

Mrs Mary Roy

Newquay Nursing and Residential 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

Newquay nursing home is a nursing home that can accommodate up to 41 older people, some of whom have a diagnosis of dementia. On the day of the inspection there were 27 people using the service.

We carried out this inspection on 16 June 2017. At the last inspection, in March 2015, the service was rated Good. At this inspection we found the service remained Good.

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. People commented, "The staff are wonderful, I am looked after very well, I am very happy". A relative commented "We are very happy with the home" and "I am really fussy and I cannot find fault here."

Where people were unable to tell us about their experiences we observed they were relaxed and at ease with staff. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner. Comments from people about staff included, "Staff are great" and "Staff are kind." Relatives commented "Staff are just as caring towards me as they are to (family member's name). Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

People were able to take part in a range of activities of their choice. Where people stayed in their rooms, either through their choice or because they were cared for in bed, staff spent one-to-one time with them. This helped to prevent them from becoming socially isolated and promoted their emotional well-being.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse. Safe arrangements were in place for the storing and administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained.

Staff supported people to access to healthcare services such as occupational therapists, GPs, community nurses and chiropodists. Comments from healthcare professionals and advocates included, "Staff work well with us, they are approachable," "The communication is great" and "Staff really make a great attempt to engage with people in the way that suits the individual."

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Newquay Nursing Home. Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Any risks in relation to people's care and support were identified and appropriately managed.

There was a wide range of meals on offer and staff were knowledgeable about people's likes, dislikes and dietary needs. People told they enjoyed their meals. People and their relatives said, "The food is lovely" and "There's plenty of it (food)."

People were able to take part in a range of activities of their choice. The service has an activity coordinator. They provided daily group activities which are displayed so that people could choose if they wanted to participate. One person told us, "We have lots of things going on." and "(activity coordinator name) is very enthusiastic and bubbly and has made a great difference to my day now."

Where people stayed in their rooms, either through their choice or because they were cared for in bed, staff spent one-to-one time with them. Comments from people included "I enjoy the daily visits from (activity coordinator name) and "It's a lovely time chatting with (activity coordinator name) and telling jokes." This helped to prevent them from becoming socially isolated and promoted their emotional well-being.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to apply the principles of the MCA in the way they cared for people.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example. Comments from staff included, "I love working here."

People and relatives all described the management of the home as open and approachable. People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

the service remains Good.

Is the service responsive?

Good ●

the service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Newquay Nursing and Residential Home

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 was planned to check 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.

This unannounced inspection took place on 16 June 2017. The inspection was conducted by two adult social care inspectors.

Before the inspection we reviewed information we held about the home such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with seven people who were able to express their views of living at the service. Not everyone was able to verbally communicate with us due to their health care needs. We looked around the premises and observed care practices on the day of our visit. We spoke with the registered manager, nurse on shift, four care staff, and two relatives.

We looked at three records relating to people's individual care. We also looked at three staff recruitment files, staff duty rotas, staff training records and records relating to the running of the service. After the inspection we spoke to an advocate and healthcare professional.

Is the service safe?

Our findings

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. People and their relatives commented, "It's great here, I am very happy" and "I feel safe here, staff look after me so well."

Due to people's health needs some people were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There were risk assessments in place which identified risks and the control measures in place to minimise risk. For example, how staff should support people when using equipment, reducing the risks of falls and reducing the risk of pressure ulcers. Staff had been suitably trained in safe moving and handling procedures. Staff assisted people to move from one area of the premises to another by using the correct handling techniques and appropriate equipment.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the management to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

There were enough skilled and experienced staff on duty to meet the needs of people who lived at Newquay Nursing Home. On the day of the inspection there were one nurse, and four care staff on duty plus the registered manager, catering and domestic staff. At night there were one nurse and two care staff on duty. Additional carers (six in total) were on duty first thing in the morning to assist with people's morning routines. This helped to ensure that there were enough staff available to assist people who wished to get up early. The registered manager showed us the staffing calculation tool that they used to determine the level of staff needed to meet people's dependency needs. However we noted that the registered manager regularly employed more staff than the staffing calculation assessed as needed. For example it calculated that 82 hours care staff were needed, but the actual level of staffing was 95.5 hours. The registered manager said this meant that staff could take their time whilst supporting people and had the opportunity to spend time talking to people.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Medicines were managed safely at Newquay nursing home. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated room and medicine storage temperatures were consistently monitored. These showed medicines were stored correctly and were safe and effective for the people they were prescribed for.

Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.

The environment was clean and well maintained. An audit of the environment was conducted monthly and any works identified, for example redecoration, which was then completed. There was an on-going programme to re-decorate people's rooms and make other upgrades to the premises when necessary. We noted that one door leading to a patio area, was not shutting properly. The registered manager immediately looked at the door, noted that the recent painting of the door had affected the hinge and contacted the maintenance person to repair it immediately. This ensured the door was then safe to use.

There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs.

Staff received suitable training to carry out their roles. There was a training programme to make sure staff received relevant training and refresher training was kept up to date. The service provided training specific to meet the needs of people living at the service such as pressure ulcer prevention and dementia awareness. The service provides care to people who have had a stroke. There was no current stroke training. The registered manager acknowledged this admission and immediately sourced training in this area and has given us dates when staff will be attending this course. The registered manager encouraged staff development and staff were able to gain qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care.

Staff told us they felt supported by managers and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Newly employed staff told us they had completed a thorough induction when they started to work at the service. The induction included training in areas identified as necessary for the service such as fire, infection control, health and safety and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. The induction included a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff, that are new to working in care, have initial training that gives them an adequate understanding of good working practice within the care sector.

People's individual health needs were well managed and staff had the skills to recognise when people may be a risk of their health deteriorating. People had access to healthcare services such as occupational therapists, GPs, community nurses and chiropodists. Healthcare professionals told us they had a good working relationship with the service and confidence in staff practice. Their comments included, "Staff work well with us, they are approachable" and "The communication is great."

The service monitored people's weight in line with their nutritional assessment. Where people were assessed as being at risk of losing weight their food and fluid intake was monitored each day and records were completed appropriately by staff. People were provided with drinks throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks.

We observed the support people received during the lunchtime period. The meal was unrushed and people were talking with each other and with staff. Tables were attractively laid with clean table cloths. People were regularly offered cups of tea, coffee, or a cold drink. People told us they enjoyed their meals and they were

able to choose what they wanted each day from the daily menu. Staff provided people with individual assistance, such as help with eating their meal or cutting up food to enable people to eat independently.

The registered manager had recently changed the way they provided food, by using an external supplier to provide main meals. This proposal was discussed with residents and relatives in a meeting in September 2016 to gain their views and an agreement was made to trial these meals. At a further resident meeting in December 2016 and again in February 2017, people were asked for their views about the food and if they wanted the supplier to continue. They replied they did. This showed that people were fully involved in the decision making process.

The food provided accommodated for people's varied dietary needs and preferences. For example vegetarian, vegan and diabetic. The registered manager said "I have tasted every meal to make sure its ok. It's more expensive but it looks nice, it tastes nice and it's nutritious and this is what's important for our residents."

Kitchen standards were well maintained. Catering staff kept detailed records of foods people had eaten and documentation to evidence that appropriate temperatures of food were recorded as well as temperatures of catering equipment such as fridges. Cleaning schedules were completed so that the standards of hygiene were kept to the appropriate standards.

Care files contained consent forms for people, or their advocates, to agree to areas such as care, photographs and the sharing of information with other professionals. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are 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 were being met. Applications for DoLS authorisations had been made to the local authority appropriately.

Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. The registered manager and staff demonstrated an understanding of the principles underpinning the MCA. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

The design, layout and decoration of the building met people's individual needs. The registered manager had brought signage for the service to assist people to orientate themselves around the home. For example to identify toilet and lounge areas. Corridors and doors were wide enough to allow for wheelchair users to move freely around the premises.

Is the service caring?

Our findings

On the day of our inspection there was a calm, relaxed and friendly atmosphere in the service. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner. Comments from people about staff included, "Staff are lovely" and "Staff are good." In respect of their experience living at Newquay nursing home as person told us "It's very nice, very cosy, I'm happy, the food is good and the staff are good at keeping my room clean." A relative said "I am really fussy and I cannot find fault here."

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the communal areas or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable.

We saw a number of compliment cards that praised the caring nature of staff. A recent one from a relative read "Your care was faultless. The care and nursing was excellent nothing was too much trouble and you all had a smile on your face whenever we arrived. Sometimes the care you gave (person name) was beyond your job. The day (they) passed away I knew you made sure (they) wasn't on her own. That was a credit to the care (they) received." One from a person who had a respite stay at the service read "Many thanks for all the care you gave. I am feeling much better now. GREAT staff."

The registered manager told us the importance of being involved in the local community. He commented "It's a small community and we are a part of it. When a resident has died we want to offer their family members support, our door is always open and we welcome them to visit us so that we can offer them support and comfort and share memories." People attended the local amenities independently or with staff support.

Staff treated people like they were their own family, while still respecting that this was people's home and maintaining appropriate professional boundaries. People, who were able to verbally communicate, engaged in friendly and respectful chatter with staff. Where people were unable to communicate verbally, their behaviour and body language showed that they were comfortable and happy when staff interacted with them.

The service promoted people's independence and encouraged people to maintain their skills. Throughout the inspection we saw staff gently and discreetly ask people if they needed any assistance. For example, with cutting up food, help with dressing or help to get up from a chair. We observed that when people answered that they wanted to do the tasks for themselves. Staff respected people's wishes to complete these activities independently. Although this meant that more time was needed for people to complete tasks staff did not make people feel they were being rushed.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in one of the lounges or in their own rooms. Where people

chose to spend their time in their room, staff regularly went in to their rooms to have a chat with them and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. A relative told us "(Person's name) bedroom has been made to look like their lounge from home, this made (person name) feel more settled when they moved in here. It's been a real comfort to them." Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. The registered manager spoke with everyone living at the service at least weekly to ask for their views and make any changes as requested. For example, one person said they wanted more eggs, this was then arranged. Relatives told us, because the registered manager was so visible in the service, they spoke with them regularly and were kept informed of any developments in the service.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Newquay nursing home. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Before moving into the service the registered manager visited people to carry out an assessment of their needs to check if the service could meet their needs and expectations. People, and/or their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person.

Each person had a care plan. Care plans contained appropriate assessments, for example, about the person's physical health, personal care needs, and moving and handling needs. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the guidance they needed to care for people.

On each shift staff were allocated to work with specific people for the entire shift they were working. Daily handovers provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and specific staff were available to respond to their needs.

Some people living at the service could display behaviour that was challenging for staff to manage, especially if they became anxious. Staff were provided with information on how to support people to manage any changes in their behaviour and understand what might trigger their anxiety. For example, the care plan for one person explained that they might become distressed when staff provided personal care and how staff should respond to the person. This would ensure that the person received a consistent and appropriate response from staff.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. People told us they knew about their care plans and managers would regularly talk to them about their care.

People were able to take part in a range of activities of their choice. The service has an activity coordinator. They provided daily group activities which are displayed so that people could choose if they wanted to participate. These activities included, singing sessions, board games and quizzes. External entertainers provided exercise sessions and music sessions twice a month. One person told us, "We have lots of things going on." and "(activity coordinator name) is very enthusiastic and bubbly and has made a great difference to my day now."

Where people stayed in their rooms, either through their choice or because they were cared for in bed, staff spent one-to-one time with them. We saw feedback from three people who had daily one to one visits with the activity coordinator, which recorded "I enjoy the daily visits from (activity coordinator name) and "It's a lovely time chatting with (activity coordinator name) and telling jokes." This helped to prevent them from becoming socially isolated and promoted their emotional well-being.

The activity coordinator also shared with other professionals people's interests to help develop their relationship. For example the activity coordinator knew that a particular person liked to play dominoes. When their advocate visited them to assist them to get to know the person they informed them of this so that they could communicate with the person in the way that they would respond. This sharing of information allowed the professional to communicate with the person in their preferred manner and develop a positive relationship. "The advocate told us "Staff really make a great attempt to engage with people in the way that suits the individual."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. However, people and their relatives said they had not found the need to raise a complaint or concern.

Is the service well-led?

Our findings

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager was supported by a nurses and senior carers. The owner of the service had regular contact with the registered manager and supported them in their role. The registered manager told us the owner was always agreeable to any investment needed for the service and trusted the registered manager judgement about any money spent.

Staff were clear about their roles and responsibilities. There was a positive culture within the staff team and it was clear they all worked well together. Staff told us the service was well-led and staff were highly motivated and keen to ensure the care needs of people they were supporting were met. Comments from staff included, "I love working here."

Relatives described the management of the service as open and approachable and thought people received a good service. One relative told us, "We are very happy with the home. Staff are all approachable, it is really good here."

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, at daily handover meetings, regular staff meetings and one-to-one supervisions.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager carried out variety of audits such as care plans, medicines procedures and the premises. The registered manager worked alongside staff, regularly providing care for people and this enabled them to check if people were happy and safe living at Newquay nursing home. By actively working in the service management were able to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

People and their families were involved in decisions about the running of the service as well as their care. For example as highlighted in the effective section of this report, people were asked about the change of food provider and were involved in the trial and decision making process as to if it should continue. The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes.