

# Carntyne Care Home Limited Hexham Carntyne Residential 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 well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Hexham Carntyne Residential Care Home is a residential care home providing personal care for up to 19 people, including older people and people who may be living with dementia. At the time of our inspection 19 people were living at the service in adapted accommodation, including two communal lounges and a lift to upper floor bedrooms.

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

The registered manager and staff team, with support from the provider, had made improvements at the home.

Infection control procedures had improved. The provider had strengthened processes and staff were following guidance to protect people. There continued to be no outbreaks of COVID-19.

Medicines were administered to people in a safe and timely manner and updates to medicine records continued to be reviewed to make sure they were up to date.

Care plans were in place and were continuing to be fully reviewed and updated onto new paperwork. Staff knew people well and were able to support them in the way they preferred. 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's dietary needs were met, and a good range of home cooked food and refreshments were available.

Staff training had been updated to ensure staff were skilled to deal effectively with people's care needs.

Quality monitoring systems had been updated. Staff said the management team had made many improvements and morale had improved.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 20 May 2021) and there were two breaches of regulation. We had also placed conditions on the providers registration for the service. The provider completed an action plan after the last comprehensive inspection to show what they would do and by when to improve safe care and treatment and good governance.

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective

and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection. We have found evidence that the provider has made improvements and addressed the previous breaches of regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hexham Carntyne Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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 well-led?**

The service was well-led.

Details are in our well-led findings below

**Good** ●

# Hexham Carntyne Residential Care Home

## **Detailed findings**

### Background to this 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of one inspector and one 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 care service.

#### Service and service type

Hexham Carntyne Residential 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 spoke with the

local authority safeguarding and commissioning teams, the local infection control lead for care homes 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.

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. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people and five relatives. We spoke with seven members of staff including the registered manager and deputy manager. We also met with the provider and their nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with a visiting community matron and contacted three other health care professionals.

We reviewed five care plans, 10 medicine administration records, one staff file and a variety of records relating to the quality of the service.

After the inspection

We requested further information and clarification from the registered manager.

# 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.

At the last inspection people were not fully protected from the risk of infection because staff were not following government guidance. 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 and conditions placed on their registration were removed.

### Preventing and controlling infection

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

At our last inspection we found medicines were not always managed safely. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

### Using medicines safely

- Medicines were safely managed and administered to people as prescribed. One person commented, "Staff bring my medication to me and never forget."
- Medicine records had improved and were now completed correctly.
- Medicine care plans and risk assessments were being transferred to new paperwork and further reviews were taking place. We noted one person's medicine risk assessment had both old and new paperwork in place but neither matched. The registered manager said this would be addressed immediately.

### Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified, assessed and reviewed. We identified a small number of outstanding updates required, although these had no impact on people. The registered manager told us these would be addressed during the transfer to new paperwork which was currently taking place.
- Safety was monitored. Personal emergency evacuation plans were in place for each person. These contained pertinent information about people's needs and would support staff and emergency services, should an evacuation from the service be required.
- The service was well maintained, and regular checks took place.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe and were protected from the risk of abuse. One person said, "I feel safe knowing that no-one can get through the front door without staff checking who they are."
- Staff received safeguarding training and could recognise and report any concerns.
- The provider had systems in place to protect people from harm. The registered manager understood their responsibilities and any concerns were acted on appropriately.

### Staffing and recruitment

- Safe recruitment procedures were in place. A new human resource (HR) system had been implemented and all staff records were now held electronically. Staff files contained references and other appropriate background checks. Disclosure and Barring Service Checks (DBS) were also recorded, which confirms staff suitability to work with vulnerable people.
- There were enough staff to meet people's needs safely. This had improved since our last inspection and staff confirmed this.

### Learning lessons when things go wrong

- Accidents and incidents were monitored to ensure there were effective processes to ensure lessons were learnt.
- Information was discussed in staff meetings to support learning and promote good practice.

# 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 requires improvement. At this inspection this key question has improved to 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's needs had been assessed before they moved into the home.
- Care plans had been put in place for each person and the registered manager was continuing to update these onto new paperwork. This included a full review of people's needs.
- Nationally recognised tools were used to monitor people. For example, the Malnutrition Universal Screening Tool (MUST) and Waterlow were used to monitor people's weight and skin integrity. Two people who used special air flow mattresses to avoid skin damage did not have the settings recorded in their care plans. This was addressed immediately by the registered manager.

Staff support: induction, training, skills and experience

- Staff were supported and felt valued by the registered manager. Supervision sessions had taken place and regular staff meetings had taken place. One staff member said, "I'm proud of this place now [Registered manager name] has made it a joy to come to work. It's so different from when you were last here."
- Staff training had been refreshed, this included infection control and first aid which had been recommended at the last inspection.
- Staff competencies had been checked to ensure staff were following best practice. This included medicines and infection control procedures.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff had an understanding of the MCA. Staff had been trained in the MCA.

- Staff were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- Care records showed people's choices and rights were promoted and upheld.

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

- The register manager and staff team worked with external healthcare professionals to support and maintain people's health, for example GPs and community nurses. The community matron said, "Feels like good communication from the staff. They know when I am coming and let me know who they would like me to see or talk about."
- People's records contained medical history, professionals involved in their care and details of any health appointments they had attended. One person said, "Staff would call the GP if I were not well straight away."

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

- The environment was continuously being reviewed, updated and improved. This included the recent opening of a resident shop which had an old-fashioned till and various items for people to purchase. The registered manager and staff confirmed all profits from the shop were going to the resident's fund to support people with trips out or other activities.
- People's rooms were decorated with personal belongings to make them comfortable and homely.
- There was a range of equipment and adaptations to support the needs of people using the service. One person's bathing arrangements were in the process of being reviewed as the equipment being used was potentially no longer suitable. This included the potential of installing a new shower in their bedroom ensuite.

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

- People were offered a good range of fresh home cooked meals and drinks which met their individual dietary needs. People who needed support with eating or drinking were supported appropriately in line with their care plans.
- We observed mealtimes, and found they were pleasant and sociable occasions. Some people chose to enjoy their meals in their bedrooms.
- Kitchen records had improved and were up to date. We did find one record which had missed some key information, but this was updated immediately.

# 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.

At our last comprehensive inspection we found the provider's governance systems had failed to identify the issues we found including in relating to medicines, infection control and staff training. 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.

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

- Quality monitoring systems had improved and there was better oversight of the service. There was an ongoing improvement plan, with actions taken and outcomes achieved. Potential areas for improvement were identified and acted on in a timely manner.
- Staff had a better understanding of their roles and had received updated training to support this.
- People and relatives continued to give positive feedback on the caring nature of staff in all roles within the home. One relative said, "The staff are amazing, caring and hardworking."
- The registered manager and deputy manager worked well together, and staff told us they felt supported by them.
- Incidents had been reported to the CQC as legally required.
- Advice was sought from community nurse teams when needed to improve the care people received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had supported the staff team to further develop their skills and knowledge to better support people.
- Staff were positive about how the registered manager communicated with them and staff morale had improved to good levels. Staff told us how their views were listened to and acted upon. Staff meetings took place and were planned in advance.
- Communication between staff and family members had improved. Relatives were contacted should people's need change and kept up to date with general issues via newsletters or email updates. One relative said, "The communication has improved with the new manager."
- People were included in decisions about how the service should operate. For example, people had been

asked their views on what products should be sold, in a recently opened shop within the service.

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

- The registered manager demonstrated an open approach towards people, their relatives and staff when things went wrong.
- Processes were in place to help ensure that if people came to harm, relevant person's would be informed.

Working in partnership with others

- The service had good links with local community organisations such as the GP, district nurses and social care professionals who routinely visited the service.
- The registered manager worked with Skills for Care to help promote training within the staff team.
- The registered manager had worked with the local authority and recently passed their excellence programme for managers working in care. The registered manager was proud of their achievement.