

Carntyne Care Home Limited

Hexham Carntyne Residential Care Home

Inspection report

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Date of inspection visit:
07 April 2021
12 April 2021
13 April 2021

Date of publication:
20 May 2021

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hexham Carntyne Residential Care Home is a residential care home providing personal care for up to 19 people, including older people and people living with dementia. At the time of our inspection 19 people were living at the home in adapted accommodation, including two communal lounges and a lift to upper floor bedrooms.

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

Infection control procedures, particularly related to the COVID-19 pandemic were in need of immediate action. We made a referral to the infection control team to support the service. However, we noted no person at the home had contracted COVID-19 during the recent pandemic.

Medicines management procedures needed to be improved, including related records.

Robust quality assurance checks were in place but had failed to identify the issues we found during the inspection.

People had been assessed prior to moving in, and although care provided was good, reviews had not always taken place.

We have made two recommendations regarding monitoring building safety measures and training and competency checks.

People felt safe and safeguarding procedures were embedded in the service. Incidents and accidents were recorded and investigated.

People reported that staff were very kind and caring and provided them with a good service in a comfortable environment. However, staff appeared very busy at peak times and the provider was addressing this.

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. However, some work was required to ensure all consent was fully recorded.

A new manager had very recently come into post and everyone we communicated with spoke positively about them.

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

Rating at last inspection

This service was registered with us on 22 May 2019 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 7 March 2018.

Why we inspected

The inspection was prompted in part due to concerns received about PPE not being always available to staff and the management oversight at the service. A decision was made for us to inspect and examine those risks. As this was the first inspection of the service, a fully comprehensive inspection was completed which covered all key questions.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to the COVID-19 pandemic and other infection outbreaks effectively.

PPE was plentiful and available to all staff, however we found other areas of concern in which the provider needed to make improvements. Please see the relevant key question sections of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and the overall governance of the service.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during 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 work alongside the provider and local authority to monitor progress. 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?

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hexham Carntyne 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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Hexham Carntyne Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission, however, the new manager had submitted their application to register. This means the provider is 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 information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding teams and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider completed a provider information during 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We communicated with 12 members of staff including the manager and deputy manager. We also met with the director of the provider organisation and their nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We contacted the local district nurse team, occupational therapist teams, the speech and language team, one local GP and a local religious leader for feedback. Any information received was used to support the inspection findings.

We reviewed a range of records. This included care records for six people and multiple medicines records. We looked at recruitment records and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We communicated with the nominated individual, the director and the manager. We also spoke with the local authority to share details of our inspection findings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Preventing and controlling infection

- Infection control procedures were not robust. The provider had infection control procedures in place to avoid risks posed by infection, particularly regarding the COVID-19 pandemic. However, staff had not always followed these.
- Staff did not always wear their PPE correctly and could not explain the current government guidance on how to put on or take off their PPE.
- We were not assured staff were clear on infection control procedures and their training and competency checks had not always been robust.
- The provider confirmed all management were part of the service's weekly testing programme. However, evidence of this was not always available. The provider has now updated their procedures and confirmed weekly tests are taking place.

People were not fully protected from the risk of infection because staff were not following government guidance. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have signposted the provider to resources to develop their approach, including making a referral to the local infection control team.

- It was noted the home had not had any person contract COVID-19 since the start of the pandemic.

Using medicines safely

- Medicines were not always safely managed. People's care plans and risk assessments were not always up to date or reflective of people's current needs regarding medicines.
- Topical medicine (creams and ointments) records did not always show which part of the body these medicines should be applied to.
- Controlled drugs were not always fully recorded, and it was difficult to confirm if unused items had been returned to the pharmacy.
- Records relating to 'as required' medicines were not all in place. 'As required' medicines are given to people as the need arises, for example to relieve pain. We saw no evidence of people not receiving 'as required' medicines but these protocols are important to support people who may not always be able to fully communicate their medicine needs to staff.

The provider took action to address concerns during the inspection, but further work was required to embed

and monitor best practice. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment.

Staffing and recruitment

- There were periods of time during the inspection when staff appeared to be very busy. All staff we spoke with confirmed this. Although there was no impact on people receiving the care they required, the deployment of more staff at peak times would positively improve care delivery.
- People, their relatives and healthcare professionals told us that at times they felt there was not enough staff. One person said, "Sometimes I have to wait a long time, but the girls never stop. They never seem to have enough time. Cannot blame them, I just think there is not enough of them at times." The provider had started the recruitment process to employ more staff at busier times of the day, including care and kitchen staff.
- Safe recruitment processes were in place, including checks with the Disclosure and Barring Service (DBS) to ensure staff were suitable to be employed. Some staff records were not in good order, but the manager said this was something they were going to address.

Assessing risk, safety monitoring and management

- Risk had been assessed. Although we found no impact on people, risk assessments had not always been fully monitored and reviewed. For example, one person self-administered some of their medicines, but the risk assessment was not up to date. The manager told us they were fully reviewing all people's records, and this would be addressed.
- Fire safety measures were in place, including staff undertaking fire drills.
- Building and equipment checks were completed, including those in connection with mains electrical checks. The provider was not able to provide a satisfactory mains electric certificate at the time of our inspection but later sent us one.

We recommend the provider review the monitoring of building and equipment records in line with best practice.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. Staff had received training to support them in protecting people from abuse and policies and procedures regarding safeguarding people were in place.
- The manager investigated any issues which were raised.

Learning lessons when things go wrong

- Lessons learnt were shared within the staff team. Accidents and incidents were recorded, and any shared learning was discussed through staff handovers between shifts.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had received supervision support sessions, but not as regularly as the provider's policy indicated. Some staff had not felt supported, although all those communicated with indicated the new manager had made significant improvements in this area since starting employment recently.
- Many of the staff were long standing and had gained skills and experience from working at the service for many years.
- Staff training had been completed although some training needed to be reviewed, including infection control. Records indicated staff had not always followed correct procedures in providing first aid. The provider had addressed some of the infection control training before the inspection finished and said they would address other issues highlighted to them as part of the inspection feedback.

We recommend the provider review staff training and competency checks in light of feedback and in line with best practice.

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 service worked within the principles of the MCA.
- The manager had made DoLS applications to the local authority to deprive people of their liberty and keep them safe. Information was stored to confirm when authorisations were due a review.
- Staff gained people's consent before they supported them. Including during medicines administration, before helping with personal care or supporting people with meals. We found consent had not always been

gained from people regarding inclusion on some social media sites used by the provider. The provider sent us copies of documentation relating to this and told us they were addressing this issue.

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

- People were supported to eat and drink to maintain a healthy diet, including people on special diets. Kitchen records were not all up to date. We discussed this with the management team who were going to address this.
- People were encouraged with meals when their appetites were poor. Fluids were available throughout the day, and staff encouraged people to drink.

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

- People's needs had been assessed prior to taking up residence at the service to ensure staff could meet them. Changes to health and other needs were acted upon, but not always recorded fully to reflect this. The manager was looking into this and all care and support records were going to be fully updated and reviewed.

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

- People were supported with their healthcare needs and had access to a range of healthcare professionals. One person said, "They had to call an ambulance and I have been seen by various people (healthcare professionals) to make sure I was okay."
- Healthcare professionals told us the staff communicated well with them and provided the information they needed to provide collaborative support for people.

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

- The provider had a programme of improvements in place, including updating one area into a testing station for visitors.
- People's private spaces were decorated to meet their individual needs. One person had been referred to healthcare professionals to support them with possible adaptations to their bathroom.
- The service had a very large and well-maintained garden space for people to utilise. We observed people walking in the fresh air and visiting relatives in a special 'pod' designed during the COVID-19 pandemic. People liked living at the service as it was a comfortable environment for them.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We received consistently positive comments from everyone we spoke with about the caring attitude of staff. One person said, "The staff do a very good job of looking after me and have kept me well all these years. There are some lovely girls working here." Another person said, "They (all staff) do a superb job." One relative said, "I am very happy though with the care that (person) is given, the staff team are lovely - I can't emphasise that enough."
- Staff had worked with people to meet their individual need. This included making arrangements to enable married couples to live together in the home. They also supported ordained people to continue practicing their faith by performing services for other people at the service.

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

- People were included in decisions about their care. One person said, "Staff talk to you all the time about what your like (how your feeling) and if anything has changed. If I need something to be done differently it's taken on board."
- Surveys were completed to gather people's views. This included, for example in connection with general care and support and food provided. Some of the analysis and actions of these surveys had been delayed or not shared with people or their relatives.
- People were supported with decisions from their families when needed and the service had information regarding advocacy services should this be required. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality was maintained. Staff closed doors when discussing private matters with people and were aware of the need to keep personal data secure.
- People's dignity was respected, including closing doors when providing personal care. One person told us, "They (care staff) are thoughtful and would never do anything to make me feel uncomfortable (when providing personal care)."
- Independence was promoted. One person said, "The girls encourage me to do what I can for myself, which is good as you could get lazy and that's where you would seize up."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care and support was personalised. One person who was an ordained minister, was encouraged and supported to conduct religious services to the other people who wished to participate within the service. Another person had very good input from district nurse teams to ensure care was delivered in line with their individual needs.
- Staff were aware of people's changing needs, although this was not always reflected in people's care records. This was in the process of being addressed.
- People had choice. People chose when they got up and went to bed and had an option of various foods to choose from at mealtimes.

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 met. People were given information in a way they could understand, and information was available in different formats if required.
- Care plans were in place for people's communication needs, although some records needed to be updated and reviewed.
- Staff were observed communicating with people and clearly knew people well to enable this to be effective.

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 were supported to communicate with their families during the current COVID-19 pandemic. This included window and garden visits and more recently visits within the service itself. Staff had also supported people to make calls to relatives or friends using various methods, including phone and video calls.
- An activity coordinator was employed to support people with various activities. COVID-19 had impacted on some activities which would normally take place due to social distancing and restrictions placed on people going out into the community. People participated in some activities if they wanted to, but some people chose to follow their own interests.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain if they needed to.

- Complaints had been dealt with effectively by the provider.

End of life care and support

- People were fully supported at the end of their lives with care and support to ensure they were comfortable and pain free wherever possible. There was one person who had reached this stage of their care. Staff were observed being very attentive and showing considerable understanding and kindness. One healthcare professional said, "They look after patients at the end of their life very well indeed. Many living much longer than expected."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- Quality assurance processes were not robust in identifying the issues we had during the inspection. This included for example, concerns with infection control, medicines and record keeping.
- Where issues had been identified, any follow up action was not always recorded, including who was responsible and when the action would need to be completed.
- There was some lack of management oversight particularly regarding infection control procedures.
- Staff were supported to learn and improve their skills and knowledge, although further work was required in light of some issues we had found during the inspection. This included infection control procedures and first aid provided.

Governance procedures were not robust. This included identifying issues and ensuring issues found were addressed. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear on their roles.
- The previous registered manager had moved locations within the provider's other services and there was a new manager in place who had applied to register with the CQC in line with regulatory requirement.
- The management team understood their role regarding regulatory requirements and the need to be open and honest. For example, they notified CQC of events, such as safeguarding concerns and serious incidents as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff reported morale was low and felt they had not always been listened to or issues they had raised had not been acted upon. Staff confirmed morale had been boosted recently with the appointment of a new manager who they felt included and listened to them. One staff member said, "They (manager) are like a breath of fresh air."
- Staff were committed to providing person centred care to people to ensure good outcomes, although the information to support this was not always fully recorded in care records.
- Staff reported some employment related issues regarding outstanding holidays or payments due. We confirmed the provider was looking into this.

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

- The provider was aware of their duties in relation to duty of candour and had acted appropriately when necessary.

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

- People, relatives, staff and professionals were asked for their views of the service and the care provided. Work was required to ensure a timelier analysis and recorded actions were communicated to all those involved.

- We received mixed views about communication at the service from management prior to the new manager starting in their role from relatives and staff. Meetings with staff had been arranged and the new manager intended to publish a regular local newsletter.

Working in partnership with others; Continuous learning and improving care

- The staff team worked in partnership with healthcare professionals to ensure people received appropriate care with good outcomes. One healthcare professional said, "I have full confidence in the staff team. Out of all the homes I visit, this is one where they are in regular contact if there is any doubt whatsoever in any care needs required."

- The service had established links in the local community, including with schools and various religious venues. The COVID-19 pandemic had impacted on how links were continued due to government restrictions but zoom calls for religious services had been used to maintain links.

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 12 HSCA RA Regulations 2014 Safe care and treatment Proper, safe and effective systems were not in place for the management of medicines. Regulation 12(1)(2)(g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the safety and quality of the service were not robust and did not ensure the service was compliant with the requirements of the regulations. 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 12 HSCA RA Regulations 2014 Safe care and treatment Staff were failing to follow government guidance on the safe use of personal protective equipment and adhere to COVID-19 infection control procedures. Proper processes for the preventing and control of infections were not in place Regulation12(1)(2)(h).

The enforcement action we took:

We took urgent enforcement action to impose a condition on the provider's registration to ensure proper infection prevention control procedures were put in place at the service.