

St. Martin's Care Limited

Washington Manor Care 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

About the service

Washington Manor Care Home is a residential care home providing personal care to 61 people aged 65 and over at the time of the inspection. The service can support up to 68 people.

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

The provider had made significant progress with making improvements since our last inspection. There was good oversight of the home through more effective quality assurance. Medicines were now managed safely. Completion of training had improved and the provider was now following the requirements of the Mental Capacity Act.

All care plans had been reviewed to ensure they were based on an accurate assessment of people's needs. Care plans were now more personalised and detailed.

People and relatives said the care provided was good and staff were kind and caring. There were good relationships between people and staff.

People, relatives and staff felt the home was safe. There were good systems to monitor incidents and accidents to help learn lessons and keep people safe. Staff understood how to raise safeguarding and whistle blowing concerns and confirmed they felt confident to do so. Previous safeguarding concerns had been dealt with appropriately.

There were enough staff to meet people's needs. New staff were recruited safely.

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

People had opportunities to participate in various activities. People were confident to raise concerns if required. Previous complaints had been fully investigated and resolved.

There were regular opportunities for people and staff to give feedback. They confirmed their views were listened to. People, relatives and staff said management were approachable and there was a welcoming atmosphere.

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 requires improvement (published 3 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 ●

Washington Manor Care Home

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

One inspector, a specialist advisor who was a qualified 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

Washington Manor Care Home 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 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 sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with 10 members of staff including the operations manager, registered manager, assistant manager, senior care workers, care workers and maintenance. We also spoke with two visiting health professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage medicines safely and did not robustly manage risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider now followed safe practices when administering medicines, which were in line with best practice.
- Accurate records were kept confirming medicines, including those liable to misuse, were managed, stored, administered and disposed of appropriately.
- Managers regularly checked staff followed the correct procedures. This helped identify medicines errors quickly and ensure appropriate action was taken.
- Where potential risks had been identified, detailed risk assessments were carried out identifying the measures needed to minimise the impact on people.
- Personalised care plans and risk assessments had been reviewed to help ensure people with complex care needs received the care they needed. For example, where people were at risk of poor nutrition, skin damage or experienced distress.
- Personal emergency evacuation plans (PEEPs) had been updated, so they contained accurate information about the support people needed on an emergency.

Staffing and recruitment

At our last inspection we recommended the provider reviewed the way it deployed staff. The provider had made improvements.

- Deployment of staff across the home had been reviewed and changed. Staff were now given clearer directions about what was expected of them to ensure people received safe care.
- Most people and relatives confirmed staff responded to requests for assistance in a timely way. They said, "I'm fortunate I don't have to ask for help, they're quick two or three minutes" and "They're quick, [family member] doesn't ask very often ... They're easy to find."
- Staff gave positive feedback about staffing levels. One staff member told us staffing levels had "improved dramatically."

- There was a visible staff presence around the home; staff were on hand to respond to people's requests for help and to supervise communal areas.
- The provider followed safe recruitment practices when employing new staff.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and staff felt the home was safe. They commented, "As far as safety is concerned I've just always felt safe, can't ever say I've been unhappy" and "I think [family member] is very safe, they were not safe at home."
- Most staff had now completed safeguarding training. They demonstrated a good understanding of safeguarding and the whistle blowing procedure. Staff confirmed they hadn't used the whistle blowing procedure but wouldn't hesitate to do so if required. One staff member said, "I know what to do [to raise concerns]. I feel confident I could go to management here."
- Previous safeguarding concerns had been referred to the local authority and fully investigated.

Preventing and controlling infection

- The home was clean and well-maintained. One person commented, "I don't think it can be any cleaner they always have their brushes out [sweeping the floors]."
- Management completed checks to ensure standards of cleanliness were maintained and staff followed the provider's infection control practices.

Learning lessons when things go wrong

- Detailed incident and accident records were kept. Staff had been given additional support in how these records should be completed.
- Incidents and accidents were analysed monthly to help identify trends and learn lessons. Learning was a theme throughout the quality assurance process.

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 inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure people's nutritional and hydration needs were met. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People identified as being at risk of poor nutrition were referred to healthcare professionals for their advice and guidance. Their recommendations had been documented in care plans and staff followed these when caring for people.
- Records were maintained to check people had enough to eat and drink each day. Where required, people's weight was monitored and action taken for people experiencing significant weight loss. A visiting health professional told us, "They are on the ball with paper work. If I ask for food and fluid charts to be put up, they are done and kept up to date."
- Most people gave positive feedback about the meals. One person said, "The meal was very nice today, on the whole it's reasonable ... there's a choice and an alternative and there's always sandwiches."
- People were supported to eat and drink in line with their individual needs. This ranged from prompts and encouragement through to one to one support.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider did not always follow the requirements of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was following the requirements of the MCA; DoLS authorisations were in place for all relevant people.
- Where people were unable to consent to restrictions placed on them, an MCA assessment and best interests decision was completed first.
- Care plans described the individual support people needed with making choices and decisions.
- People confirmed staff asked for their consent before providing care. One person said, "They [staff] would ask first what they should do."

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

At our last inspection the provider did not always ensure people's care was appropriate to meet their needs and preferences and did not always assess people's needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Detailed assessments were in place which identified the care people needed. This included considering people's preferences and protected characteristics, such as religion and culture.
- The information gathered during the initial assessments was used as the basis for developing personalised care plans and risk assessments.

Staff support: induction, training, skills and experience

- People and relatives were complimentary about staff member's skills and experience. One person said, "They're there in no time, doing [their job] well. At least that's what I've found."
- Staff received good support and the training they needed. One staff member commented, "I do feel supported, I had a supervision the other day. However, I wouldn't wait for a supervision [if I required help] I would just speak to somebody if needed."
- Completion of training had improved significantly since we last inspected and was now at a high level.

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

- People were supported to access health care services and attend appointments. One person told us, "An ambulance is arranged to take me to appointments."
- Care records confirmed people had input from a wide range of health professionals depending on their needs. This included GPs, community nurses, specialist nurses and therapy services.
- A weekly GP round took place within the home, which meant people's health needs were reviewed regularly.

- A visiting health professional gave positive feedback about the home. They described the home as "one of the better ones."

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

- Adaptations had been made to suit the needs of people living with dementia. Some areas of the home had been themed to provide stimulation. There was good signage and colour coding of doors to help people orientate around the home.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were well cared for and staff were kind and considerate. They commented, "They're always nice in my opinion. You can see here how nice they are, they're very funny and wonderful" and "I am very well cared for."
- Relatives' feedback reflected these comments. One relative said, "[Family member] is well cared for. They're [staff] kind and sympathetic ... I have never heard any staff raise their voice to anyone and I'm here every day except Sundays."
- People were supported to follow their religious beliefs. One relative said, "There's a couple of women who come in to do communion but my [family members] friends come and take them to church."
- The provider had received written compliments and thank-you cards praising the care provided at the home. They described people being shown "kindness and respect" from "thoughtful and friendly" staff.

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

- People told us staff listened to their views and they were encouraged to make decisions and choices. People told us, "They sit down with you. They seem to know exactly what you're saying and how to respond to you" and "Oh yes that's one thing you can do in here you can sit down and talk to them and they listen."
- People's communication needs had been assessed and their support needs documented in communication care plans.
- The provider had identified where people required support from others with making decisions about their care. This was usually relatives and for some people an independent advocate. Where there were formal arrangements in place, staff had asked for copies of the corresponding paperwork.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People commented, "They always knock before they come in" and "They would make sure my curtains and door were closed."
- Staff understood the importance of promoting dignity; they adapted their practice accordingly when caring for people.
- Staff encouraged people to be as independent as possible. One person commented, "They encourage me to do things for myself. They're all very nice. They seem to know what they've got to do and when they've got to do it."

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection the provider did not always ensure people's care was appropriate to meet their needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care plans had been reviewed and updated since the last inspection. They were now detailed and person-centred, with specific guidance on how people wanted their care provided.
- Care records also included a life history which is important so that staff can gain a better understanding of the people they cared for.
- Care plans were reviewed monthly to help ensure they reflected people's current needs.
- People's wishes for their future care needs, including end of life care, were recorded in specific care plans.

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.

- Information could be made available in various formats, such as easy read and pictorial.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to participate in a wide range of activities and to develop social relationships. One person commented, "I spend my time with [family member]. I talk to other people especially those that don't have any visitors I just want to be friendly."
- People and relatives gave positive feedback about the availability of activities. They commented, "I don't care what it is as long as I'm kept busy, there's always something going on", and "There's singing and they do painting. They're all sat around the table now painting."

Improving care quality in response to complaints or concerns

- People knew how to complain; they felt concerns were listened to and addressed where possible. One person commented, "I have made complaints to the manager ... he will listen. Sometimes he can do something about it and sometimes he can't, but he will listen."
- Previous complaints had been logged. There were detailed investigation reports showing the action taken to address concerns. A written response had been sent to complainants with outcome of the investigation.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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; Continuous learning and improving care; Working in partnership with others

At our last inspection the provider did not have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the provider had been proactive in providing regular progress updates to the CQC. These show significant improvements had been made since we last visited the home in May 2019.
- The provider was also working in partnership with local commissioners and health professionals to work towards positive outcomes for people.
- The quality assurance system was now fully embedded into the home. A range of comprehensive checks were effective in identifying areas for improvement and ensuring robust action was taken. There was additional oversight from senior management and the quality team.
- Accurate records were now being maintained, including food and fluid charts and other records confirming how people had been cared for.
- People, relatives and staff confirmed the home was well-managed. People and relatives said, "Oh yes, it's very well managed" and "I think [manager] is very informed and gets around, gets involved with the singing."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive atmosphere in the home; staff morale had improved. One staff member commented, "Staff morale is okay, better than it was."
- Most people said they were could speak openly with staff and were listened to. One person commented, "If we think if something could be done better, then we can report it and they'll make it right for us."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Since the last inspection a manger had registered with the CQC. People and staff members gave positive feedback about the registered manager. One person commented, "I can approach the manager anytime

and he'll take action ... he works hard, it is a very demanding job." A staff member commented, "[Registered manager] is spot-on. His door is always open, he is always happy to help. Any situations, he will sort them out."

- The registered manager submitted the required statutory notifications to CQC following significant events at the home.

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

- There were opportunities for people, relatives and staff to give feedback about the home. Planned meeting dates were displayed to help promote attendance.
- Specific meetings were held with staff following the last inspection to discuss the concerns identified, share details of the action planned and support for staff.
- People, staff and healthcare professionals had been sent questionnaires to gather their views about the home. The feedback was mostly positive. The returned questionnaires were analysed and an action plan completed based on the findings.