

Malhotra Care Homes Limited

Covent House

Inspection report

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Date of inspection visit:
28 January 2020

Date of publication:
12 February 2020

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

Covent House provides residential and nursing care for up to 63 older people. At the time of the inspection 55 people were using the service. Care is provided in four different units, covering residential care, nursing care and dementia care.

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

People and their relatives told us the care was safe and they were happy at the service. Medicines were managed safely. Staff were recruited safely and there were enough staff to meet people's needs. The registered manager sought to learn from any accidents and incidents involving people.

Senior staff carried out detailed assessments of need to ensure the service could effectively support any new admissions. People were supported to have enough to eat and drink and staff were trained to support people who had different dietary needs. Staff told us they were well trained and supported and supervised by the management team. The service worked well with community healthcare partners such as the local GP practice to ensure people received healthcare support where needed.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Interactions between people and the staff team were positive. People were treated with kindness, dignity and respect. Staff were responsive when people needed additional support. People were supported to maintain relationships with those important to them.

People received personalised care that was responsive to their needs and preferences. People were supported to engage in activities to reduce their risk of social isolation. The quality of care records supported a consistent delivery of care. People and their relatives knew how to make a complaint. Those people we spoke with said they had opportunity, through regular meetings, to raise any issues they had. The home received regular compliments about the good care people received. Complaints and concerns were dealt with robustly and proactively by the management team..

Quality assurance measures supported the service to make continual improvements. The registered manager had a clear vision and commitment to achieving excellence in care. Strong leadership supported the staff team to work well together to ensure people received good care which led to good outcomes for people.

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

Rating at last inspection and update

The last rating for this service was good (published 12 October 2018). There was an issue with some of the information that we gathered at the last inspection visit so this inspection report supercedes that rating.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

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?

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 ●

Covent 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 Care Act 2014.

Inspection team

Two inspectors, a professional advisor (who is a registered nurse) and an Expert by Experience carried out this inspection. 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

Covent 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We requested feedback from the local authority, Clinical Commissioning Group, safeguarding authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Any feedback we received was used to plan our inspection.

During the inspection

We spoke with nine people who used the service and six relatives about their experience of the care

provided. We spoke with 14 members of staff including the nominated individual, registered manager, two nurses, head of compliance, compliance manager, senior care workers, care workers, domestic staff, kitchen staff and an activities coordinator. We spoke with a visiting GP and a district nurse. We carried out observations of practice.

We reviewed a range of records. This included six people's care records and eight people's medication records. We looked at four staff files in relation to recruitment, induction, supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with said they felt safe. Our observations for people who could not communicate with us were that they were comfortable with the staff members supporting them. One person told us, "I feel safe, there's nothing to be frightened of here."
- Our observations during the inspection indicated that staff were prompt to respond to people's needs.
- All relatives we spoke with said they were kept informed in relation to any concerns regarding safety. One relative said, "We are happy with the standard of care here. Can't fault the staff and there is always someone if needed."
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They told us they received robust training and records confirmed this.

Assessing risk, safety monitoring and management

- Regular checks of people for safety had been completed. Support was in line with risk assessments. These records supported staff to provide safe care to people.
- The service assessed people prior to them moving to the service to ensure that the service could safely meet the person's individual needs.
- The environment and equipment were safe and well maintained.

Staffing and recruitment

- There were enough staff to meet people's needs. One person said, "There's always staff there. I have never had to go and look for someone."
- The service was actively recruiting for care staff and those new staff we spoke with said they were given a good induction and were well supported.
- The provider had arrangements in place to carry out checks on staff to assess their suitability before they were employed in the service.

Using medicines safely

- Arrangements were in place for the safe receipt, storage, administration and disposal of people's medicines.
- The service was keen to improve records and immediately took our advice to improve consistency for blood monitoring, and transdermal patch applications. The service also said it would implement a record for finger prick tests to ensure people did not experience discomfort where these were taken regularly.
- Medicines administration records showed people received their medicines in a timely way.
- Records showed, and staff confirmed they had received training in medicines management and they had

been assessed as competent in this area.

Preventing and controlling infection

- The home was clean and there were no unpleasant smells.
- Staff had received infection control training and said they had plenty of gloves and aprons available to them.

Learning lessons when things go wrong

- Accidents and incidents were regularly reviewed. The provider carried out detailed analysis to determine where any improvements could be made.
- Lessons learned reviews were completed when required. This had led to improved practices at the service.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- People had pre-admission assessments that supported their move to the home. This included their care needs and preferences about how they wished to be supported.
- People and relatives were consulted. One relative said, "They asked me what his needs were initially, in great detail."

Staff support: induction, training, skills and experience

- Staff were supported through training and supervision.
- New staff were supported through a period of induction and training. We met with one new staff member who said, "Yesterday I needed to use the shower table for the first time and a staff member showed me step by step how to do that. I feel confident now in how to do this."
- The service had regular meetings to ensure staff were kept informed about developments at the service.

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

- People told us they enjoyed their meals. Relatives were complimentary about what was on offer. One person said, "We have different things on the menu. If you don't like the menu, you just have to mention it and they offer something else."
- When required, staff assisted people to eat and drink. Staff had included dietary information from other professionals into people's care plans. This included information on when people needed soft or pureed diets. One relative told us, "[Name] is a choking risk, but they always sit with him while he eats."

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

- People were well supported by effective working with health partners. We spoke with a visiting GP who told us the service worked well with them, they said, "Requests for our visits are appropriate and the carers here know their patients well."
- Care records detailed when people had support from healthcare professionals and guidance was written into care plans.

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.

- Staff had completed MCA training and ensured people had choices and could make decisions.
- People had their capacity assessed and applications for DoLS had been made appropriately.
- People's rights were promoted and upheld. We saw staff respected people's choices, even where they may appear unwise. Risk assessments were in place to support this.

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

- People had personalised rooms which supported their individual needs and preferences.
- Suitable adaptations and equipment were in place to enable people to maintain their independence.
- The service has ensured that people with memory difficulties had a good level of signage and items such as memory boxes near to people's doors were usually completed. This meant people could find their way around the service more easily.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- Staff were kind, patient, respectful and considerate. They understood every person and knew what was important to them.
- People who used the service were complimentary about the staff. Comments included "The staff are very friendly and very caring", and "The night staff are very good, they tuck you in and switch everything off. They ask you if you are comfortable."
- Staff had created a relaxed and friendly home. People's body language indicated they were at ease.
- We spoke with one person with a different religious and cultural background who told us, "They have been very supportive about my faith. People here have shown interest in my religion, some people watched a DVD film about it with me."
- Staff had received training on equality and diversity and many staff were from a diverse background. We saw that everyone whatever their religious or spiritual background was welcomed.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to maintain their independence where possible.
- Staff treated people with dignity and respect, we saw they knocked on doors and sought permission before entering.

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

- People were involved in decisions, whether it was to do with their own personal needs or the needs of the home. Relatives told us they took part in discussions about the person's care and support needs.
- Both formal and informal meetings for people who used the service took place and people were asked for their views and to share ideas. One person told us, "The manager is also very proactive, she comes around every day to speak to people."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant 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

- Care plans were in place covering a range of people's health and social needs. They contained detailed guidance for staff on how these needs could be met to ensure people received the care and support they wanted and needed.
- Staff clearly knew people well and easily explained how people preferred to be cared for.
- Care plans were reviewed regularly and reflected people's current needs. The registered manager told us they were working to improve the person centred nature of plans by introducing a one page profile and other improvements.

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

- Staff respected people's right to family life and avoid social isolation. Relatives told us they felt welcomed into the service.
- A range of activities were provided by the activity coordinators and staff. External entertainers visited regularly such as singers and a ukulele band. One person told us, "They also have a Karaoke night and pet therapy with tortoises, hamsters, hedgehogs, hens and snakes as well. Visitors can bring dogs, school children visit and relatives come with their grandchildren for social evenings, so we have quite a variety."

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.

- Staff understood people's communication needs.
- People had a communication care plan which stated how they preferred to be spoken to and if they required any communication aids.
- Information around the home provided people with knowledge about events and activities scheduled to take place.

Improving care quality in response to complaints or concerns

- People were confident to raise a concern or complaint.
- There had been no recent complaints. Information relating to how to make a complaint was readily available to people.

End of life care and support

- Staff respected people's wishes. They had involved people and their relatives in discussion about end of life care. People's preferences were detailed in their care plans.
- Staff carried out observations to ensure people were not suffering from pain or distress and promptly accessed healthcare services out of hours when required.
- Thank you cards praised staff for their care and support during this time.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership by the provider of person centred, high quality care; Engaging and involving people using the service, the public and staff

- The service involved people and their families in day to day discussions about their care and support. People told us that they felt reassured and very comfortable with the management team at the service.
- One relative said, "The manager is very approachable."
- Regular staff meetings occurred; staff said they felt listened to and able to contribute. Staff told us, "The manager is very approachable", and "She is non-judgmental and listens to us."

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

- The service was well-run and people were treated with respect in a professional manner.
- There was a positive culture in the home. Staff provided a happy yet calm atmosphere where people were empowered to participate in their care and make their own decisions.
- The registered manager had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements. The service had a robust plan which showed how the management team were ensuring that good quality care was delivered and were driving improvement.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

Working in partnership with others

- The service had good links with the local community. The registered manager told us she was working to develop additional working relationships with local schools, colleges and universities.
- The service worked in partnership with health and social care professionals who were involved in people's care.