

Ringdane Limited

South Bebside 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: South Bebside Care Home is registered to provide nursing and residential care for up to 32 people. When we inspected, 27 people were living at the service.

People's experience of using this service: People and relatives said staff provided especially good care; they also said staff were very kind and caring.

People, relatives and staff told us the service was safe. Staff knew how to keep people safe from abuse. They also knew about the whistle blowing procedure and how to report concerns. There were effective systems for dealing with safeguarding concerns.

Staffing levels were sufficient to meet people's needs in a timely way. New staff were recruited safely. People received the right medicines at the right times.

Accidents and incidents were monitored closely and the information used to identify trends. Health and safety checks and risk assessments helped to maintain a safe environment.

Staff received good support and completed the training they needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received the support they needed to have enough to eat and drink and to access external health care services.

People's needs had been fully assessed to identify how they wanted their care provided; this included providing the opportunity for people to discuss their end of life care needs. The assessment was used as a baseline to develop detailed and personalised care plans. These were reviewed to keep them up-to-date. People could participate in activities if they chose to. Complaints were dealt with effectively.

People, relatives and staff said the home was well managed. The provider operated a structured approach to quality assurance. People, relatives and staff had regular opportunities to give feedback.

More information is in the Detailed Findings section below. For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection: Good (the last report was published on 6 August 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor this service and inspect in line with our reinspection schedule for services rated good.

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

South Bebside 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out the inspection.

Service and service type: South Bebside Care Home is a 'care home'. People in care homes receive accommodation and 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This was an unannounced inspection.

What we did: Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed all the information we held about the service, this included notifications of significant changes or events.

We checked for feedback we received from members of the public, local authorities, clinical commissioning groups (CCGs) and health watch. We also checked Companies House records.

During the inspection we spoke with four people, three relatives, the regional manager, the registered manager, a qualified nurse and two care workers. We reviewed two people's care records, two staff personnel files, audits and other records about the quality and safety of the service.

The provider submitted additional evidence after our inspection. This was considered when deciding the ratings for the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People and relatives told us the service was safe. People and relatives commented, "Oh feel really safe, the handyman does checks all the time" and "The staff are really on hand if you need them." Staff also confirmed people were safe.
- The provider dealt with safeguarding concerns effectively.
- Staff understood their safeguarding and whistle blowing responsibilities; they knew how to raise concerns. Staff members said, "I am very confident to use it. [Registered manager] would welcome it" and "If needed I would raise concerns".

Assessing risk, safety monitoring and management.

- Health and safety checks and risk assessments were carried out; this helped keep people, the environment and equipment safe. One person commented, "The fire alarm is checked once a week."
- Staff responded sensitively to support people if they were anxious or distressed.
- There were plans for dealing with emergency situations; personal emergency evacuation plans documented the support people needed in an emergency.

Staffing and recruitment.

- Staffing levels were sufficient to provide personalised care. People and relatives said, "Staff are on the ball day and night. If you buzz ... they come straightaway" and "There are plenty of staff around".
- Staff also confirmed this. They told us, "They are fine, we can respond quickly" and "Pretty good, [registered manager] makes sure there is a good balanced team on."
- The registered manager monitored staffing levels to check they remained right.
- The provider followed safe recruitment procedures; they completed pre-employment checks to ensure new staff were suitable.

Using medicines safely.

- The provider continued to manage medicines safely.
- People received the correct medicines at the correct times; medicines were stored and disposed of safely.
- Senior staff completed quality audits to check staff followed the agreed medicines management procedures.

Preventing and controlling infection.

- The home was clean and maintained to a good standard; domestic staff were active around the home. One person commented, "It is always clean, there are no smells."
- Staff followed good infection control practices; audits promoted a good standard of cleanliness.

Learning lessons when things go wrong.

- Action was taken to keep people safe following any accidents or incidents.
- The provider had good oversight of accidents and incidents; this ensured lessons were learnt and shared with staff.

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.

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 had been fully assessed to identify how they wanted their care provided; religious, cultural and ethnicity needs were considered.

Staff support: induction, training, skills and experience.

- Staff received good support and completed training relevant to their role. They told us, "I am very supported" and "Everybody is really supportive. You can ask [registered manager] for any training and she will try and get us on it."
- Training, supervision and appraisals were up to date.

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

- Staff supported people to have enough to eat and drink; meals were varied and people were given choices.
- People were happy with the meals they received. One person said, "The meals are good. You get a choice of two mains and two desserts. I have never had anything that I don't like."
- Meals were adapted to people's dietary needs, such as pureed and mashable textures or tailored to specific health conditions. One person who had specific needs told us, "I spoke to both the chefs about the food I need."
- Some people had been referred to health professionals due to difficulties with eating and drinking; their recommendations were included in care plans and staff followed them.

Staff working with other agencies to provide consistent, effective, timely care.

- People had emergency health care plans; these summarised important information about the person to be shared when they accessed other services.

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

- People were supported to personalise their rooms to their own needs.
- The registered manager had created a sensory environment to promote independence and well-being. The décor included tactile items and areas of interest for people living with dementia. Extensive works had been done to create an accessible sensory garden. The garden incorporated raised beds to enable people, including those in wheelchairs, to be involved in growing flowers and vegetables. It also enabled people to have safe access to the outdoors.

Supporting people to live healthier lives, access healthcare services and support.

- People had regular access to health care services when needed; this included GP, community nurses and

specialist nurses.

- Health professionals' recommendations were added to people's care plans; this ensured staff were following the most effective strategies.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS authorisations had been approved for all relevant people; the registered manager monitored these to ensure they remained valid.
- MCA assessments and best interests decisions were in place for any restrictions placed on people. For example, the use of bedrails and wheelchair lap belts.
- Staff had a good knowledge of MCA and people's capacity and communication; this helped to support people to make choices. Staff supported people in different ways to promote choice and decision making. For example, showing people items of clothing and encouraging them to point to their preferred option.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People received especially good care from kind and caring staff. People and relatives commented, "The staff are exceptional. They are there to help, they will go to town to do that", "It is brilliant here, it is a lovely home" and "It is fantastic, I have no complaints at all. [Family member] is really spoilt."
- Staff were extremely attentive to people's needs. They patiently checked whether people needed any assistance and whether they were okay. For instance, staff regularly checked on one person who had recently been unwell.
- The provider had received written compliments praising the registered manager and staff team for the empathy shown to people; words used to describe the care included "wonderful", "excellent" and "magnificent".
- Staff had gone out of their way to help people re-connect with relatives they lost touch with. This included making extensive enquiries to trace people out of area and abroad, making contact and arranging for a surprise visit or phone call.
- There was a very stable staff team working at the home; this meant staff knew people's needs particularly well. Staff often sat and chatted with people about their family and other topics of interest to the person.

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

- The provider aimed to make information available to people in ways they could understand it, to comply with the Accessible Information Standard. For example, visual information was used to engage with people and disseminate important information. This included a display board promoting the provider's values.
- Staff showed an excellent understanding of people's communication needs; this was used to support people to make choices whilst promoting their independence.
- Positive and nurturing relationships had developed between people and staff; people were very relaxed around the staff team and were keen to interact and chat with them. One person commented, "The staff just chat away with you."
- Staff had time to provide people with personalised care and to have social time with people. One staff member said, "We have time to chat. [Person] also likes to have their nails done on an afternoon."

Respecting and promoting people's privacy, dignity and independence.

- People were treated with dignity and respect; people gave especially positive feedback about the respect staff showed them. They commented, "They don't make you feel embarrassed, they put you at ease. They just chat away to you. It is a lovely home" and "They treat us well, they are very respectful".
- Staff at all levels showed an excellent understanding of the importance of dignity and respect. The readily described how adapted their practice to ensure care was provided respectfully. For example, always explaining what they were doing and seeking people's consent.

- Staff felt especially valued and respected, their views were listened to and considered. This led to a content and stable staff team. Staff commented, "[Registered manager] asks for input, she listens to us. If we suggest something, she will act on it" and "It is a great home, I love it here". People also described there being a strong ethos of respect and teamwork within the staff team. One person said, "The carers help each other out."
- People were supported to remain as independent as possible. One person told us, "I walk up the corridor now and again to keep my legs going. They [staff] oblige you, they walk up the corridor with you."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had personalised care plans; they described the care people required to meet their needs.
- Care plans were written to guide staff about all aspects of people's needs; this included physical health, wellbeing and social need.
- Care plans were reviewed regularly; this ensured they reflected people's current circumstances.
- There were regular opportunities for people to participate in activities; there was a dedicated activity co-ordinator. One staff member commented, "The activity co-ordinator tries her best, there is a lot going on." People were encouraged to take the lead during activities. For instance, one person took on the role of the bingo caller during a planned activity.
- People told us they chose whether to participate or not; staff respected their decisions. One person said, "If you want to go downstairs, there is bingo or a singer. They do try and encourage me to go. I don't bother, it is my choice."

Improving care quality in response to complaints or concerns.

- People and relatives knew how to complain; they only gave us positive feedback about the home. They commented, "I couldn't complaint at all [about anything]."
- The provider investigated complaints robustly in line with their complaint procedure.

End of life care and support.

- People could discuss their future care wishes if they chose to; these were documented in a care plan.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider and staff followed the provider's values of being respectful, trusted, caring and making a difference. The registered manager and staff were motivated and enthusiastic to deliver on these values. One relative commented, "Even on her day off she still comes in."
- The home had a positive atmosphere; staff morale and teamwork were good. Staff members commented, "There is always a good atmosphere" and "Staff morale is good. Everybody is willing to help."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager was pro-active in submitting the required statutory notifications to CQC following significant events at the home.
- The registered manager was committed to people receiving good care; they monitored care practice to check staff followed safe procedures. A staff member commented, "[Registered manager] is fair, she is strict but she is fair. If you do something wrong she brings you in and sorts it out. She doesn't bear grudges though."
- The registered manager was supportive and approachable. One person said, "[Registered manager] is good. If you want to see her, you can see her anytime if you have concerns or anything." Staff said, "[Registered manager] is all for the residents and the staff. She is mint, the door is always open for us."

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

- People and relatives could give feedback; regular residents' meetings took place.
- People and relatives had been sent questionnaires to gather their views about the home; the feedback received had been positive. For example, 100% of people said they would recommend South Bebside Care Home to others.
- Staff also had opportunities to provide feedback about the home and people's care.

Continuous learning and improving care.

- Staff, including the registered manager, described a culture of continuous improvement and learning. They commented, "The more we learn, the more we improve. There is always room for improvement."
- The provider continued to operate a structured approach to quality assurance; this was effective in identifying and addressing issues. This included a range of checks focussing on quality and safety; action plans were developed to address any issues identified.

- The provider's quality assurance systems incorporated some independent oversight of the home in the form of external checks from more senior management.

Working in partnership with others.

- The provider with local commissioners to promote positive outcomes for people.
- A recent commissioning review had been undertaken and the outcome was positive.