

HC-One Beamish Limited

Sutherland 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

Sutherland Court is a care home that provides accommodation and personal care for a maximum of 74 people. At the time of the inspection the home had the maximum number of people living at the service, some of whom were living with a dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection in February 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found care plans were consistent in the level of detail and person-centred information they contained. Person-centred care planning is a way of helping someone to plan their care and support, focusing on what is important to them. Care staff knew people well and delivered personalised care to people. Risk assessments were in place related to the delivery of care and the environment.

People and relatives spoke positively about the service. We saw positive relationships between staff and people. Staff treated people with warmth, compassion and kindness at times when they required support. Staff we spoke with thought they created a caring atmosphere.

Safeguarding procedures were in place and people told us they felt safe. Incidents were reported to the appropriate authorities and investigated. Staff understood their responsibility in safeguarding people and told us of the action they would take if they had concerns about harm being caused to people.

The administration and management of medicines was safe.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 (MCA). The best interest's decision-making process had been consistently followed for people who lacked capacity to make certain decisions themselves.

The service was homely and had been personalised to meet the needs of people. Staff followed infection control procedures and the home was clean and tidy.

There were enough staff to meet the needs of people. Safe recruitment procedures were followed during the employment of new staff. Staff told us they felt supported and received regular supervisions and appraisals. A recognition scheme was in place to show staff they were valued. Training the provider had deemed to be mandatory were completed by staff.

People were offered a choice of meals and we noted that the food provided was well presented and looked appetising. The environment for dining was helpful in making the meal time experience pleasant for people. People told us the food they received was excellent.

Records were available to highlight if people required a specific textured meal due to swallowing difficulties.

A range of checks and audits were carried out to monitor the quality of the service. Care records were complete and up to date, they were maintained to a good standard and stored securely so they remained confidential. Repeat incidents were reviewed to ensure any opportunities to learn were identified.

People, relatives, staff and professionals were positive about the leadership of the home and the registered manager. The provider was meeting legal requirements in relation to notifying CQC of events and displaying their current quality rating.

A visiting professional spoke of a positive working relationship and that care staff were always welcoming. Relatives we spoke to said that their relative received excellent care.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Sutherland Court

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.

We commenced an unannounced comprehensive inspection on 18 October 2018. This meant that the provider did not know we would be visiting. We made a further announced visit to the home on 26 October 2018 to complete the inspection.

The inspection team consisted of one adult social care inspector, an adult social care assistant inspector, a specialist advisor 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 service.

Prior to the inspection, we checked all the information which we had received about the service including notifications the provider had sent us. Statutory notifications contain information about certain events which the provider is legally obliged to report to us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

During the inspection we spoke with 17 people who used the service and five relatives.

Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them. We spoke with the registered manager, deputy manager, area quality director, seven care workers, activity coordinator, chef and house keeper.

We reviewed five people's care records. We looked at three staff personnel files, in addition to a range of

records in relation to the safety and management of the service. We also spoke with two healthcare professionals who visited the home.

Is the service safe?

Our findings

People told us they felt safe. Comments included, "I feel very safe here" and "Oh yes, I'm safe here. The staff are very good." A relative told us, "It's definitely safe, people are checked regularly, [name of person] wasn't safe at home. It's so reassuring knowing [name of person] is here and safe."

Systems continued to be in place to safeguard people and staff understood their responsibilities in how to protect people. Staff told us they had completed training and were able to describe what action they would take to protect people if they suspected any type of abuse.

The administration of medicines were safe. We saw medicines were stored securely and medicine administration records were completed and up to date. Staff had completed medicines training and staff competencies were assessed as part of the process. Staff had access to policies and procedures and patient information leaflets were available to guide their practice. We saw one medicine did not have an expiry date recorded. We brought this to the attention of a senior carer who immediately contacted the pharmacy to request this was updated.

Risk assessments were in place for people and were reviewed regularly. These included environmental risks and any risks due to the health and support needs of the person. We saw risk assessments had been updated for people when there was a change in need.

The registered manager reviewed accidents or incidents to identify if there were any lessons learned. When lessons learnt were identified actions were recorded and systems changed to try and reduce the risk of repeated incidents. One staff member told us, "There are meetings every day where things are discussed."

Robust infection control procedures were in place and cleaning products were stored securely. The home was clean, homely and had no malodours. Staff received training in infection control and personal protective equipment was available. Cleaning schedules were in place and hand sanitizer was available throughout the home. We observed staff using this during the inspection.

Personal Emergency Evacuation Plans (PEEP) were in place for people. A PEEP is a plan that provides staff with information about the levels of support a person would require if they needed to be evacuated in an emergency. We found these records were detailed and reflected the needs of people.

People, relatives and staff we spoke with told us they felt there were enough staff on duty at the home. The registered manager told us staffing levels were determined using a dependency tool to ensure there were sufficient staff available to meet people's identified needs at all times.

Safe recruitment procedures were in place and were generally followed. Staff files contained a recent photograph, written references and a Disclosure and Barring Service (DBS) check. A DBS check enables employers to make safer recruitment decisions. It also prevents unsuitable people from working with vulnerable people. References and DBS checks were in place before staff had started employment. We did

see one staff application form where the employment history was blank and a risk assessment had not been completed. We brought this to the attention of the registered manager and the paperwork was updated by the second day of our inspection.

Is the service effective?

Our findings

At the last inspection staff told us they were well supported. We received positive feedback from staff throughout the inspection. One staff member told us, "I received a very good induction and there is lots of help and support for me." Staff told us they received regular training and supervision. The majority of training was completed using the provider's e-learning system. Staff who administered medicines had undertaken practical competency assessments. Newly recruited staff received a comprehensive induction programme which followed the principles of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff. Supervisions and appraisals were carried out regularly in conjunction with the providers policy.

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 procedure 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. People had authorised DoLS in place. Staff were complying with their legal responsibilities and were aware of this deprivation and what it meant for people.

People's records confirmed that an assessment of their needs had been completed before they moved into the service. A more detailed needs assessment was completed after moving in. Care plans contained person-centred information which detailed what was important to the person. Staff knew people well and we saw effective communication between staff and people who used the service. We also observed effective communication between staff. Staff handovers took place at shift changes where key information was shared between staff teams. The home operated a resident of the day system, this ensured care plans and risk assessments were updated and reviewed on a rolling programme. We saw referrals were made to other health professionals when required to make sure people received effective care and treatment.

Systems were in place to ensure people's nutritional requirements were met. People who were assessed as being nutritionally at risk had appropriate care plans and risks assessments in place. We saw evidence of involvement with health care professionals including the GP and dietician. We observed the dining experience at the home and found this was consistently good. Comments from people included, "The meals are lovely" and "The chef is excellent, it's very important to have nice food and we do...you get a lot to choose from." Systems were in place to ensure information was available to kitchen staff regarding people's likes, dislikes or specialised diets.

The home was appropriately adapted for people living with dementia. There was pictorial signage around the home. Pictorial signage helps people to visualise certain rooms and items, if they are no longer able to understand the written word. People's bedrooms were personalised with people's own furniture and familiar belongings to help them feel at home.

Is the service caring?

Our findings

People continued to find the staff caring. Comments included, "Yes they are very caring, without a shadow of a doubt. They seem to anticipate what you need or want, they are good at that" and "The staff are very caring here, they are always ready with a kiss and a cuddle and have a laugh."

Relatives we spoke with told us how happy they were with the care their relative was receiving. Comments included, "The staff are lovely with the people here and keep me well informed and up to date. We feel included in [name of person's] care" and "If you need anything they will do it, the home put a satellite dish in just for [name of relative]. They involve families in all decisions and keep us informed of everything." A third relative told us, "I feel I can visit at any time and if [name of relative] is in bed I can sit with [name of relative]. I'm never rushed away and we just help our self to tea or coffee. You couldn't get anywhere better for your parents to be."

Throughout the inspection we observed positive interactions between people and staff. Staff were seen to treat people with warmth, compassion and kindness at all times. Staff knew the people they were supporting very well and used humour at times when talking to people.

We saw people looked clean and tidy and were well cared for. We observed staff treating people with dignity and working in ways which protected their privacy. Staff told us ways in which they protected people's dignity especially when supporting people with personal care. Comments from staff included, "When we go to people in the morning we ask if they want to get up, we always knock on people's doors, close doors when supporting people with personal care and use towels to cover people" and "We give people privacy in their own rooms and we support people so other people don't notice an issue. Everything we do is to make sure that things are right for the residents." A third staff member told us "I feel proud when people get help and they are happy. Whenever I have time, I sit with people and talk, I don't want people to be lonely."

People's religious beliefs were recorded where appropriate. The home had links with a local church and religious services had been conducted in the home. Services were inclusive and were open to everyone of all religions. Staff were respectful of people's cultural needs when these were known. Staff had purchased a prayer mat for another person living at the home to meet their religious needs.

At the time of the inspection no one required support from an advocacy services. An advocate helps people to access information and to be involved in decisions about their lives. Staff knew how to support people to access advocacy services, if this was needed.

The activity coordinator told us of a 'wishes tree' which had been made with people. The wishes tree contained a photograph of each person living at the home. Written on the reverse of each person's photograph were three wishes of what the person would like to achieve. For example, one person had recorded they wished to go shopping at the Metro Centre. Throughout the year staff tried to support people to achieve their individual wishes.

People's confidential information was stored securely and could be located when required. This meant that people's confidentiality was maintained as only people authorised to look at records could view them.

Is the service responsive?

Our findings

People were supported to access a range of events and activities. A pictorial activities board showed what activities were available to people daily. The registered manager told us the home had recently recruited an activity coordinator and plans were in place to build upon the activities available. The home had a dedicated music room where people enjoyed playing piano and engaging in music sessions with staff. The home used technology to support with music activities. During the inspection we observed a music activity where Alexa technology was utilised. Alexa is a virtual assistant, this technology enabled people to talk to the device to request it to play music of their choice.

The registered manager told us of other initiatives to meet people's needs. This included staff not taking their own lunch break during meal times for people and the 'two o'clock stop', this was a dedicated time where staff would sit and chat with people.

A cinema room was available to people and films were advertised daily. People could use the cinema to watch a film with their relatives and it had also been offered as a resource to the local community. A gardening club was established, a greenhouse was accessible for growing plants and there were plans for raised beds to be built for future gardening projects. A seating area was available outside in the garden which could be used by people and their relatives.

People had the opportunity to go on community trips as the service had access to a shared mini bus. The home maintained links with the community and took part in Harvest festival celebrations. A relative told us, "There was a barbeque recently, it was a community thing...we had a great time. They've even had visits from a reindeer and a donkey, Christmas is great."

The care plans we reviewed were person-centred and contained information which reflected people's individual needs. Care plans were regularly reviewed, updated and contained detailed instructions to guide staff about how to support people appropriately. Corresponding risk assessments were available for each care plan.

The provider had a complaints procedure in place. Complaints were recorded and investigated in a timely manner. One person told us, "There's been no need to complain about anything, because nothing is wrong, I do know how to complain if I need to."

End of life care plans were in place for people. Care plans recorded people's wishes and what was important to them for their end of life care. The registered manager told us how people's religious views and dignity were respected by staff. Comfort bags containing toiletries were available for relatives use. This enabled visitors to remain with their loved one if they wished and still have the ability to attend to their own hygiene needs. Appropriate records were in place for people including Emergency Healthcare Plans and Do Not Attempt Cardiopulmonary Resuscitation plans.

Effective communication systems were in place. Technology was used in the home to meet people's care

needs. Staff carried portable pagers which alerted them if a person had summoned assistance. This system meant that people were not disturbed by the sound of buzzers across the home. The registered manager told us they used a webbased program to support people to maintain contact with their relatives.

Is the service well-led?

Our findings

A registered manager was in post who had become registered in June 2018. 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 2008 and associated Regulations about how the service is run.

The registered manager had a clear vision of how they wanted the service to operate and had identified a plan which highlighted priorities for improvements. They understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out.

Records showed there was a robust and systematic approach to management and governance. Various audits were completed internally to monitor service provision. For example, audits were completed to monitor quality of care plans, medicines management, infection prevention and control and health and safety. The provider audit completed in August 2018 resulted in an overall compliance score of 99%. Accidents and incidents were recorded and analysed by the registered manager to determine if any trends could be identified. When incidents occurred they were reviewed to reduce future risks and review current practice for any learning opportunities.

Arrangements had been put in place by the provider for the on-going maintenance of the buildings. Routine safety checks and repairs were carried out and external contractors carried out regular inspections and serviced equipment. For example, fire safety equipment, electrical installations and gas appliances were maintained to ensure they were safe for people. Systems were in place to report any faults so that repairs could be dealt with promptly.

The registered manager introduced a buddy system as a support network for newly appointed staff. New staff can approach any member of the team wearing a buddy badge for additional support. In addition to this newly appointed staff are also allocated a mentor. The registered manager told us these support systems had helped to reduce staff turnover.

Staff were positive about the support they received. Staff were clear about their role and knew what was expected of them. Comments from staff included, "I do feel well supported at work. The manager is very approachable" and "The manager has always said if there is anything I should let them know. [Name of manager] is very supportive and always asking questions about if I am alright."

The provider used surveys to seek the views of people living at the service and their relatives. One person living at the home told us, "It's fantastic. [Name of manager] is very good, they make you feel like one of the staff." A relative told us, "The place is well managed; the manager is on the ball."

An award system was in place by the provider. The Kindness and Care awards were to show staff they were

valued. Staff were nominated for awards to recognise when they had gone 'above and beyond' in their daily role. Staff who won were awarded a certificate, badge and received a shopping voucher as recognition of their achievement. The local Member of Parliament recently visited the service and presented two members of staff with awards.