

Berwick Care Ltd

La Cura House

Inspection report

North Road
Berwick-upon-tweed
TD15 1PL

Date of inspection visit:
10 December 2021
15 December 2021

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10 February 2022

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

La Cura house is a care home providing nursing and personal care for up to 60 people aged 65 and over. There were 38 people living there at the time of this inspection.

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

People were treated with kindness and compassion and staff knew their preferences. People and their relatives were involved in decisions about their care. Dignity and respect were maintained at all times.

People confirmed they felt safe with the care staff. The provider had policies and procedures for dealing with safeguarding and whistle blowing concerns. Staff knew how to raise concerns and told us they would do so if needed.

Staff were recruited safely, trained appropriately and demonstrated good infection prevention and control practises.

Care was personalised and responsive to people's needs. People's concerns were listened to and acted upon in a timely manner. The service learnt from incidents and worked to continuously improve the service.

People were supported to have maximum choice and control of their lives and maintain their independence. Staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this.

The service was managed well. People, relatives and visiting professionals all said that the management team were approachable and responsive.

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

Rating at last inspection

This service was registered with us on 9 March 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published 2 April 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 ●

Details are in our safe findings below.

Is the service effective?

Good ●

Details are in our effective findings below.

Is the service caring?

Good ●

Details are in our caring findings below.

Is the service responsive?

Good ●

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

La Cura House

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 included checking the provider was meeting COVID-19 vaccination requirements. 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

The inspection team consisted of 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

La Cura House 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.

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 inspection was unannounced.

Inspection activity started on 10 December 2021 and ended on 31 December 2021. We visited the service on 10 December 2021 and 15 December 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. 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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service. We spoke with seven relatives by telephone about their experience of the care provided. We observed staff interactions with people and spoke with eight members of staff including the registered manager, deputy manager, clinical lead, housekeeper, care staff, nurse and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted three professionals who regularly visit the service. We spoke to two care staff who work at the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 safeguarded from abuse. Robust policies and procedures were in place to keep people safe. Staff were aware of their responsibilities to safeguard people and had received safeguarding training.
- Lessons had been learnt from incidents which had occurred. Actions were taken and learning was passed on to staff to reduce the likelihood of incidents reoccurring.
- One person said, "I feel safe all the time." A relative said, "Oh yes, [person] is definitely safe at [the service]."

Assessing risk, safety monitoring and management

- Risks to people's safety were effectively assessed. Risk assessments were in place for key areas such as falls, diabetes, moving around the service, skin integrity and nutrition. The assessments were regularly reviewed and updated when people's needs changed.
- The service was well maintained. Documents showed regular checks to safety equipment in line with best practice. Maintenance staff knew what checks needed to be carried out and how to deal with any identified problems.

Staffing and recruitment

- The service employed sufficient staff to keep people safe. A dependency tool was used to calculate staffing requirements and rotas showed that staffing was maintained at the required level. The service had created an innovative new role for 'nutritional support workers' who support people with eating and drinking. These roles were in addition to the normal staffing requirements of the service.
- Staff were recruited safely. Employment checks were carried out in line with best practice guidance.

Using medicines safely

- Medicines were managed safely. Staff were trained and competent in the administration of medicines. Staff demonstrated a good knowledge of people's needs and safe practice.
- Medicine audits and stock checks took place regularly. Action was taken to rectify any problems that were identified, such as additional staff supervision meetings.

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 meeting shielding and social distancing rules.

- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the service in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Adapting service, design, decoration to meet people's needs

- People were involved in assessing their needs and deciding how their care was provided. People's social, religious and cultural preferences were central to this.
- People had control over choices in their lives. One person told us, "[the registered manager] always listens to me when I have ideas". We observed staff asking and acting on people's preferences during the inspection.
- The design and décor of the floor for those people living with a dementia was not optimised for dementia care. For example, there was nothing on people's bedroom doors to help people know which bedroom was theirs. We raised this with the registered manager who said that it would be addressed as soon as possible.

Staff support: induction, training, skills and experience

- Staff were appropriately trained. New staff received a detailed induction and regular refresher training was carried out for all staff. One staff member said, "I recently started working at La Cura House, [the registered manager] and [deputy manager] have been really supportive with the training process."
- Staff knew the people they cared for. One relative said, "I see the same staff regularly, Mum is happy, comfortable and well looked after."

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

- People were supported to maintain a healthy diet. People met their daily targets for fluid and food intake. The service had introduced nutritional support staff who work specifically with people who found it hard to eat and drink.
- One relative told us, "[Person] was very under-weight when they moved to La Cura but they cook food to suit her which has helped." A person said, "The food is excellent, I am looking forward to roast chicken for dinner."

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

- The management team worked effectively with other agencies. The management team had good relationships with local and regional health care services. People were referred to services such as occupational therapy and the speech and language therapist in a timely manner.
- The pharmacist who worked with the service said, "We find the staff really approachable and are in touch with us regularly to ensure people receive the best care."

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.

- The service was working within the principles of the MCA. All DoLS applications were current and appropriate. Staff had received training around MCA and DoLS.
- For people who did not have capacity to make their own decisions, mental capacity assessments were completed and 'best interest' decisions were made. Appropriate professionals and family members were involved in making these decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were supported in a caring way. We observed lots of positive interactions between staff and people. Staff told us how much they enjoyed working with the people they supported, one staff member said, "I love all my residents, I miss them when I'm not at work."
- A person said, "It's like a five-star hotel, the staff are all grand." A relative said, "[Person] is well looked after, she's always clean and tidy."
- The cultural needs of people were respected. Information about people's lives was included in their care plans. Staff demonstrated they knew people well during the inspection.

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

- People were supported to make choices about their care. Care plans were detailed and included people's preferences for how they were cared for. Where people were unable to communicate their views relatives and advocates were involved in decisions.
- During the inspection we observed two people approaching the registered manager with suggestions about the service. Their views were readily received and assurances were given to the person about how their suggestions could be put in place.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People and relatives all said that people's dignity was put at the forefront of care. One relative said, "[Person] is happy when she sees the staff, they are always polite and respectful to her."
- People were supported to maintain their independence. One relative said, "[Person] has been helped to keep moving by staff walking with him."
- A visiting professional spoke positively about the support people had received while staying at the service for respite. They said, "People are supported to maintain their independence and not become institutionalised on short stays at the service, so they can go home again."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 was personalised to people's needs and preferences. Detailed care plans were in place to enable staff to provide person-centred care. The care plans included information in relation to people's choices, for example their communication, personal care products and favourite foods.
- Staff knew people well and had a good understanding of their individual personalities, interests and preferences, which enabled them to engage effectively and provide meaningful, person-centred care. One relative said, "They know [person] well."

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.

- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood.

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 were supported to take part in activities. A new activity coordinator started at the service during the inspection. One staff member said, "They are doing lots of activities like singing and dancing."
- Staff encouraged people to be in the communal spaces together whilst maintaining safe infection control practises. One person said, "I like to go to the events, we have games and music." Another person told us the staff had set up Christmas decorations in their room as they were unable to do them.

Improving care quality in response to complaints or concerns

- The provider handled complaints appropriately. The provider had a complaints procedure which was given to people, relatives and next of kin. It was displayed around the service for people's reference. A relative told us, "I've never had to make a complaint, but I know who I need to speak to if there is; [the registered manager] always gets back to my calls quickly."

End of life care and support

- People were supported with dignity and respect at the end of their lives. Care plans included emergency health care plans which detailed how people would like to be cared for at the end of their life. People and their relatives worked with staff members to agree what was in the emergency health care plans.

- Visits to people on the end of life care pathways were continuing in line with COVID-19 government guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 culture of the service was open and person centred. Staff spoke positively about the culture of the service and the support they received from the management team. One staff member said, "I receive regular supervisions and I can raise anything with the registered manager."
- The management team were open with people, relatives and stakeholders. Relatives told us management were accessible and they were informed of any important changes or incidents at the service. Records showed relatives had been informed where there had been any issues.
- Management understood the duty of candour and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate.

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

- Staff understood their roles. The registered manager was supported by a deputy manager and the nominated individual. Feedback from relatives and staff about the management team was very positive.
- Staff told us, "The managers are very helpful." A relative said, "Since the service changed hands it has improved tenfold and the staff are always trying to improve the service."
- The management team were working to improve care. Building works had been completed to provide brighter and larger lounges and dining rooms. The registered manager had imminent plans to increase activities and create a more dementia friendly environment for the unit for those people living with a dementia.

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

- People using the service were given opportunities to give their views on all aspects of their care and support. One person said, "I go and tell [the registered manager] and she soon sorts it out, she comes and asks me how things are too."
- A relative said, "There are no problems at all with communication, I am well informed about everything."

Working in partnership with others

- The registered manager and staff worked effectively with others. External professionals told us the registered manager and deputy manager worked well with them.

- Staff involved external professionals when needed, for example, referring people for support with pressure area care.