

HC-One Beamish Limited

Needham Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Needham Court is a residential care home that provides care for up to 57 older people and people living with a dementia. On the date of this inspection there were 57 people using the service.

People's experience of using this service: People, their relatives and visiting professionals told us the people living at Needham Court received a good level of care. They told us staff knew and fully understood people's needs.

People told us they felt safe. The provider had safeguarding policies in place and records confirmed this process was followed. People told us there were enough staff to look after them. Recruitment of staff remained good. Care plans included individual risk assessments, which were regularly reviewed to keep people safe. Medicines continue to be managed safely. Regular premises safety checks were carried out.

The provider worked closely with various healthcare professionals. People also had access to healthcare services such as GPs, dieticians and dentists.

Staff received support from the manager and deputy manager via supervision meetings. Staff also had access to training which supported them in their role.

People were supported to maintain a healthy diet and people told us they enjoyed their meals. The home was very clean and well furnished. People's rooms were well decorated and had been personalised with people's own belongings. The first floor had been designed to support people living with dementia.

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

People and their relatives were involved in the creation of care plans. Care plans were reviewed on a monthly basis or sooner if people's needs changed. Care plans were updated to reflect changes made.

People were encouraged to provide feedback of their experience. Regular meetings were held with people and their relatives to discuss ideas for improving the home. People were encouraged to participate in a range of activities both internal and external to the home.

People, staff, relatives and healthcare professionals spoke in positive terms about the manager and deputy manager. Staff told us the manager was both supportive and approachable.

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

Rating at last inspection: Good (report published October 2016).

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

Follow up: We will return to re-inspect this service within the published timeframe for services rated as good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Care 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 ●

Needham Court

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team: One inspector, one Specialist Advisor and one expert by experience. The specialist advisor on this inspection was a registered nurse. 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: Needham Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 can accommodate 57 people over two floors, one of which provided care for people living with a dementia.

The service had a new manager who had applied to register with the Care Quality Commission. This means they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection we reviewed the information, we held about the home. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is a report about important events which the service is required to send to us by law. We also reviewed the Provider Information Return (PIR). This is a form that the provider must send to CQC with key information about the service, what improvements they have planned and what the home does well.

We sought feedback from the local authority commissioning and safeguarding adult team along with visiting professionals and reviewed the information they provided. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services. The feedback

from these parties was used in the planning of our inspection.

During the inspection: We looked at four care plans and supporting daily notes, four medicine administration records (MAR). We spoke with seven people who used the service and seven relatives. We spoke with the manager, deputy manager, quality director, regional director, five members of staff and one healthcare professional. We also looked at records involved with the day to day running of the service which included staffing rotas, meeting minutes, health and safety premises checks, quality assurance audits along with supporting policies and procedures

After inspection: The manager and regional director sent us further information which we had requested.

Is the service safe?

Our findings

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

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

Using medicines safely

- Medicines continued to be handled safely and in line with national guidelines. This included the receipt, storage, administration, application and disposal of medicines. Staff who administered medicines were confident to do so.
- People and relatives we spoke with told us staff ensured people received their medicines on time. They also told us staff knew exactly what medicines people took. One person told us, "The senior brings them and stands while I take them. They know exactly what I need and I get them on time, all the time."

Preventing and controlling infection

- The provider had an infection control policy in place. Adequate amounts of personal protective equipment (PPE) were made available for staff to use. Throughout the inspection, staff were seen to make use of this to prevent the spread of infection.
- Staff had access to appropriate cleaning materials to support with infection control. The provider also had a dedicated infection control champion.
- The premises were very clean, tidy and free from bad smells. One relative told us, "The room is always immaculate the hygiene is good."

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were protected from abuse. The provider had a safeguarding policy in place. All staff we spoke with told us they received regular training in safeguarding and they were confident in their ability to identify and report any safeguarding issues.
- Safeguarding issues were logged, investigated and reported to the appropriate authorities. Where possible lessons learnt were taken from issues and changes in process were actioned.
- People told us they felt safe living at the home. People told us, "Yes very safe, the staff look after you they are on 24 hour call. I wasn't well the other night and every time I looked up there was someone (carer) there."
- Staffing rotas confirmed that staffing levels were appropriate to meet the needs of people. Staff were deployed across both floors as necessary and where people's needs dictated. As the needs of people changed, staffing levels were reviewed. The majority of people we spoke with told us there were enough staff.
- The provider's systems and processes regarding recruitment of staff remained safe. This ensured only suitable people were employed to work at the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff were confident in their ability to care for people safely and reduce the risk of harm.
- The provider had appropriate environmental risk assessments in place.

- Care plans included risk assessments, which supported staff to keep people safe. Risk assessments were reviewed on a regular basis.
- A review of the provider's accident and incident log showed accidents and incidents were recorded, investigated and reviewed by the manager. Any accidents were also recorded in people's individual files and where necessary people's care plans were updated with identified actions. This allowed the provider to be pro-active and to prevent any reoccurrence where possible.
- Regular health and safety checks of the premises were carried out and any issues identified were followed up and actioned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- Staff had received regular formal supervision sessions. Staff we spoke with confirmed they also had opportunities to discuss any concerns with the manager and deputy manager outside of their formal supervision sessions.
- Staff had the necessary skills and experience to care for people living at Needham Court. A review of the provider's training matrix identified mandatory training for some staff was out of date. For those staff, training dates had been allocated for staff to complete.
- Staff told us they had access to training and could, if they wished, ask for additional training. Any new members of staff were supported in their role through an induction process along with a period of working alongside existing members of staff for one week.
- People and their relatives told us they felt staff knew how to care for them and said staff had the right level of skills. One person told us, "They are always on the ball for everything. They are trained in moving and handling. They are very well trained." A relative told us, "The staff are fine, they work as a team and [Person's name] definitely gets attended to."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were fully assessed prior to admission to the service. This ensured staff had the necessary skills to care for people along with assurance that the environment and facilities would benefit those people coming to live at Needham Court.
- People's needs were reviewed on a regular basis to ensure their level of care was effective and up-to-date.

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

- The service provided a relaxed and welcoming environment. A number of communal lounges were available for people to sit in, relax and engage in conversation with friends and family. One person we spoke with told us how they loved to sit in one particular lounge. They told us, "I watch the world go by, and I like to see people walking their dogs." A member of staff told us dogs had been a big part of this person's life. They also told us how this person used to be a dog show judge and used to travel to the Crufts Dog Show.
- The provider had made improvements to the service with regards to promoting a dementia friendly environment, including dementia friendly signage and 'memory boxes' fixed to the walls outside of people's rooms to aid people with their orientation. The environment also included, a garden themed area, and a 'rumble area' which had hats, coats and scarves for people to interact with. There were also 'fiddle stations' in hallways. Fiddle stations are objects such as keys, locks, and bolts which people can touch and interact with. Fiddle stations are known to provide tactile stimulation to people living with a dementia..

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

- People were supported to maintain a healthy and balanced diet. People were complimentary regarding the quality and quantity of food and told us they had a selection of home cooked meals to choose from. One person told us, "I have just had my breakfast, I had sausage, bacon and egg. It is nice and they know what I like."
- We reviewed people's weight charts. Where people had unexpected weight loss, the provider had sought specialist advice from dieticians and the Speech and Language Therapist team (SALT) team.

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

- People had access to and were referred in a timely manner to other healthcare professionals for example Speech and Language Therapists (SALT). One person we spoke with told us, "They phone the doctor and he comes out to see me."
- During the inspection we spoke to one visiting healthcare professional who told us, "I have been coming here for four years. I have a good working relationship with the staff and they take things on board and are very receptive. Staff are very pro-active and get on the phone. Staff have a good understanding of residents. They see the person behind the dementia."

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, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People and their relatives were involved in decisions about their care. Mental capacity assessments had been carried out and where appropriate, DoLS applications had been made to the local authority.
- Where people lacked capacity, records were made where decisions had been made in people's best interests.
- Staff we spoke with understood the principles of MCA and applied this understanding whilst caring for people living at Needham Court.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- Without exception every person and relative we spoke with told us people living at Needham Court received care from staff that was both kind and caring. One relative we spoke with told us, "Dad, has been here a couple of years and I have to say we are very, very happy with his care. When we bring my mum in to see dad, they welcome her into the home, and are very kind, the girls are super with mum!"
- An equality diversity policy was in place. Staff had received training in equality and diversity and were able to talk confidently regarding how important it was that everyone should be treated as individuals with differing needs.
- Information was available in different formats to support people. For example, people had the option of documents in larger print. The manager also told us that information would be made available via audio if a request was received.
- We saw lots of positive and genuine interactions between staff and people as well as lots of positive interaction between people themselves. Lots of chatter and laughter was heard between people and staff. We observed staff's approach was both energetic and encouraging towards people.
- One person living at Needham Court had fought in the World War and had expressed a wish to attend last year's Remembrance Sunday Service. This person had been awarded medals for acts of bravery. Staff had supported this person with this wish and accompanied them to the service. Photographs taken on the day showed this person wearing their war medals with great pride.
- People's religious needs were supported.

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

- People had been involved in making decisions about their care. People and relatives we spoke with confirmed they had been involved in decision making.
- Information about advocacy services was available. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy were respected. Throughout the inspection we observed staff knock on people's bedroom doors and ask permission before entering. One person we spoke with told us, "They always knock on the door. I am happy with them and I always have a female carer."
- People were encouraged to be as independent as possible. During lunch, one person was having difficulty eating their soup with their spoon. Staff were quick to notice this and transferred the soup to a mug with a handle which allowed this person to maintain their independence whilst eating their lunch.
- People's personal information was held securely in locked cupboards to ensure confidentiality was maintained.

Is the service responsive?

Our findings

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

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

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

- People received care that was based upon their personal care needs, interests and any activities they wish to be involved in. Care plans had been created with involvement of people, their relatives and with input from healthcare professionals. A visiting professional told us, "Person-centred care is obvious in Needham Court. I often sit and listen to the communication between staff and residents. Staff are clearly caring and know each resident."
- Care plans were reviewed each month and changes made if there had been a change in people's needs. Relatives we spoke with told us they and their loved ones were involved in care plan reviews. One relative told us "The carer did a review two or three weeks ago with a senior carer, they took on board our comments."
- People had the opportunity to be involved in a variety of activities both inside and outside of the home. One relative told us. "The facilities are second to none, the activities stop her over thinking things. They encourage her to join in, they put music on and have a sing along." The manager told us one person, with support from the deputy manager, had recently visited a local swimming pool and they had really enjoyed this. Plans were in place to make this a regular outing. In addition, two people had expressed a wish to go to watch a local football game, and had enjoyed a pint at a local pub to celebrate.
- People had access to the provider's own mini-bus as well as an external mini-bus, both of which supported people to enjoy days out and about. Recent trips included visits to Hartlepool Marina and The Discovery Museum in Newcastle.
- The manager told us of their plans for community involvement. One initiative, namely 'Summer Lovin' supported fundraising activities, one of which was a charity night being held at a local football club. People, their families, staff and local residents were encouraged to attend and join in activities.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. All complaints were logged and actioned in line with the provider's own policy. Complaints were seen as a point of learning and findings were shared with staff during supervision.
- Compliments had been received. A thank you card from a relative included, "One thing that was really important to [Person's name] was when [Staff name] took [Person's name] to the Cenotaph on November 11th – he was thrilled and very grateful that you took him and he got to wear his medals one last time."

End of life care and support

- Staff provided end of life care which was in line with people's wishes. End of life care plans had been created which included people's wishes regarding resuscitation. Staff told us they had received training in end of life care.

Is the service well-led?

Our findings

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

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

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

- Staff told us they felt supported in their role by the manager and deputy manager. They told us the manager operated an open-door policy and was approachable and listened to any concerns they wanted to raise. One member of staff we spoke with told us, "I have worked here five years and I love it."
- The manager along with their staff, carried out a range of quality assurance audits, this included a daily walk-around of the service and the completion of a 'Resident of the Day' document. Any issues identified were noted and actions put in place to address. In addition, monthly quality assurance visits were carried out by the quality director which was further supported by six monthly internal inspection visits by the provider's regional team.
- The manager attended monthly meetings with other home managers and senior managers from across the organisation. These meetings focussed on reviewing quality audits for each home to identify any themes or emerging trends. The meeting also allowed best practice and ideas to be shared to further enhance the care and support people received.
- The manager understood and was aware of the legal requirements of their role. The manager had ensured they had submitted statutory notifications to CQC in a timely manner.

Continuous learning and improving care

- The regional director shared with the inspector plans for further improvements to the service. The provider had recently created an organisational 'dedicated dementia team' called Harmony. The regional director told us how the work of this team would be incorporated into Needham Court to provide an even more dementia focussed level of care for people living there.
- The manager told us of their plans to work with the local falls team to allow staff to learn how to monitor people's blood pressure. Blood pressure issues can be a contributing factor to people having falls. This proactive approach to improving people's care, would hopefully see a reduction in falls, which in turn, would see a reduction in hospital admissions.

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

- People and their relatives spoke highly about the care people received at Needham Court. Relatives told us of the positive impact the level of care provided had on their loved ones. One relative told us, "It's fine this home, my relative says it is the premier league. It really is."
- The manager ensured they thoroughly investigated any matters which were identified. They worked in partnership with other agencies and ensured people and relatives were well informed. This included offering

apologies if things had gone wrong.

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

- Regular feedback was sought from people and this was via an annual questionnaire. In addition, the provider had an on-site computer system available which allowed people to provide instant feedback. Results from a recent questionnaire were displayed in the reception area of the home. The majority of feedback gathered was either good or excellent, with kindness, caring and cleanliness being the highest scoring categories.
- The manager held regular 'resident and relative' meetings with people. This allowed for feedback to be gathered and for any ideas or suggestions to be noted and acted upon. Outcomes were displayed in the main reception area of the home.
- Staff told us they attended regular staff meetings.

Working in partnership with others

- The service worked in partnership with other agencies, including for example, local authority, the behavioural support team and community stroke team. One visiting professional told us, "The staff are very keen to work with us."