

Tamaris Healthcare (England) Limited

Northlea Court Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Northlea Court Care Home is registered to provide personal and nursing care for up to 50 people. At the time of the inspection there were 43 people using the service, some of whom were living with dementia. Bedrooms are situated on two floors with people being able to access communal lounges and dining areas.

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

People spoke positively about the care and support they received. Comments included, "Staff are really lovely I get on well with all of them" and "Staff are very pleasant and helpful, they will always help if you need anything." We observed lots of positive and caring interactions between people and staff. However, we observed some staff were more confident and skilled when communicating with people who were living with dementia than others.

Effective systems were in place to monitor the quality of care provided and identify any areas of improvement. We have made a recommendation about the registered manager ensuring their quality monitoring system included checking the experiences of people who are living with a dementia related condition. This was to make sure that best practice guidelines were followed.

People told us they felt safe living at Northlea Court Care Home. One person told us, "I feel secure and happy in my room and safe." Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Measures were in place to ensure people were protected from the risk of harm or abuse. Staff all felt confident any concerns raised would be listened to by management and actions taken to address them.

People's care plans contained detailed assessments and individual information to ensure people's care needs were met. People had access to a range of activities. There were safe medicine administration systems in place and people received their medicines when required.

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.

People and relatives had opportunities to share their views and make suggestions on how the service could be improved. Complaints and concerns were taken seriously and had been dealt with appropriately.

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 31 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Northlea Court 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.

Inspection team

The inspection was carried out by one 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.

Service and service type

Northlea Court 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to ensure the safety of people, staff and the inspection team in line with guidance relating to the Coronavirus.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information about concerns and incidents the provider must notify us about. We sought feedback from the local authority professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make or have made since the last inspection. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who use the service and six relatives about their experience of the care provided. We spoke with 15 members of staff including the regional manager, regional support manager, registered manager, nursing staff, care workers, catering and housekeeping staff. We received feedback from four health and social care professionals who worked alongside the service. 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 reviewed a range of records. This included three people's care records, risk assessments and medicine records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and records relating to good governance.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe and protected from harm or abuse. Effective safeguarding systems and policies and procedures were in place.
- People felt safe in the presence of staff. Comments included, "I am safe here. I sleep well knowing there are staff around" and "It is safe enough and secure as well."
- People benefitted from a safe service where staff had received training and understood their safeguarding responsibilities.
- The service responded to accidents and incidents. Records were analysed for trends and patterns to ensure incidents were used as a learning opportunity.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of emergencies in the home. Personal Emergency Evacuation Plans were in place for each person.
- Risks to people's safety were well managed. Plans were in place to minimise risks to people's safety and wellbeing.
- Checks were carried out to ensure the premises and equipment were safe.

Staffing and recruitment

- Safe recruitment practices were followed. Records showed checks had been completed to ensure staff were of good character and suitable for their role.
- There were sufficient numbers of staff available to ensure people's care and support needs were met. Staffing levels were determined by people's assessed needs and regularly reviewed.

Using medicines safely

- People's medicines were managed and administered safely.
- Systems in place ensured people received their medicines when required. People's comments included "The girls give me my medication when I need it" and "I get my medication three times a day."
- Medicine audits were completed regularly, and staff told us any errors identified were addressed promptly.
- Staff received training and had their competency assessed before administering medicines.

Preventing and controlling infection

- Appropriate arrangements were in place to minimise the risk of infection and cross contamination. However, on the first day of our inspection some areas were not very clean. This was discussed with the

registered manager who took immediate action to address the concerns raised.

- Personal protective equipment was used by staff to prevent the spread of infections.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they came to live at the home. This ensured the service could meet people's needs.
- People's care was delivered in line with relevant legislation and best practice guidance. Staff applied learning in line with best practice to support people to have a good quality of life.

Staff support: induction, training, skills and experience

- People received care from staff who had received the correct training to carry out their roles.
- New staff completed a comprehensive induction which included shadowing more experienced staff members.
- A supervision and appraisal system were in place. Staff told us they felt supported.

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

- People said they liked the food and were able to make choices about what they had to eat. One person said, "The food is great and if you don't like it, they will make you something else."
- People were supported to maintain a healthy, balanced diet. People's dietary needs and preferences were documented and known by the cook and staff.

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

- People received health care support when needed. Care records showed relevant health and social care professionals were involved in people's care.
- The service assessed people's oral health care needs. Care plans guided staff on the support people needed to maintain good oral healthcare.
- People's wellbeing was monitored by nursing and care staff. Any changes were appropriately responded to.

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.

- People's rights were protected because staff acted in accordance with the MCA 2005.
- The registered manager followed the principles and guidance relating to MCA and DoLS. Care plans contained records of mental capacity assessments and best interest decisions.

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

- The design of the service was suitable for the people who used it. There was adequate space for people who used walking aids or wheelchairs to mobilise safely.
- The décor promoted independence for people living with dementia. Signage was in place to support people to orientate themselves.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People spoke positively about the care and support they received. Comments included, "Staff are good, and they are so nice to me" and "Staff here are great and will do anything for you."
- Equality and diversity were recognised by the registered manager and staff. Care plans documented people's preferences and beliefs.
- People were treated with kindness and compassion in their day to day care. We observed positive and caring interactions between staff and people. However, we saw some staff were more skilled at communicating with people living with dementia than others. For example, during lunch we observed one staff did not always inform the people of what food was on their plate and did not always talk with the person whilst assisting them.

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

- People and their relatives were encouraged to share their views and be involved in making decisions about their care. One relative told us "I am very involved in my family members care plan and I am always kept updated."
- People's care records included information about their personal circumstances and how they wished to be supported.
- People's views were sought through care reviews and surveys. Regular residents and relatives' meetings took place, this gave people the opportunity to make suggestions on how they wished services to be provided.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity. One staff member told us "We seek permission before providing care. I always talk with residents to prepare them for what I am doing and what is going to happen next."
- People's independence was promoted. One person told us "They encourage me to do things for myself like wash my face and have a shave."
- The registered manager completed daily walk arounds and worked the occasional nursing shift. They said they did this to assure themselves people were being treated with dignity and respect.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 plans were personalised and reflected people's needs and choices.
- People were supported to make choices and have as much control of how their care was provided. One person said, "I choose what I want to do and eat. I like to eat in the dining room. I can choose something else if I don't want what is on offer."
- Handover information was shared at the start of each shift. This ensured important information about people was known and acted upon where necessary. This was recorded to ensure people's progress was monitored.

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.

- The service was meeting the AIS. The service assessed people's communication needs. Care plans contained information for staff on what support people needed with communication and accessing information.

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 had a range of activities they could be involved in. People were able to choose what activities they took part in.
- People spoke positively about the activities provided, with some expressing they wished there was more of them. Comments included, "There could be more activities. There is not a huge amount going on really" and "I would like more activities to join in with as its boring at times." The registered manager told us they had recently increased the activity coordinator hours to employ a second staff member. This would increase the amount of activities provided.
- People were supported to maintain important relationships. The registered manager told us about how a married couple had asked and were supported to have a special meal on Valentines' day.

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously. They were investigated and responded to in a timely manner.
- People's concerns and complaints were encouraged. People's comments included "I have never had any

complaints, but I would feel comfortable saying something if there was anything I was unhappy about"

End of life care and support

- People were supported to make decisions about their preferences for end of life care.
- The service worked closely with healthcare professionals when providing end of life care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were clear about their roles and responsibilities. They spoke positively about ensuring people received good care and support. One staff member said, "I have every confidence with the girls I work with. There are no issues with the care they give. All staff have people's best interests at heart."
- The registered manager was visible within the home. They completed daily walk arounds which included observing how care was being provided, the cleanliness of the service and any environmental checks.
- Accidents and incidents were recorded and monitored to identify any lessons to be learnt and changes to working practices.
- Quality assurance systems were in place to monitor the quality of service being delivered. The registered manager had an action plan in place which identified areas for development. Some staff were more skilled at communicating and interacting with people who had a dementia related condition. Audits and checks had not highlighted these issues.

We recommend the provider reviews their quality assurance system to ensure that it effectively monitors the experiences of people who are living with dementia, to make sure make care and support is based on best practice guidelines.

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

- The culture promoted by the registered manager ensured people received person centred care. One person said, "The manager does a good job here. She is strict but fair. I would think you would have to be in a place like this."
- The registered manager and staff understood people's needs with regards to their culture, gender, age and sexual orientation. Care plans included information on these needs.
- People and their relatives were involved in reviewing the care provided. This ensured people were involved in planning their care to achieve positive outcomes.

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

- People and their relatives were encouraged to share their views. Regular surveys and meetings were undertaken to seek feedback.
- There were opportunities for staff to engage with the management team. Staff received regular

supervisions and appraisals.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people's physical and emotional needs were met.
- The registered manager had developed links with the local community and people were supported to access local facilities such as pubs and shops.

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 investigated incidents fully and was open and honest with exploring any lessons to be learned.
- The registered manager was responsive to concerns identified or raised and acted to address them.