

Berwick Care Homes Limited

Tweed View House

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

Tweed View House provides care and accommodation for up to 36 older people some of whom have a dementia related condition. Accommodation is split over three levels with lift access. There were 29 people living at the home at the time of the inspection.

We last inspected the service in March 2016 and rated the service as requires improvement and identified two breaches of the regulations relating to safe care and treatment and good governance. Following our inspection the provider sent us an action plan which stated what action they were going to take to improve.

At this inspection we found improvements had been made and the provider was meeting all the regulations we inspected against.

There were safeguarding procedures in place. Staff were knowledgeable about what action they should take if abuse was suspected. The local authority safeguarding team informed us that there were no ongoing organisational safeguarding issues regarding the service.

The premises were clean. Checks and tests had been carried out to ensure that the premises were safe.

Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. There were sufficient numbers of staff deployed to meet people's needs. Records confirmed that training was available to ensure staff were suitably skilled. Staff were supported through an appraisal and supervision system.

People's nutritional needs were met and they were supported to access healthcare services when required.

We observed positive interactions between staff and people who lived at the service. Staff promoted people's privacy and dignity. There were systems in place to ensure people were involved in their care and support.

Care plans were in place which detailed the individual care and support to be provided for people. Arrangements for social activities met people's individual needs.

There was a complaints procedure in place. No complaints had been received since our last inspection.

Audits and checks were carried out to monitor the service. Staff were very positive about working for the provider. They said they felt valued and enjoyed working at the service. We observed that they applied this positivity in their roles when supporting people.

Further information is in the detailed findings below.

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. The premises were clean. Checks and tests had been carried out to ensure that equipment and the premises were safe.

There were safeguarding procedures in place.

Medicines were managed safely.

Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. There were sufficient numbers of staff deployed to meet people's needs.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service was responsive.

We found that action had been taken to improve. Care was personalised and responsive to people's needs.

Care plans were in place which detailed the individual care and support to be provided for people.

An activities programme was in place and people's social needs were met.

There was a complaints procedure in place.

Is the service well-led?

Good ●

The service was well led.

We found that action had been taken to improve. Audits and

checks were carried out to monitor all the service.

Our observations and findings on the day of our inspection confirmed that the provider had an effective quality monitoring system in place.

Staff told us that morale was good and they enjoyed working at the home.

Tweed View House

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 checked 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.

The comprehensive inspection took place on 4 July 2017 and was unannounced. A second announced visit was carried out on 5 July 2017 to complete the inspection. The inspection was carried out by one inspector and an expert by experience.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern.

We contacted the local authority's safeguarding and contracts and commissioning teams. We also contacted 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 their feedback to inform the planning of the inspection.

The registered manager completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

During the inspection, we spoke with 13 people who lived at the home and two relatives. We also consulted with a GP who was visiting the home on the day of the inspection. Following our inspection we contacted a registered manager from the local hospice, two reviewing officers from the Scottish Borders and a member of the behaviour support team.

We talked with the registered manager, two deputy managers, a unit manager, line manager, three care workers and the activities coordinator. We also spoke with night shift by phone following the inspection to

find out how care was delivered at night. We examined four people's care plans and medicines administration records. We also checked records relating to staff and the management of 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 to us.

Is the service safe?

Our findings

At our last inspection we rated this key question as requires improvement. We identified a breach in safe care and treatment. Wardrobes were not secured to the wall to minimise the risk of injury, water temperatures in some bedrooms were above recommended limits and we found shortfalls in relation to fire safety. At this inspection we found that action had been taken and the provider had ensured good outcomes for people in the key question.

Checks and tests had been carried out to ensure the safety of the building and equipment. Regular fire safety checks had also been undertaken. The provider had purchased fire door retainers which held open fire doors automatically and closed them on the sound of the fire alarm. The building was secure. There were key codes on each floor and the front entrance was operated by a fingerprint recognition system.

The premises were clean and there were no offensive odours in any of the bedrooms or communal areas we visited. Staff had access to personal protective equipment such as gloves and aprons. Pedal operated bins had been purchased following our previous inspection to reduce the risk of cross infection.

People told us they felt safe. One person said, "I feel safe, of course I do." There were safeguarding procedures in place and staff were knowledgeable about what action they should take if abuse was suspected. The local authority safeguarding team informed us that there were no organisational safeguarding concerns with the service.

Risk assessments were in place which had been identified through the assessment and support planning process. We noted that risk assessments had been completed for a range of areas such as moving and handling, falls, dehydration, malnutrition and pressure ulcers. This meant that risks were minimised and action was taken to help keep people safe. Accidents and incidents were monitored and analysed. Action was taken if concerns were identified. Sensor alarms had been purchased for those at high risk of falls.

We checked medicines management. We looked at medicines administration records and noted these were completed accurately. Staff were working with GP practices and their local pharmacy supplier to ensure full instructions regarding topical and 'when required' medicines were printed on MARs to avoid staff hand writing extra information on the MAR. Information regarding why people were prescribed each medicine was available. Body maps were in place which highlighted where staff should apply topical medicines such as creams and ointments.

We looked at the management of controlled drugs. These are medicines which require stricter controls because they are liable to misuse. We noted two minor recording errors in the controlled drugs register. Staff had recorded July instead of June against two administration entries. The registered manager told us that more regular checks of controlled drugs would be carried out.

We checked staffing levels at the service. People and relatives told us there were sufficient staff. Comments included, "I can always find someone when I come in" and "There is always plenty of them."

We observed that staff carried out their duties in a calm unhurried manner and had time to provide emotional support. We spoke with two members of staff on night duty to find out how care was provided at night. They told us there were sufficient staff on night duty to meet people's needs.

We examined staff recruitment procedures. These showed that checks were carried out to confirm applicants were suitable to work with vulnerable people.

Is the service effective?

Our findings

At our last inspection we rated this key question as good. At this inspection we found the provider continued to ensure good outcomes for people in this key question.

People and relatives told us that staff effectively met people's needs. They said staff were knowledgeable and knew what they were doing.

Staff informed us they felt equipped to carry out their roles and said there was sufficient training available. Records showed they had completed training in health and safety and other key topics related to the needs of people who lived at the service, such as dementia care. Staff received support to understand their roles and responsibilities through supervision, observation of practice and an annual appraisal.

The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked the provider and registered manager were continuing to work within the principles of the MCA and that any conditions on authorisations to deprive a person of their liberty were being met.

The manager had submitted DoLS applications in line with legal requirements. There was a delay in the authorisation of applications for people who had previously resided in Scotland. This was due to external factors and was not due to any oversight by the provider.

Staff were following the principles of the MCA. They were in the process of changing their documentation relating to mental capacity. Staff sought people's consent before carrying out any care or support. This was confirmed by our own observations and people. One person said, "Yes, they always ask before they help me."

The service used a specialist supplier of frozen meals to provide their meals. The meals were specially designed for older people requiring energy dense, high calorie meals. People spoke positively about the meals. Comments included, "The food is above average" and "It's very nice."

We spent time with people over the lunch time period on both days of our inspection. We noted that staff were attentive to people's needs. One person was struggling to eat with a fork. A member of staff noticed and said, "Do you want to try the spoon, it might be easier?" Another person with a dementia related condition was not eating their meal. A member of staff said asked this individual, "Would you like a nice sandwich instead?" The staff member went to get a variety of sandwiches and the person immediately picked one up and started eating it.

Menus were displayed on the tables. We noted at the bottom of the menu was recorded, "We can easily pop out to the supermarket if you fancy something completely different." One person did not fancy the menu choice on the first day of our inspection. We heard a member of staff say, "What would you like? Fish and chips, shepherd's pie, fish cakes?" The person decided on fish cakes which he told us afterwards were good.

People told us and records confirmed that staff supported them to access healthcare services. One person told us, "I see my doctor if I want." We heard one member of staff say to an individual, "Your cough is worse [name]. I think we need to talk to the doctor." During our inspection, a continence advisor and GP visited. Records demonstrated that people saw the GP, specialist consultants, dietitians, district nurses, opticians, dentists and chiropodists.

Is the service caring?

Our findings

At our last inspection we rated this key question as good. At this inspection we found the provider had continued to ensure good outcomes for people in this key question.

People and relatives told us that staff were caring. Comments included, "I like it here, the girls are grand," "They are all so lovely" and "Yes they are caring." On the second day of our inspection, the registered manager came into the lounge to show staff a beautiful bouquet of flowers and boxes of chocolates. She said, "We've just received these from [name of relative] just to say thank you – isn't that lovely."

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Comments included, "I like to make their life happy," "I love it. You get to have a good talk and laugh with the residents. I enjoy working here and looking after the residents," "I know what cheers them up" and "I feel I can make a difference to people with dementia. I know what to do and what to say." We asked a staff member what time would be best for us to speak with her. She told us, "I would rather speak to you after 3 [after she had finished work] in case my residents need me."

We observed positive interactions between staff and people. Staff displayed warmth when interacting with people. They were very tactile in a well-controlled and non-threatening manner. One member of staff was going on holiday for two weeks. She went round each person telling them that she would be off for a couple of weeks and gave them a hug and kiss. Another staff member asked an individual, "Do you want to come with me for lunch?" The person held out their hand and the staff member said, "Oh I'm getting a hand too, how nice." We saw a third person kissed a staff member's arm affectionately. The registered manager came into the lounge where we were sitting. One person said, "She [registered manager] looks after me." The registered manager smiled at the person and said, "You look after me too."

Staff were knowledgeable about people's life histories and their likes and dislikes. This was confirmed by health and social care professionals. A reviewing officer told us, "The care is really good and the staff are knowledgeable about people's needs." One member of staff said, "I love their life histories and I love getting to know them." We heard a member of staff ask a person, "Should we put your favourite music on – the Dam busters" and "[Name] used to keep cows and had names for each one...Curly Cherry was their favourite cow."

One page profiles were available which detailed people's likes and dislikes. This meant information was available to help staff deliver person centred care which met the needs and preferences of people. Staff had also completed their own one page profiles which they could share with people. We read one which stated that the staff member enjoyed, "being able to chat and contribute to the happiness of the Tweed View residents."

Staff treated people with dignity and respect. They spoke with people in a respectful manner and knocked on bedroom doors before they entered. We looked at the minutes from a recent management meeting. These stated that some people were leaving their curtains open whilst they were getting dressed and

undressed. The registered manager told us they were going to purchase privacy film to apply to these people's windows to protect their dignity.

People and relatives told us that they were involved in decisions about people's care. One relative said, "I have input into the care plans, they let us know everything that is going on." We saw a staff member sitting with a person whilst completing their daily records and charts. She said, "This is your shower chart [name]. Who gave you a shower this morning? Did you manage to shave yourself?"

There was no one receiving end of life care at the time of our inspection. We spoke with one health and social care professional who told us, "They do go above and beyond, they support people at the end of their lives, they don't move them on, unless it's really necessary." Staff told us they were currently undertaking training in end of life dementia care. We contacted the registered manager from the local hospice who carried out this training. She told us, "They [staff] show commitment in learning and development as they have an excellent attendance of carers throughout the programme and they engage and interact well, sharing thoughts and experiences."

Is the service responsive?

Our findings

At our last inspection we rated this key question as requires improvement. This related to people's meal time experience. Tables were not fully set with cutlery, napkins and condiments and one person asked for a cup of tea many times and was informed they could have tea when they had finished their juice, or their dessert. We made a recommendation that staff should assess the risks relating to people's mealtime support to ensure they were not unnecessarily restricted in their rights or choices in any way.

At this inspection we found that improvements had been made and the provider had ensured good outcomes for people in this key question.

Vacuum jugs had been purchased for hot beverages. Staff explained that these ensured hot drinks were readily available and were safer than using a tea pot. Tables were set with place mats and cutlery. We noted that condiments were not available on the tables. Staff explained that people had been using these inappropriately. They said these were always available on request.

People and relatives told us that staff were responsive to people's needs. One person said, "That lass [member of staff] who I was speaking to is absolutely marvellous. I don't know what I would do without her." The member of staff from the behaviour team told us, "I have no issues, I find them excellent." The GP said, "They are proactive, when I come in they will have dip sticked their urine, or other checks and so they have all the information to hand... We know the staff and they know us, it's a good relationship." A reviewing officer told us, "I have no issues with Tweed View and having placed residents with complex needs and dementia. I have found staff to be both willing and able to work with them. One person was introduced to doll therapy with this proving a very positive intervention. "

People and relatives told us that people's social needs were met. Comments included, "Oh yes, there's enough going on," "There is things to do, I don't like going out to places but there is enough to do if I want to" and "They look after [name] grand, they take [name] out to the pub sometimes and she comes alive, talking about old times."

There was an activities coordinator employed to help meet people's social needs. She told us, "We do a lot of going out and one to one things. Some people can't go out now or don't want to, so I do individual things for them. We have computers so people can look at the news or things they are interested in." This was confirmed by our own observations. One member of staff said to an individual, "We should tell [name of inspector] what we saw – a white squirrel. [Name] and I googled it and there are only four in the country." The person told us, "Oh aye, it's a bonny wee thing." The staff member told us, "I knew he would like going on the internet and having a look into this."

Staff supported the activities coordinator with activities. One member of staff said, "We do a lot of spur of the moment activities, just how people's mood takes them, lots of group things don't work now." Another said, "We go to the Alzheimer's day centre and there are some that go to crafts." They also told us there were regular 'chippy chip shop nights' where staff went to get chips for people from the local fish and chip shop.

There was a complaints procedure in place. No complaints had been received since our last inspection. None of the people or relatives with whom we spoke raised any concerns about the service. One person said, "I canna [can't] fault it."

Is the service well-led?

Our findings

At our last inspection we rated this key question as requires improvement. We identified a breach in good governance. We found that an effective system to assess, monitor and improve the safety of the service was not fully in place. At this inspection we found that improvements had been made and the provider had ensured good outcomes for people in this key question.

A registered manager was in post at the time of our inspection. She had been registered with the Care Quality Commission (CQC) since the home had originally registered with CQC in 2010. People, relatives and staff were positive about her. Comments included, "She's very approachable," "She's supportive" and "She's always available."

People and relatives also spoke positively about the home. Comments included, "It's marvellous, a really nice place," "I was in other homes but this is best," "It's grand I love it" and "It's wonderful."

A number of audits were carried out to ensure that people received safe, effective and responsive care which was provided by competent staff. This included checks on the delivery of care, DoLS, health and safety and medicines management. Action plans were in place which detailed actions to be completed. The registered manager said she sometimes had her meal with people to check the dining experience. She told us she would formalise these checks and record her findings. The provider also carried out a monthly check and wrote a report following each visit.

Our observations and findings on the day of our inspection confirmed that there was an effective quality monitoring system in place.

Surveys were carried out to obtain people and relative's feedback. The registered manager told us that 'residents and relatives' meetings were not well attended. She explained that her door was always open and people and relatives came to her with any concerns or issues.

Staff told us they enjoyed working at the home and morale was good. One staff member said, "I love my job, I hope you can tell," "Oh it's good craic working here." We observed that this positivity was reflected in the care and support which staff provided throughout the day.

The provider was meeting the conditions of their registration. They submitted notifications in a timely manner. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service.

Following our inspection we contacted the provider for feedback about the home. He told us, "Tweed View care home has commenced a journey to offer perhaps the best person-centred care in North Northumberland and certainly within Berwick-upon-Tweed. That journey commenced 20 years ago and was marked with many innovations and new developments along the way. From the creation of two floors with

coded locks for our residents safety, to a 'wander' area built at the first floor level, perpetual updating of the interior fabric, from stylised 'front doors' to residents bedrooms, to innovative heating to the public areas, from staff training which far exceeds mandatory levels, to quality and assurance circles we pride ourselves on offering what we truly believe to be first class care for all of our residents."