

Mr J & Mrs D Cole

No 11&12 Third Row

Inspection report

11 & 12 Third Row
Linton Colliery
Morpeth
Northumberland
NE61 5SB

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

11& 12 Third Row is a residential care home providing accommodation for persons who require nursing or personal care, up to a maximum of 4 people. The service provides support to people with a learning disability or autism. The service consists of two terraced properties that have been converted into a single building. People living at the home have their own rooms and share a range of facilities, such as bathing and toilet facilities and kitchen and lounge areas, in a 'family style' setting. At the time of our inspection there were 3 people using the service.

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

This was a focussed inspection where we only looked at the safe and well-led domains. Based on our inspection of these areas we found people were well supported in their daily lives.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People were supported to have choice about their daily lives. Not everyone being cared for was able to express their needs verbally. The staff and the registered manager had a good understanding of people's responses and non-verbal communication. Staff had worked with the individuals for a considerable time and knew them extremely well, including their likes and dislikes and personal preferences. People were able to access the community, if they wished and were supported to maintain good contact with their families.

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.

Right Care: Care was person centred and staff supported people to achieve their ambitions and live their best life possible. Staff spoke affectionately and with understanding about the people they cared for. Relatives compared the home to a family environment. People were treated with dignity and respect and staff had an in depth understanding of the person and the support they needed.

Right Culture: The manager spoke passionately about caring for the people at the home and the desire to ensure they were safe and well cared for. Staff spoke about working at each person's own pace and ensuring the service worked for them. One staff member told us, "The lads (people) are a pleasure to work with. Half the time it doesn't feel like work but like you are visiting them in their own home."

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

Rating at last inspection

The last rating for this service was good (published 23 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and due to the length of time since the previous inspection.

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 COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 11 & 12 Third Row on our website at www.cqc.org.uk.

Enforcement and recommendations

Since the last inspection we recognised that the provider had failed to notify CQC of events they are legally required to do so. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

We have made a recommendation for the provider to review staffing levels at weekends to support people accessing the community.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe. Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led. Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

No 11&12 Third Row

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

11& 12 Third Row is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 11 & 12 Third Row is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be at the home to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We contacted the local authority for any information or concerns they had about the service. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 2 staff members including the registered manager and 1 care worker. After visiting the home we spoke with a further care worker on the telephone. We also spoke on the telephone with 2 relatives about the care their relations received and 1 care manager.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People were supported by sufficient numbers of staff.
- The provider undertook appropriate recruitment checks, including the taking up of references and Disclosure and Barring Service (DBS) checks.
- Relatives told us there were enough staff to support people and ensure they could engage in activities. One relative told us, "We are happy with the care. I think there are enough staff - Yes."
- Staff told us there were sufficient numbers of staff on duty to care for people, although there was only one staff member on at weekends and during the night. Staff said that if concerns arose, they could contact the registered manager or provider for support.
- Staff had received training appropriate to the support they were providing.

We recommend the provider review weekend staffing levels to ensure people can access the community with support if they so wish.

Visiting in care homes

- Relatives were encouraged to visit people at the service.
- People living at the home all had regular contact with relations. Two relatives told us they visited weekly and were supported by staff to take people out, if they wished to do so. One relative told us, "We go and see them weekly. They are always ready - clean and tidy."

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and their safety safeguarded.
- The provider had a safeguarding process for staff to follow. There had been no recent safeguarding concerns.
- Staff had received safeguarding training and were aware of when and how to report any concerns.

Assessing risk, safety monitoring and management

- People were protected, and action had been considered to minimise risks.
- Risks were considered as part of the care planning process. It was not always possible from documentation to identify the specific risk related to care and how this was mitigated, although people were cared for safely. We spoke to the registered manager about improving risk consideration in care plan documents.
- Risks associated with the environment were considered. Regular checks on fire equipment and systems were undertaken along with checks on electrical systems and equipment.
- Staff were aware of people's individual risks, such as falls. Medicines and harmful chemicals were locked away.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- Medicines were managed safely and appropriately.
- People received their medicines in line with the instructions set out by the prescriber or pharmacist. Medicine records were complete and up to date, including 'as an when required' medicines and homely remedies.
- Staff had received training on medicine management and had been observed to ensure that carried out medicines management safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager was aware where the service could be improved and learned lessons from events that occurred.
- The registered manager was currently undertaking an 'excellence in management' course run by the local authority. They told us they had learned a great deal from the course which had also made them think about how they could do things differently.
- The registered manager recounted an issue with obtaining medicines for one person. They had since worked with the person's GP to obtain an emergency supply of medicines in case future difficulties arose.

Is the service well-led?

Our findings

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- The provider had fulfilled the majority of their responsibilities with regard to regulatory requirements.
- We found the provider had not always notified CQC of instances that they are legally required to do so. The registered manager later made the required notifications.
- Staff told us they were well supported by the registered manager, who was frequently on site and providing care or was available through a phone call. One staff member told us, "(Registered manager) is very good. Really good. They are available all the time. You don't feel as if you are on your own."
- The registered manager had in place a range of checks and audits. It was not always clear what actions had been taken in response to audits. We spoke with the registered manager about ways of recording and demonstrating action had been taken.
- The local authority confirmed the registered manager was taking their 'excellence in management' course and expressed no concerns about the service.

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

- The service looked to promote a positive and inclusive culture.
- The registered manager had developed a sensory area to support people and provide a calm environment.
- Staff and relatives told us that people were always at the centre of the service and their needs were the most important aspect of the service. One staff member told us, "The lads (people who use the service) are a pleasure to work with. Half the time you don't feel like you are working - it's a pleasure to come to work."
- Relatives told us the atmosphere at the service was homely and safe. One relative told us, "They are like a family to them - they are very good. They make sure they get everything they want."

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 registered manager was aware of their responsibility under the duty of candour regulations.
- There had been no recent incidents that required a response under duty of candour.

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

- People were supported to express their views and needs as well as they were able.
- People living at the service were not always able to express their needs and feelings directly. Staff had a good understanding of people's needs and were aware of characteristics or behaviours to indicate people's preferences. Relatives told us staff were very intuitive in identifying people's needs. One relative told us, "They can make their needs known to those who know them. You can't tell you if they are in pain - but staff recognise their distress."
- Relatives told us they were involved in care decisions. One relative told us, "They keep me up to date - they ring at the slightest thing."
- Staff told us they were involved in the running of the service and could raise issues with the registered manager. They had regular supervision and annual appraisals.

Continuous learning and improving care

- The registered manager told us they were always looking to develop care and improve things for people at the home.
- They spoke widely about the 'excellence in management' course they were attending and how they were making changes to systems and documentation in light of what they had learned.

Working in partnership with others

- The service looked to work in partnership with a range of other health and social care services.
- Records showed there was regular contact with GPs, practice nurses and a range of other health professionals.