Care UK Community Partnerships Ltd

Ponteland Manor Care Home

Inspection report

Thornhill Road
Ponteland
Newcastle Upon Tyne
NE20 9PZ
Tel: 01661 821400
Website: www.careuk.com

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Ratings

Is the service safe?	Requires improvement

Overall summary

This unannounced inspection took place on 16 September 2015. We last inspected Ponteland Manor Care Home on 4 and 9 March 2015 when we found the provider was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the safe management of medicines.

Following our inspection in March 2015, the provider sent us an action plan to show us how they would address our concerns.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ponteland Manor Care Home on our website at www.cqc.org.uk

Ponteland Manor Care Home provides residential and nursing care for up to 52 people, some of whom are living with dementia. At the time of our inspection there were 41 people living at the service.

The service did not have a registered manager in post. However, the current manager had applied and their application had been accepted and was being processed. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. Following our inspection, the manager submitted an application with the CQC for processing.

The provider had taken action to improve the safe management of medicines and we were satisfied that appropriate measures were now in place to address those concerns.

We found other areas that were in need of improvement and that meant the rating for this section (safe) would remain as requires improvement. Regular checks on the premises and equipment were carried out. Additional fire drills were being undertaken for night staff since it had

Summary of findings

been identified that these had not been carried out as regularly as planned. An order for new windows had been requested since the manager explained many of the window frames were worn and in need of updating.

Single use equipment for the testing of blood sugar levels was sometimes reused for the same people.

Risk assessments had been completed in relation to providing care to people and also in connection with any risks because of people's behaviour or habits, for example, one person had a particular way they preferred to carry their belongings which put them at risk of harm and staff had completed a risk assessment to support them and help minimise their risk.

Accidents and incidents were accurately recorded and monitored by the manager and provider for any trends forming and to ensure timely referrals were made if appropriate.

Staff were aware of safeguarding procedures and knew how to report any concerns they may have.

We found the service to be clean and odour free.

People told us they felt there was enough staff to look after them. The manager monitored staffing levels to ensure enough trained staff were available to meet people's needs. The provider had procedures in place to ensure any staff recruited were suitable to work within the home.

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?

The service was not always safe.

The provider had taken action to improve the safe management of medicines appropriate measures were now in place to address the areas where we had found previous shortfalls.

We found the provider still required improvement in other areas, for example incorrect use of lancets and windows in need of refurbishment with further work to be undertaken with fire drills.

Staff were aware of their safeguarding responsibilities and knew what to do if they had any concerns. Emergency procedures were in place to keep people safe. All accidents and incidents were recorded and monitored and any risks had been assessed appropriately.

There was enough staff to respond to the needs of people and recruitment procedures were in place to ensure suitable staff were employed.

Requires improvement

Ponteland Manor Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Ponteland Manor Care Home on 16 September 2015. This inspection was to check improvements to meet legal requirements planned by the provider after our comprehensive inspection on 4 and 9 March 2015 had been made. We inspected the service against one of the five questions we ask about services: Is the service safe? This is because the service was not meeting a legal requirement in relation to the safe management of medicines at our last inspection.

The inspection was carried out by two inspectors and 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.

We reviewed information we held about the service, including the notifications we had received from the provider about deaths, deprivation of liberty applications and serious injuries. We also contacted the local authority commissioners for the service, the local Healthwatch, the local authority safeguarding team and the Clinical Commissioning Group (CCG). Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. On the day of our inspection we spoke with a community matron for nursing homes from the local NHS Trust and a podiatrist who was visiting the service. We used all of these views to support the inspection process.

We spoke with 16 people who used the service and six family members. We also spoke with the manager, the deputy manager, two nurses, one senior care worker, four members of care staff, the staff member responsible for maintenance, the activity coordinator and the service administrator.

We observed how staff interacted with people. We looked at a range of records which included the care and medicine records for 10 people living at the service. We also looked at seven staff recruitment records.

We looked at staff rotas, maintenance records, training records, health and safety information and audits and checks completed within the service.

Requires improvement

Is the service safe?

Our findings

At our last inspection we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safe management of medicines. People were not protected against the risks associated with medicines because the provider did not always administer medicines as prescribed or follow safe practices in the management of medicines. At this inspection we found improvements had been made and the provider was now meeting the regulation.

The community matron told us they were going into the service once a week to provide additional support and said there had been a big improvement in the service since the new manager had started.

People told us that staff supported them to take their medicines. One person said, "They give you your tablets and watch you take them [tablets]." Another person said, "I have diabetes, they make sure I get all my tablets." Staff at the service followed safe management of medicines protocols which meant people received their medicines safely and when they needed them. No medicines were left unattended for people to take on their own, unless this had been planned for and risk assessed. One person managed their own medicines and records confirmed correct procedures were in place and staff were fully aware of what they needed to do to support the individual. Medicines were clearly marked on medicine administration records (MARs) and there were no gaps in administration. Staff were observed checking medicines were correct before they were given to people.

All the people we spoke with were very happy with the conditions in the service and felt safe. Comments included, "The staff are wonderful. Everything here is fine."; "I have always felt safe at this service. I know why you ask that, but you have no complaints from me." and "Life here is pleasant. The staff take notice of my needs and there is a nice garden where I can sit out in when the weather is fine."

The manager and staff were confident with safeguarding procedures and knew what to do if they suspected abuse was occurring, although the staff we spoke with told us they had not witnessed any abuse occurring. Staff had either received or were about to complete refresher safeguarding training both on line and face to face. The podiatrist told us, "I have never seen anything concerning, only good care."

Risk assessments, including those for moving and handling people were completed and reviewed regularly. For example, one person had a particular way they preferred to carry their belongings which put them at risk of harm and staff had completed a risk assessment to support them and help minimise their risk. We observed two care staff transferring people from wheelchairs to chairs in the lounge and they followed safe working practices on moving and handling people. Staff spoke with the people during the transfer and offered them reassurance throughout which meant, not only were people moved safely, but also with care and compassion.

The service had procedures in place to safeguard against the risk of fire or other emergencies that may occur and these were reviewed regularly.

Accidents and incidents were recorded and monitored, by the manager and the provider. Each person living at the service who had sustained an injury had a monitoring form completed to ensure any issues were identified quickly and dealt with effectively. We noted one person who had a number of falls had been referred to the falls team.

At the last inspection access into the service was not secure. At this inspection, we saw a new secure locking and entry system was in place. One relative said, "It's good to see the front doors locked now and no one can just walk in."

We spent time walking around the service and noted that all areas were clean and there were no offensive odours. This was confirmed by the people we spoke with.

We noted that regular and up to date checks on the premises and the equipment were carried out. During the inspection we observed the maintenance person replacing fire safety signage throughout the building after a recent fire inspection had taken place and highlighted this needed to be completed. The maintenance person told us that they were carrying out additional fire drills for night staff because they had identified these had not been carried out as regularly as planned.

At the last inspection, paving stones on entry into the grounds were badly damaged. At this inspection, we found

Requires improvement

Is the service safe?

these had been replaced and people were able to walk out into the grounds safely. The manager told us she had placed an order for new windows since many of the window frames were worn and in need of replacing.

We were informed by the manager that the maintenance person had been shortlisted for a national award within the organisation along with the administrator at the service, for all the hard work they had done. They were going to London soon to find out if they had been successful.

We observed people's individual lifting slings and hoists and saw they were well maintained and correctly used. One person said, "They have to turn me, they use a slide sheet." We checked other medical equipment at the service, such as blood glucose monitoring equipment. Monitoring blood glucose levels is frequently performed to guide therapy for people with diabetes. We spoke with one nurse who told us that each person had their own stock of lancets. Lancets are small sharp objects that are used to prick the skin in order to test blood glucose levels. They are designed to only be used once and then disposed of in a safe way. The nurse informed us, however, that lancets were sometimes reused throughout the day for the same person. Using a lancet more than once will make it more blunt, and therefore more painful to use. We spoke with the manager about this issue. She told us that she would address this immediately.

We spoke with people and their relatives and asked about their views on staffing levels and found their views varied. One person said, "I would say there is enough staff." Another person told us, however, that they sometimes had to wait for staff to attend to them and said, "I have trouble getting a hold of people to help me. The staff are very efficient but they are too busy. I am happy with things in the home but we need more staff. I have to wait a lot for help." A third person told us, "The staff are busy, but they manage to do everything that needs done, they are great." One relative told us their family member regularly missed out on the morning refreshments because staff spent their time looking after people who had additional support needs. We spoke with the manager about this and they said it would be addressed immediately as this should not have happened.

Overall, at the time of the inspection we found acceptable staffing levels in place to support people's needs, and the manager confirmed they were closely monitoring levels to ensure this continued as people's needs fluctuated. The manager reviewed staffing levels regularly and we found these calculations had been completed correctly in line with the support needs of people at the service.

The provider followed safe recruitment practices. We checked staff files and found application forms with full employment history, eligibility to work and reference checks were available. Staff confirmed checks were completed before they started working at the service, including Disclosure and Barring Service (DBS) checks which confirm if an applicant has a criminal record. Nurse PIN numbers were regularly checked by the provider. All nurses and midwives who practise in the UK must be on the Nursing and Midwifery Council (NMC) register and are given a unique identifying number called a PIN. These checks are used to assist employers in making safer recruitment decisions. On the day of the inspection, the manager was interviewing candidates and confirmed they were looking to employ a variety of roles to fill the gaps within the service, such as domestics and care staff.

People and their relatives commented on how clean and tidy the building, communal areas and accommodation was. We found good levels of cleanliness and no odours.