

Care UK Community Partnerships Ltd

Ponteland Manor Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ponteland Manor Care Home provides nursing care and accommodation for up to 52 people. At the time of the inspection, 41 people were living at the home, some of whom had a dementia related condition. Accommodation is provided across two floors which has been adapted to meet the needs of people.

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

The service was not always well-led. Governance systems had not always been effective in monitoring quality or identifying issues at the home. A system to ensure duty of candour policies and procedures were followed was not in place.

Testing for COVID-19 was not always taking place in line with government guidance and safe infection prevention and control (IPC) practices were not always followed by staff. Although arrangements were in place for people to receive indoor visits from relatives or friends, this did not fully align with government guidance.

Medicines were not managed safely. Analysis of accidents and incidents were not always taking place to assess if any learning from incidents could be made to reduce the risk of repeat incidents. Risk assessments were not in place for all risks people were exposed to.

Systems were in place to safeguard people from abuse and there were enough staff deployed to meet people's needs. During the inspection staff responded to people quickly. People and their relatives were complimentary about staff and of the care provided.

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

Rating at last inspection

The last rating for this service was good (published 16 January 2020).

Why we inspected

We undertook a targeted inspection in response to an outbreak of coronavirus at the home. We looked at infection prevention and control (IPC) 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 inspected and found there was a concern with IPC practices, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, duty of candour and the overall governance at the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ponteland Manor 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This 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

Ponteland Manor 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. Ponteland manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding teams, the local NHS infection prevention and control [IPC] team and Healthwatch to request feedback. 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 (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 used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and nine relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager. We reviewed a range of records. This included care records for seven people and multiple medicines records. We looked at the recruitment records for three staff and a variety of records relating to the management of the service, including policies and procedures. After the inspection visits we requested additional information by email and continued to seek clarification from the provider to validate the evidence we found.

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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;

- Records were not always robustly completed to ensure risks were adequately assessed and monitored. For example, there were gaps in records so we could not be sure adequate checks to ensure the safety of the environment had been completed.
- Risk assessments varied in the amount of detail they contained or were not available. For example, a risk assessment was not available for one person who used specific equipment to manage their health condition.
- An area of the home's car park had been identified by the provider as a no parking zone to allow access to emergency vehicles. However, during the second day of inspection we saw three vehicles parked in this area in addition to cars parked on double yellow lines. A risk assessment was not in place to address this. We brought this to the attention of the provider who took action during the inspection for vehicles to be moved to alternative parking areas.
- Some items were being stored in the stairwell of the home. This area was also a fire exit and this practice had not been risk assessed. We shared this information with the fire service who advised combustible materials should not be stored in fire escapes. Staff did not immediately remove the items when asked to by the registered manager.

The provider's failure to ensure all risks were assessed and monitored was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely.
- Systems were in place to monitor the temperature of the medicines fridge. However, records showed occasions where the fridge temperature was not within the identified normal range. Numerous medicines required refrigeration and action had not been taken to ensure they were stored at the correct temperature or to confirm they remained safe to use.
- Medicines were not always stored safely. There were large volumes of medicines which were no longer being used which had not been returned to the pharmacy. These medicines were not stored in line with best practice guidance.
- There was a discrepancy for a controlled drug for one person. This had not been identified by staff. We brought this to the attention of the registered manager who advised they would investigate.

The provider's failure to ensure medicines were managed safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Safe infection prevention and control [IPC] procedures were not always followed.
- Testing for COVID-19 had not always taken place in line with government guidance throughout the COVID-19 pandemic. For example, polymerase chain reaction [PCR] testing for essential care givers [ECG] had not been completed in line with government guidance.
- Staff did not always use PPE safely. We observed some staff not wearing face masks correctly and not following policies which specified staff should be 'bare below the elbow'. This is important to ensure effective hand washing procedures can be followed.
- Staff did not have access to all of the necessary PPE for one person. We brought this to the attention of the provider who took immediate action to ensure the necessary items were made available for staff.

The provider's failure to ensure safe IPC policies and procedures were followed by staff was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

- Systems were in place for people to receive indoor visits from family or friends. An appointment system was in place for visitors and people could receive visits from three designated visitors. While we did not identify any impact to people this did not fully align with government guidance which specified there were no restrictions on visiting in care homes.
- Visiting arrangements had not been assessed on an individual basis to consider any possible risks for people.
- Alternative visiting arrangements were in place for people who required this. The registered manager told us if people required visitors from more than three named individuals this could be arranged. One relative told us, "To begin with I had problems visiting because I work shifts. They [staff] accommodated me so I could visit."

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. People told us they felt safe and relatives confirmed this. One person said, "The staff are very nice here, very caring and very helpful." A relative told us, "I think it is an excellent place [Ponteland Manor]. They [staff] are marvellous."

Staffing and recruitment

- Staff were recruited safely and recruitment records were well organised. Appropriate checks were carried out to assess an applicant's suitability for employment. This included the relevant checks undertaken with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff employed to meet people's needs. Throughout the inspection we saw staff responded to people quickly.

Learning lessons when things go wrong

- Systems were in place to review accidents and incidents. Reviews of documentation counted the number of incidents which had taken place. However, a thorough review to assess if any trends could be identified or if action could be taken to reduce the risk of repeated incidents were not always completed.
- Where staff had identified any lessons learnt systems were in place to share this learning with the staff team.

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 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 care.

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

- Governance systems were not always effective in monitoring quality at the home. A number of audits were completed across the service, they had not identified all of the issues we saw during the inspection.
- There were gaps in the knowledge of some staff regarding how to use the electronic systems for care plans. One staff member told us, "Some of the bank nurses do not understand the system." Another staff member told us they felt they needed more education on how to use the computer systems.
- Some records relating to environmental checks had not been accurately completed. On the second day of the inspection we were told there were gaps in the maintenance and safety check records for the home. We reviewed this information on the third day of inspection and found these records had been retrospectively completed to look as though they had been completed on the corresponding date.

The failure of the provider to ensure accurate and contemporaneous records were kept and to ensure an effective governance system was in place was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Duty of candour policy and procedures had not been followed. Staff had not identified which incidents were notifiable safety incidents under the duty of candour regulation.

The providers failure to ensure duty of candour policies and procedures were followed was breach of Regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Systems were in place for the sharing of information with relevant people. One relative told us, "The experience of the staff and manager is excellent, they are thoughtful, caring and helpful. They go the extra mile, they genuinely care."
- Surveys were used to obtain feedback. Most relatives confirmed they had been contacted and had the opportunity to share their thoughts and suggestions about aspects of the home.
- Action was taken in response to the inspection feedback to deliver service improvements. For example, an

investigation was undertaken in relation to a discrepancy with a controlled drug and risk assessments were updated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Staff achievements were recognised and systems were in place to support them. For example, an employment assistance programme was available. This offered support to staff for things such as emotional support or financial difficulties. The provider told us feedback from staff who had used this service was positive.
- Systems were in place for the sharing of information with relevant people. For example, with people, appropriate health care professionals or with relatives.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment An effective system to monitor the safety of the service was not fully in place. Safe infection prevention and control procedures were not fully in place. Regulation 12 (1)(2)(a)(b)(d)(g)(h) |
| Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service. Regulation 17 (1)(2)(a)(b)(c)(f) |
| Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury | Regulation 20 HSCA RA Regulations 2014 Duty of candour An effective system to ensure the Duty of Candour principles were met was not in place. Regulation 20 (1)(2)(a)(b)(3)(a)(b)(c)(d)(e) |