Care Quality Commission

Blackstone Care Limited

North Road Care Homes

Inspection report

192-194 Hollywood Avenue
Gosforth
NE3 5BU
Tel: 0191 213 1221

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection which took place over two days on 8 and 9 July 2015. This was the service's first inspection since a change of registration in July 2013.

North Road Care Homes is a care home providing accommodation and personal care, including nursing care, to 54 older people, including people with a dementia diagnosis. There were 43 people living at the service at the time of the inspection.

There was a registered manager who had been in post two years. 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.

People told us they felt safe living at the service and that staff knew how to act to keep them safe from harm. The building and some of the fixtures and fittings were in need of repair or updating, and some communal areas had hazards that needed removing to prevent risks to the people living there.

There were enough staff to meet people's often complex needs and the staff were trained, supervised and supported to meet their needs.

Summary of findings

Medicines were managed well by the staff and people received the help they needed to take them safely. Where people's needs changed the staff sought medical advice and encouraged people to maintain their well-being.

People were supported by staff who knew their needs well and how best to support them. They were aware of individual's choices and how to support those people who no longer had the capacity to make decisions for themselves. Families felt the service was effective and offered them re-assurance that their relatives were being cared for.

People were supported to maintain a suitable food and fluid intake. Staff responded flexibly to ensure that people maintained their physical wellbeing and worked with people individually. Where decisions had to be made about people's care, families and external professionals were involved and consulted as part of the process.

Staff were caring and valued the people they worked with. Staff showed kindness and empathy in dealing with people's needs and families felt their relatives were cared for by a staff team who valued them and would keep them safe.

People's privacy and dignity were carefully considered by the staff team, who ensured that their choices and previous wishes were respected.

People who were receiving end of life care had their needs appropriately assessed. Professional advice was sought where needed to promote advance care planning if required.

The service responded to people's needs as they changed over time, sometimes responding to emergencies. The service supported people to access appropriate support so the staff could keep them safe and well.

The registered manager led by example, supporting staff to consider the best ways to meet people's needs. The registered manager regularly consulted families and looked for ways to improve the service through audits and regular reviews of care delivery.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 mostly safe. Staff knew how to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service, and these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

The environment was in need of updating and some areas of the home presented potential hazards to people

Staffing was organised to ensure people received adequate support to meet their needs throughout the day and night. Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines safely.

Is the service effective?

Good

The service was effective. Staff received support from senior staff to ensure they carried out their roles effectively. Formal supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs. Staff attended the provider's training, as well as accessing external resources as required.

People could make choices about their food and drinks and alternatives were offered if requested. People were given support to eat and drink where this was needed.

Arrangements were in place to request health and social care services to help keep people well. External professionals' advice was sought when needed and incorporated into care plans.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where they did not have capacity. Where people were deprived of their liberty this was in their best interests and was reflected in their care plans.

Is the service caring?

Good

The service was caring. Staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Summary of findings

The staff knew the care and support needs of people well and took an interest in people and their families to provide individualised care.

Is the service responsive?

Good

The service was responsive. People had their needs assessed and staff knew how to support people according to their preferences. Care records showed that changes were made in response to requests from people using the service and external professionals.

People could raise any concern and felt confident these would be addressed promptly.

Is the service well-led?

Good

The service was well led. The home had a registered manager. There were systems in place to make sure the service learnt from events such as accidents and incidents, complaints and investigations. This helped to reduce the risks to people who used the service and helped the service to continually improve.

The provider had notified us of any incidents that occurred as required.

People were able to comment on the service provided to influence service delivery, although the methods used could be improved upon.

People, relatives and staff spoken with all felt the manager was knowledgeable, caring and responsive.

North Road Care Homes

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 8 and 9 July 2015 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care 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.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from the local authority safeguarding adult's team and commissioners of care was also reviewed.

During the visit we spoke with 15 staff including the registered manager, five people who used the service and eight relatives or visitors. Observations were carried out over a mealtime and during a social activity, and a medicines round was observed. 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 also spoke with two external professionals who regularly visited the service.

Four care records were reviewed as were eight medicines records and the staff training matrix. Other records reviewed included safeguarding adult's records and deprivation of liberty safeguards applications. We also reviewed complaints records, three staff recruitment/ induction and training files and staff meeting minutes. Other records reviewed also included people's weight monitoring, internal audits and the maintenance records for the home.

The internal and external communal areas were viewed as were the kitchen and dining areas on each unit, offices, storage and laundry areas and, when invited, some people's bedrooms.

Requires improvement

Is the service safe?

Our findings

People told us, and their relatives confirmed they felt safe living at North Road Care Homes. One person told us, “Very good here, no problems, I feel very safe”, another told us, “The staff are good, they come if you call.” Relatives and visitors told us they felt their friends and family members were cared for in a safe environment. One relative told us, “It's such a weight off my mind, I don't worry anymore I know X is as safe as houses.” Another relative told us, “I can't tell you how pleased we are, we brought X here last year from another care home. The last home was like a five star hotel but the care was awful, this place is sort of nothing to look at, scruffy really but oh so much better. First time in years we have been able to go away and not worry about X.” During the inspection all the people we spoke with told us that they felt safe and staff responded to their needs.

Staff told us what they did to make sure people remained safe, for instance, by ensuring that people who needed supervision at all times were supported by a staff member. They told us they had attended safeguarding adults training and could tell us what potential signs of abuse might be in people with a dementia or impaired capacity. Staff we spoke with all felt able to raise any concerns or queries about people’s safety and well-being, and felt the registered manager or the deputy would act on their concerns.

We saw that in people’s files there were risk assessments and care plans designed to keep people safe and reduce the risk of harm where this was identified. We saw that risks of falls were being managed and referrals to external professionals were made if required. For example, one person was identified as being at risk around mobilising at night time. Extra observations had been put in place to ensure they were supported if they woke during the night and needed support with personal care. Another person was at risk of skin breakdown so a referral had been made to a tissue viability nurse who advised special stockings which staff assisted the person with.

The registered manager and maintenance lead undertook regular checks within the service to ensure the environment was safe. A maintenance log was kept and we observed that work was taking place to improve the medicines room. We saw records that confirmed equipment checks were undertaken regularly and that safety equipment within the home, such as fire extinguishers, were also checked regularly. However, we found in the internal courtyard area, there were old broken windows in an area that people could access. We found other hazards such as tins of varnish and unsecured ladders in the courtyard garden, which were also potential hazards to people. We reported this to the registered manager who agreed to take immediate action.

In some parts of the building carpets were frayed and worn and could pose a trip hazard. In other areas the carpets were worn through to their backing materials. We found bedrooms that were not in use were not secure and anyone could access them at any time. In some of these unoccupied rooms radiator guards were broken and were not fit for purpose. All windows had restrictors in place, but in one unoccupied room the wooden window frame itself was very rotten and if pressure had been applied there was a risk this may disconnect from the main frame. Other windows appeared to be old and had gaps even when shut allowing cold air into the room. We also found some of the furniture in bedrooms and communal areas was old and shabby in appearance and in need of renewal. Some of the communal areas of the building were in need of re-decoration, with the paintwork looking faded. Some bathrooms and toilets were in need of re-decoration and lighting was not always sufficient. Outside we saw that rain gutters were blocked or broken and that rainwater was flowing down the walls of the building in places.

We found a toilet seat that was marked and would be very difficult to clean to the required standard. Some tiles in the bathrooms and sluice rooms were missing or cracked and were in need of repair. In the laundry we found more need for repair and decoration to ensure the area was easy to clean and prevent the spread of infection. The laundry window frames were very rotten. One bedroom on the ground floor smelled very strongly of urine. When we asked cleaning staff about this they told us they did clean the room regularly, but said the carpet needed replacing with a more suitable floor covering. We found that some bins in communal areas and toilets could only be opened by lifting the lid, creating a risk of cross infection. Others were of the style where the bin did not need to be touched to open it. We brought these matters to the attention of the registered manager who advised they would raise them with the provider.

Requires improvement

Is the service safe?

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

The registered manager explained to us how they calculated the staffing numbers across the service to ensure there was adequate staffing. This was based on numbers of people and their levels of dependency. Staff told us they felt there was enough staff and we observed that staff were able to respond to call bells quickly and had time to spend with people.

Staff recruitment files showed the provider followed a consistent process of application, interview, references and police checks when appointing staff. Staff we spoke with told us they had been subject to interview and application checks.

We observed a medicines round, spoke with nursing staff who managed medicines and looked at records and the storage areas. Staff were consistent in their understanding of how to order, store and assist people to take their medicines. We observed staff supporting people with their medicines in a discrete, respectful manner, as well as involving the person in the decisions about when to have 'as and when required' medicines. We saw that staff would give people time specific medicines outside of the normal medication round, for example if this was required before rising from bed. We observed that staff knew when some people liked to take their medicines as well and took this into account during the medicines round. For example, some people liked their medicines with food and others after they had eaten with a drink. We saw one staff member patiently return to offer a person their medicines until they gained their consent. Staff were able to explain the process they followed if someone repeatedly refused essential medicines by ensuring they sought professional advice and support.

The supplying pharmacy undertook an annual review of medicines arrangements within the home. Medicines storage rooms were clean and temperature checks of the room and fridge were carried out and recorded. Controlled drugs were stored safely and recorded correctly.

We spoke with cleaning staff and they told us there were schedules in place to make sure all areas of the home were kept clean. Staff wore aprons and plastic gloves when they were cleaning. Some areas of the home were in need of re-decoration and staff told us these areas were harder to clean as a result.

Good

Is the service effective?

Our findings

People told us, and their relatives confirmed the service was effective at meeting their needs. One relative told us, "My relative's weight had been a problem for years, it went up and down. But their weight is up again now since coming to this home and they keep an eye on it. The food is good, I am in a lot and I bring treats in, but X enjoys the food here."

Records of staff induction training showed that all staff went through a common induction process to prepare them for their roles. New staff shadowed senior staff to become familiar with people and their needs and the routines within the home. We saw all staff had attended mandatory training such as fire safety. The registered manager kept a training matrix for all staff that showed when refresher training was needed. Staff told us the key to knowing the people who lived there was spending time with them and talking to their families about how best to support them.

All staff were regularly supervised by senior staff. Records showed that supervisions included discussion about the changing needs of people as well as the performance and training needs of staff. Staff had an annual appraisal and were given feedback on their performance, as well as advice about external training that they could access if required. Nurse registration was checked regularly and the nurses we spoke with told us they shared training and experiences with one another.

Each person's care records had a consent form and this was signed by the person or, if they were not able, by their relative or representative. We observed staff always asked people about their wishes before delivering any care to them. For example, they asked people if they wanted to go to their room or go to the lounge after a meal.

During mealtimes staff were able to tell us the food each person preferred and how they supported them to eat well. We saw people made choices about their food and staff responded promptly to a request for an alternative meal and where people needed prompting to complete the meal. The food was well presented and hot and cold drinks were available. People told us they enjoyed their meals and we observed a relaxed mealtime experience. We saw in one dining area a fridge with extra desserts and puddings that people were offered if they had not eaten much of their main meal. Fresh fruit was also available.

We saw from people's records there was information recorded about nutritional needs and that nutritional assessments were reviewed regularly. This review helped staff identify people who were at risk of losing or gaining too much weight. Weights were monitored monthly or more frequently when an issue had been identified. We saw entries in the care records which showed staff sought advice or assistance from health care professionals such as the GP, dentist and dietician where concerns were identified. People's care plans showed the specific dietary needs they had, for example, if they were having regular dietary supplements or needed regular prompting to eat their meals.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the MCA and are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. We saw from records that the registered manager had referred people for assessments for DoLS as necessary. This meant they were being protected against the risk of unlawful restriction of their liberty. Family members we spoke with about DoLS had been involved in the process and were aware of the process to appeal decisions.

There was evidence of good collaboration between the service and the local GP's and community health professionals. Records showed this input was used to consult and advise about people's changing health needs and care plans were regularly changed following this advice. From records we saw that psychiatric advice was sought for people as their needs changed and advice about how to manage people's changing behaviour was incorporated into care plans. Staff told us how they used this advice to adapt their approach to working with some people.

Good

Is the service caring?

Our findings

We observed that people looked happy, had positive interactions with staff, and smiled at one another. Relatives told us they felt the service and staffing were caring in their approach. One relative told us, "I just live round the corner, I work so I just pop in and out at odd times. Staff always talk to me and tell me what is going on." Another relative told us, "The care here is so much better than their previous home, they left them sitting in their bedroom all day. Here X is always up and dressed and down in the sitting room where they can see what's going on." We observed appropriate kind responses from staff towards people such as hugging or touching them. One relative told us, "The care here is superior. I came to look when X was in hospital and the registered manager showed me round. Couldn't have been more helpful. I have no worries about X being here, they are so good to X. I am consulted about everything." We found that some people had been at other care homes prior to coming to North Road; relatives told us they were happier with the caring nature of the staff here. One person told us, "I always get asked about things first."

When we spoke with staff they talked about people with kindness and terms of affection in the conversation. Staff told us they liked to care for people as if they were relatives or how they would like to be cared for themselves. A work experience student who was on placement at the home commented, "They (staff) are so nice here, so kind. I didn't know what to expect but it is so nice."

We saw staff had good relationships with people and they went about their work showing care and concern for people. For example, care workers took time to reassure and assist a person who was not sure what they wanted to do and was walking without purpose around the corridors. We observed another person taking a walking frame (Zimmer) that was not theirs and being stopped by a cleaner who deftly put it in another room, before telling the care staff where it now was. They told us, "X is always off with someone's Zimmer", before taking the person to look at something else and then continuing on with their work.

During the inspection we observed that staff acted in a professional and friendly manner, treating people with dignity and respect. They gave us examples of how they delivered care to achieve this aim. For example, making sure people were asked about what they wanted to wear, ensuring doors were closed when helping with personal care, keeping people covered when assisting them with personal care and respecting people's rights and choices. Staff told us they promoted people's independence by allowing them to do things for themselves if they were able. We found that people's privacy was promoted by the staff. For example, when a GP called to take a person's blood for tests, staff prompted them to use a private lounge.

Staff were informed about people's preferences in daily living, including their likes and dislikes. A profile of each person was available in their records which helped to identify preferences in their daily lives, hobbies, and important facts about their background. Families were often involved in the creation of these documents. This meant staff were able to provide support in an individualised way that respected people's wishes. The profiles were particularly useful for people who had dementia and were unable to recall past events or their particular preferences in leisure and activities. Staff we spoke with were able to tell us about people's history, how best to support them and were knowledgeable about individuals.

We saw information was available in the office about advocacy services provided in the local area.

We were told that there were regular resident and relatives meetings where problems could be raised and changes discussed. People's families were also invited to attend these meetings and to have an input. The relatives we met felt the staff and registered manager were receptive to their ideas and suggestions.

We saw people had information recorded about their preferences for care at the end of their lives. Staff told us they were experienced in providing end of life care and this was supported by training records. Staff said they linked in with local GP's/NHS nurses to administer medical support such as pain relief and making advance decisions care plans. They also told us they worked closely with people and their families to ensure end of life wishes were met.

Good

Is the service responsive?

Our findings

Those people who could communicate with us told us they had been involved in their care plans and relatives told us staff actively sought out their input into their relative's care. One relative told us how staff had responded quickly to their relative's changing needs. They had lost weight and the staff had sought dietician input and were working to ensure they ate and drank sufficient amounts to gain their lost weight. Another relative told us that staff spoke with them every time they visited to keep them updated on their family member's welfare and check if they had any issues.

We looked at people's care records, including care plans about their care needs and choices. The quality of recording was consistent and provided clear information about each person. The care plans were reviewed monthly and any changes made were then communicated to staff.

We saw that a comprehensive assessment of needs was carried out prior to admission to the service. Each person had a draft care plan prepared before their admission so staff were clear about the support they needed. This was then amended as staff got to know people better and understand their preferences and needs. This meant people's care was individualised from the beginning of their stay at the home. We found that the care delivery was responsive and ensured individual needs were met.

Formal reviews of care were held with families and external agencies, such as social work. Reviews happened when people's needs changed in order that the staff could seek external professionals input before making any changes to care delivery. Staff told us they tried to ensure that families attended these meetings or that they sought their views before making any changes. An external professional told us that staff appeared to know people well and took on board their suggested interventions.

The staff we spoke with were well informed and respectful of people's individual needs, abilities and preferred daily lifestyles. For example, a staff member described how one person was supported with their personal care. It was evident the staff member was aware of the person's likes and dislikes, such as always having a bath rather than a shower.

We also saw information about planned activities and a newsletter. Staff told us how they went out to local shops with people. Some entertainers were booked monthly and the local school came in to visit. The local Vicar had monthly services. There was a sensory room upstairs which was used by some people and had equipment designed to relax or stimulate people.

One person had a history of becoming distressed around having telephone contact with a relative. Due to their poor short term memory, staff had put in place a 'day book' to record when this happened and when it would happen next. This way they could support the person to check the day book and the time of day and ensure the contact was as planned and reduce their distress about not having contact. This allowed staff to re-assure the person contact had happened and when it was to happen next.

We saw that people used the inner courtyard area to sit outdoors and staff told us they had barbeques and held a recent summer fete there. We observed that staff spent time with people sitting and talking to them, including talking about the tennis which was on the television.

We looked at the systems for recording and dealing with complaints. People were supplied with information about how to make a complaint when they came to live at the home. We saw there had been two complaints in the last two year. Both had been fully investigated and a satisfactory outcome achieved within agreed timescales. The manager told us they welcomed comments and complaints as it was an opportunity to review practices and make improvements.

Good

Is the service well-led?

Our findings

People who were able to told us that in their experience the home was well led and they knew the registered manager and deputy manager well. All relatives were positive about the care and provision of service and said they were made to feel welcome and the atmosphere was always friendly and upbeat. One relative told us they still felt raw about having to make the decision to move their relative into a care home, but that the way the registered manager had understood this had helped them.

The staff we spoke with all held the same value base about caring for people the way they would like someone to look after their family. Staff told us the registered manager had the same approach and encouraged staff to think about the way they supported people, and think how would they like someone to care for their family. Staff often spoke about the service as part of their extended family. A visitor who was a former employee called in to see staff and people living at the home. They told us, "I'm here to see ex-colleagues and my ladies and gentlemen. I like to see them all."

The registered manager held regular meetings with the heads of key areas such as care, kitchen, domestic etc. This allowed for improved co-operation between the teams and sharing of good practice and information. It also ensured staff were able to deal with any issues and use all the resources and information in the service to effect change. One staff member told us, "It feels like the registered manager has a good relationship with all the staff and that we work together."

Monthly checks and audits were carried out by the registered manager or their deputy. For example, these analysed people who had significant weight loss, the use of medicines, care plan reviews, and the accident and incident log. We saw this information was then used in people's care plans to tackle any areas of concern such as weight loss and highlight this with relevant health professionals.

The registered manager told us about the links the home had with the local community. There were links with the local school and the local churches, as well as encouraging student or work placements in the home. People were encouraged to use the local shops or cafes with support if needed.

The registered manager was clear in their responsibilities as a registered person, sending in required notifications and reporting issues to the local authority or commissioners.

The registered manager told us about the residents' surveys they carried out, the last one being in February 2015. Due to the limited capacity of many of the people using the service, the response had been limited and the registered manager was looking at other ways to gain feedback on how well the service was performing.

External professionals we spoke with felt the service worked well with them, seeking out their input and advice, but also managing some people's complex needs. The registered manager often looked at ways the service could make small changes to care plans to support people first, before referring externally.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not ensured that the premises used by the service provider were safe to use for their intended purpose and were used in a safe way. The registered person had not ensured that measures were in place to assess the risk of, and prevent, detect and control the spread of infections. Regulation 12(2) (d)(h)