. We observed some people were still waiting for assistance to get up at 11:30am on the first day of our inspection. The registered manager was aware of this issue and the unit manager was working across both shifts to help ensure consistency in care delivery and practice.

We recommend that the provider reviews staffing levels to ensure and demonstrate that sufficient staff are deployed to proactively meet the needs of people.

- Following our inspection, the registered manager told us they had introduced a staff allocation board in the older people's wing and the nurse and senior care worker now worked on different floors to organise care delivery.
- Safe recruitment procedures continued to be followed.

### Assessing risk, safety monitoring and management; Using medicines safely

At our previous inspection, there had been a delay in carrying out remedial work to ensure internal fire doors were fit for purpose and bathrooms were refurbished. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, action had been taken to improve and the provider was no longer in breach of this regulation, although further improvements were required regarding the assessment of risk and management of medicines.

- Risks had not always been fully assessed and monitored. We identified shortfalls with the assessment of certain risks. We discussed these with the registered manager who started to address these immediately.
- There was currently one fire warden at the home. The most recent fire risk assessment which had been completed in May 2019 stated that more were required. Fire warden training had been booked for October 2019. Regular simulated fire drills were carried out.
- Checks were carried out to ensure the building and equipment were safe.
- Medicines were generally managed safely. We identified shortfalls with certain aspects of medicines management including the administration of topical medicines which the registered manager confirmed had been addressed immediately.

### Preventing and controlling infection

- Safe infection control procedures were followed.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. People told us they felt safe and this view was confirmed by relatives. One relative said, "I don't worry about [person] when she is here, I know she is in good hands."
- Staff were knowledgeable about what action they would take if abuse were suspected. They raised no concerns about staff practices and told us that action would be taken if safeguarding concerns were raised.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. The registered manager told us that any lessons learned were discussed during 'flash meetings,' supervision sessions and staff meetings, to reduce the risk of any reoccurrence.



# 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were not always accurately assessed. There were gaps in care assessments. A recognised pain scale was not used for one person to monitor their pain.

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

- Records did not always demonstrate that people were supported with their nutritional and hydration needs. There were gaps in diet and fluid charts.
- Malnutrition risk assessments were not always completed accurately.
- We received mixed comments from people and staff about the quality of meals. The registered manager was aware of this issue and had already held meetings with kitchen staff to address this issue.

The failure to maintain accurate records relating to people's care and support was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager told us that one to one sessions for staff were being organised with the 'residents' experience team' to discuss the importance of documentation.

Staff support: induction, training, skills and experience

- Staff supervision and appraisals had not been carried out as planned. The registered manager had a plan in place to address this issue. Staff however, told us that they felt supported and the registered manager's door was always open to discuss any concerns.
- There were gaps in certain training. Ongoing training was being carried out.

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

At our last inspection, some people who had previously benefitted from physiotherapy sessions had not received these on an ongoing basis. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made.

- People were supported to access healthcare services which met their needs.

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

- Although the design of the building met people's needs, the décor in the older person's wing was tired and worn in places. One person told us, "I think they do need to spend more money on the place, it needs updating."
- The neurological unit had been recently redecorated.
- The garden was accessible and well maintained.
- Following our inspection, the registered manager told us that new flooring had been laid in the older people's wing.

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.

- Mental capacity assessments had been carried out where there were restrictions on people's movement. It was not always clear however, who had been involved during these assessments and best interests decisions. Following our inspection, the registered manager told us that this had been addressed.

# 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 positive about the caring nature of staff. One relative told us, "The staff are very kind and caring."
- We observed positive interactions between staff and people, which included laughter and dancing.
- Friends and relatives were welcome at the home. Relatives and friends could have their meals with their family member if they wished. We heard how staff had organised a special wedding anniversary meal with candles and flowers for one person.

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

- People's care plans documented that they had been written in conjunction with people, and where appropriate, their families. Further work was being carried out to ensure records documented how people were involved in all aspects of their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their privacy and dignity. One person said, "They knock on my door and ask if they can enter."
- Net curtains had been put up in certain rooms which overlooked the local park. This promoted privacy and also ensured there was sufficient light in rooms.
- Staff promoted people's independence. One relative said, "My relative likes to be very independent, there is help there for him if needed."

# 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 as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care plans did not always reflect people's needs. Including what bed settings should be used, although no impact on people was found.
- Staff did not fully record the care they had given such as support with personal care. This meant it was difficult to check whether care and support had been provided as planned.
- People's social needs were not always met. There were differences in activities provision across the service. There was sometimes a lack of activities, particularly for those people who were cared for in their rooms. The registered manager told us, "It's [activities] not where it needs to be."
- Two activities coordinators were employed. They did not work at the weekend unless there were planned events.

### End of life care and support

- Records for one person who was receiving end of life care did not document information about their needs and preferences at this important time. In addition, records did not accurately record the care which had been provided. We spoke with the management team about these omissions. There was an improvement in this person's records by our second visit, however, further action was required.

These shortfalls relating to care planning and meeting people's social needs were a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager told us that an activities coordinators meeting had been held to discuss activities and the provision of activities at the weekend. One to one sessions with staff were being organised by the 'resident experience team' to discuss the importance of care documentation. She also explained discussing end of life care would be part of the admission procedure.

### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Formal complaints were recorded and responded to. However, it was not clear how informal concerns and complaints were managed and monitored. Following our inspection, the registered manager told us that informal concerns and complaints were now being recorded on the electronic system. A form had been added to people's care files to document any informal concerns and complaints and the action taken to address these.

### 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 documented people's communication needs. The registered manager explained that no one currently living at the home required information in a different format; she explained they would contact head office if this was required.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- During our inspection, we identified shortfalls with the maintenance of records relating to people, staff and the management of the home. Supervision and appraisals had not been carried out as planned and improvements were required with the deployment and organisation of staff and activities provision.
- There was a new registered manager in post. She was supported by two unit managers. Both unit managers had 5½ hours of supernumerary time each week. It was not clear there was sufficient management oversight to ensure improvements were made in the above areas.

The failure to ensure an effective quality assurance system was in place was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was open and honest about the improvements which were needed. She told us, "I'm under no illusion it is a work in progress." She said changes were being introduced gradually. This was to ensure improvements were more likely to be maintained in the long term.
- The provider had not informed CQC of all notifiable events. This omission meant that CQC did not have oversight of all important events at the home to make sure appropriate action had been taken.

The failure to inform CQC of notifiable events is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents. This is being followed up outside of the inspection process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were positive and told us they enjoyed working at the home. One staff member said, "We have a good team and all work together."
- Some staff had worked at the home for a number of years. One staff member told us, "I love working here, I have worked here for thirty years."
- Staff told us the registered manager was approachable and her door was always open. One staff member said, "I am comfortable reporting concerns."

- Meetings and surveys for people and staff were carried out.

#### Continuous learning and improving care

- The registered manager told us that any lessons learned were discussed during 'flash meetings,' supervision sessions and staff meetings to reduce the risk of any reoccurrence.

#### Working in partnership with others

- The service worked with other organisations and stakeholders such as the local authority and health and social care professionals.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Care and treatment was not always person centred to meet people's individual needs or preferences.  Regulation 9 (1) (a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not established or operated a fully robust monitoring system. Particularly in relation to keeping accurate care and support records, risk monitoring, staffing records, staff allocation and processing of notifications.  Regulation 17 (1)(2) (a)(b)(c)



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	Incidents were not reported as required.  Regulation 18 (1)(2)

### **The enforcement action we took:**

We issued a fixed penalty notice.