

Sisters of Mercy Sunderland Hexham Carntyne Residential Care Home

Inspection report

Carntyne Residential Care Home
Hencotes
Hexham
Northumberland
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

The Hexham Carntyne Residential Care Home provides residential care for up to 19 people, some of whom are living with early onset dementia. At the time of our inspection there were 17 people living at the service.

We previously carried out an unannounced comprehensive inspection of this service on 1 and 3 December 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. At this inspection we found the service remained rated as good overall.

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 Hexham Carntyne Residential Care Home on our website at www.cqc.org.uk

The service had a registered manager in post. 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.

At the last inspection we found medicines management needed to be improved. We found the provider had made improvements and implemented new medicine care plans and risk assessments. They had updated the records in connection with 'as required' medicines to ensure that staff had the details required to support people fully. 'As required' medicines are those that are needed only from time to time, for example, for pain relief. We found medicines were available, stored, administered, recorded and disposed of in line with best practice.

Staff had received training in the safeguarding of vulnerable adults and were aware of what to do in the event of concerns. Suitable recruitment practices were in place which supported safer recruitment decisions and helped to protect people from abuse.

Detailed risk assessments had been completed for each person to ensure that any hazard identified had been mitigated against, this included those in relation to medicines and falls for example. We found that these had been reviewed regularly to ensure they were up to date and still relevant.

Accidents had been recorded and monitored by the registered manager. This ensured action could be taken against any risks that may have been noted and any trends would be identified quickly.

There were enough staff on duty. Due to the recent increased needs of particular people who lived at the service, the registered manager was going to fully review staffing levels by meeting with staff to discuss and completing a further dependency tool to check. A dependency tool is a document which helps providers

ensure they have enough staff on duty to meet people's needs.

People lived in a home which was clean and tidy and we saw staff following safe hygiene practices.

Further information is found in the detailed findings attached to this summary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

We found that action had been taken to improve safety.

Medicines were now managed appropriately in line with best practice.

Risks assessments were completed and emergency plans were in place. Accidents were recorded and monitored. Staff had been trained to recognise people at risk of abuse and knew how to follow safeguarding procedures.

The registered manager followed safe recruitment practices and employed enough staff to support people. They were in the process of reviewing staffing numbers.

Hexham Carntyne Residential Care Home

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.

We undertook an unannounced focused inspection of Hexham Carntyne Residential Care Home on 26 January and 3 February 2017.

This inspection was done to check that improvements to meet legal requirements planned by the provider after our December 2015 inspection had been made. The team 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 some legal requirements.

The inspection was undertaken by one inspector.

Prior to the inspection we contacted the local authority commissioning and safeguarding teams and the local Healthwatch organisation. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. No negative information was received. We checked notifications we had received from the provider, including those for deaths and serious injuries. Notifications are incidents which occur at the service and the provider is legally obliged to inform us of.

During our inspection we spoke with six people who used the service. We also spoke with the registered manager, two senior care staff, one member of care staff and a domestic.

We checked three people's care and medicines records, walked around the building to check safety and

viewed a number of documents related to the safety of the people who lived at the service and the building, including staffing rotas.

Is the service safe?

Our findings

At the last inspection in December 2015 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe management of medicines. Staff did not have full records of people's medicines care plans or risk assessments, including how 'as required' medicines should be managed. 'As required' medicines are medicines which are only needed from time to time, for example, those for pain relief.

At this inspection, we found the registered manager had implemented full and detailed medicines care plans for every person who lived at the home. Individual medicines risk assessments had been put in place and full details of 'as required' medicines were available. We found medicines were available, stored, administered, recorded and disposed of safely. Records showed staff had received medicines training with regular refresher training to ensure they were up to date with best practice. One member of care staff told us, "We had a face to face training and had to work through a workbook."

Medicines records included a full list of which medicines each person had been prescribed. We saw that regular GP visits had taken place when people were unwell. One person had been prescribed a particular medicine to alleviate their anxiety and this was reviewed at regular intervals by visiting GP's. People's medicines were kept under review which meant they were not administered unnecessary medicines.

Medicines care plans included details of what support people required to take their medicines and how they preferred to have support delivered. For example, one person preferred staff to place tablets on their hand for them to take. Another person preferred to have a glass of water when staff administered their medicines. Staff followed safe working practices while they administered people's medicines. For example, signing the person's Medicines Administration Record (MAR) only after they had observed people taking their medicines and keeping their hands clean during the administration process.

Medicines were stored in cool conditions which maintained the effectiveness of people's medicines. Controlled drugs were kept in secure storage facilities and two staff signed for this type of medicine when it was administered to people. Controlled drugs (CD) are prescribed medicines used to treat, for example, severe pain. However these are liable to abuse and for that reason have more stringent storage requirements.

People's MAR's showed that medicines were available to people. We asked people if they had experienced any problems with their medicines not being available to them. Comments from people included, "Never had any problems with my medicines"; "They [care staff] bring them to me when they are due.....don't ever recall a problem in not getting them" and "No problems with anything here.....they [staff] are all very good."

Risks to people had been fully assessed, including those in connection with their medicines. For example, one person who was prescribed a medicine which could lower their bodies' immune system, had a detailed risk assessment in place to support staff to administer this appropriately and to monitor for any issues that

may have arisen. Another person's medicines risk assessment included details that they should not take one particular medicine with grapefruit as it reacted with it. People at risk of falls had an assessment completed to ensure that all necessary measures had been taken to keep them safe and these were reviewed regularly to ensure they remained relevant.

At the previous inspection, staff had received training in safeguarding vulnerable people and knew what to do if they suspected any form of abuse occurring. This remained unchanged.

The registered manager had informed the Commission of a recent accident at the service which we found had been dealt with appropriately. They told us procedures had been improved to ensure further accidents of a similar nature would be mitigated against. This included the purchase of additional door alarms and other safety measures. The registered manager told us, "We don't like anything happening to any of our residents and we will try and make sure it does not happen again."

Emergency procedures were in place, including people's personal emergency evacuation plans (PEEP's). These records contained information about each individual who lived at the home with details of how they would need supported to leave the building in an emergency situation, for example, details of those who had difficulty with their mobility. Fire rescue teams would normally ask for this record if a fire occurred and they needed to evacuate the building as it would provide them with details to support a safe transfer of people.

During the last inspection, we checked staff records to ensure the provider had followed safe recruitment practices, which they had. We had no reason to check these procedures at this inspection as the registered manager confirmed they followed the same process.

The registered manager confirmed the provider had increased the number of hours for administration tasks to be completed since the last inspection, which meant this would provide additional assistance to ensure paperwork was consistently monitored and up to date. We spoke with the registered manager about the needs of people who lived at the home and looked at the dependency tool which she used monthly to ensure that enough staff were on duty. On the day of the visit we saw that staff were unrushed and all of the people we spoke with told us that staff met their needs and supported them well. One person told us, "Whatever I need, the staff help me with. They come when I want them." We spoke with staff who told us that people were safe and their needs were met, but at times they were busy particularly in the evening preparing people for bed. We spoke with the registered manager about this and she told us that she would meet with staff to discuss and review the staff rotas again.

The service continued to be clean and tidy with a homely feel. People were protected from infection as we saw staff used disposable gloves and aprons and followed best practice in hygiene procedures while going about their work.