

Hornby Healthcare Limited

# Shoreline Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Shoreline nursing home is a care home which provides nursing and residential care to older people and young adults with physical health conditions and dementia. The service can support up to 43 people. At the time of the inspection 40 people were using the service.

Shoreline is a large adapted building over two floors. There are two units for people with nursing and residential care needs and there is one unit for people living with dementia.

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

Good improvements had taken place since the last inspection. The provider had made changes to the running of the home. People, relatives and staff said they were much happier and the quality of care at the home had improved. One person said, "It's a nice, friendly atmosphere here and the [registered] manager and owner are both approachable. I'd recommend here, no problem at all."

Quality assurance procedures needed continued development. Good leadership was in place which supported people to achieve positive outcomes and improved staff morale. Feedback had been used to drive improvement. The home had good links with the community.

People said staff kept them safe. Continued improvements were needed in the management of risk. The provider had improved oversight of the service and this had led to lessons being learned. There were enough staff on duty to support people safely. People were supported with their medicines, however we made a recommendation in relation to medicine records. The home was clean.

Staff with the right skills and experience supported people with all aspects of their care. Staff knowledge of mental capacity had improved. Continued improvements had taken place in the environment.

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 said they were well cared for by staff who knew them well. Staff were responsive when people's needs changed, and care was dignified. People and staff spoke positively about each other. People were involved in all aspects of their care, and staff supported people to be as independent as they could be.

People received individualised care and support from staff. The quality of care records had improved. Good procedures were in place to support people with end of life care. People said they had many opportunities to have social contact with people. People knew how to make a complaint and were confident that it would be addressed.

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 inadequate (published 20 January 2020) 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. The provider remained in breach of regulations 12 and 17.

This service has been in Special Measures since 17 January 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection to review the warning notice issued following the last inspection. We completed a comprehensive inspection to review all of the improvements which the provider said they had carried out.

#### Enforcement

The requirements of the warning notice have been addressed. However, we have identified breaches in relation to the management of risk, record keeping and quality assurance processes.

Please see the action we have told the provider to take at the end of this report.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Shoreline Nursing 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 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

Shoreline nursing home is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the home since the last inspection. We used the information shared with us as part of our attendance at serious concerns protocol meetings about the home. We sought feedback from Redcar and Cleveland and Middlesbrough local authority commissioning teams and professionals who work with the service. This included South Tees Clinical Commissioning Group 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.

We used all of this information to plan our inspection. 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 12 people who used the service and two relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, registered manager, deputy manager, a nurse, a senior care worker and three care workers.

We reviewed a range of records. This included seven people's care records. We looked at three staff files in relation to recruitment and five staff files in relation to supervision. We also reviewed the training matrix for all staff. 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the last two inspections of the home the provider had failed to robustly assess and manage the 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. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Continued improvements were needed to ensure risks were continually managed. Systems for monitoring and reporting risks had improved.
- The procedures in place to manage risk did not allow the provider to have the oversight required. There were gaps in record keeping and information sharing around these behaviours. This increased the risk of harm to people and staff.
- Where risks had been identified, such as falls, choking and weight loss, referrals to health professionals had been completed. However, care records did not sufficiently detail the support which people needed. Systems for sharing information about risk within the home needed to be improved. Reviews of risk were limited and did not support sufficient oversight of risk. Health and safety checks of people in line with risk were not always carried out when required.
- People said staff kept them safe. One comment included, I press my buzzer lots of times and they come straight away. They even look in regularly on me during the night in case I fall, although I do have things under my bed [falls sensor mats] that tells them when I'm going to the toilet. It makes you feel safe and secure."

Risks to people and staff remain. This is a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

At the last inspection of the home quality assurance systems were not in place to support safe recruitment. There were not enough suitably trained and competent staff on duty to meet people's needs safely. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of regulation 18 (Staffing) 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 and regulation 18 in respect of staffing and recruitment.

- Good recruitment procedures were in place. These were in-line with the provider's policy.
- There were enough well trained and experienced staff on duty to care for people safely.
- People said staffing levels made them feel safe. Comments included, "I pressed the buzzer recently, they [staff] came straight away, so I think there is enough staff." And, "They [staff] check on me all the time really, even on a night time. I pressed my buzzer this morning at 6am to help me get up and they came straight away."

### Preventing and controlling infection

At the last two inspections of the home the risks relating to infection control had not been managed. 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 breach of regulation 12 for preventing and controlling infection.

- The home was clean throughout. Staff worked in-line with the policies and procedures in place to minimise the risk of cross infection. Staff had kept up to date with training in this area and had sought advice from an infection control nurse.

### Learning lessons when things go wrong

At the last inspection of the home, there was a lack of effective systems in place to ensure the safety of people using 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 breach of regulation 17 for ensuring lessons are learned.

- Lessons had been learned. The provider had reviewed systems in place to deliver a safe service to people. Feedback from professionals had been taken onboard. Continued improvements for monitoring accidents and incidents needed to take place to support the management of risk.
- Good systems were in place to support learning when incidents took place. Staff were more confident about raising concerns and communication at all levels had improved. An action plan was in place to continue to make positive improvements.

### Using medicines safely

- Medicines were stored and administered safely. There were sufficient stocks of medicines in place. People received medicines when they needed them.
- Medicine records needed improvement. Records to support 'when required' medicines for people without capacity needed review. Consistency with the completion of medicine records was needed. Missing photographs from medicine records needed to be replaced.

We recommend the provider review medicines records in line with best practice to ensure the risk of harm is minimised.

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

- People were protected from the risks of abuse. Staff understood the procedures which they needed to follow if they suspected someone might be at risk of abuse.
- People said staff kept them safe. Comments included, "I definitely feel safe." And, "[Person's] care plan states they had to be checked every hour. That's such a peace of mind."



# 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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection, there was a lack of effective records and oversight in place to support staff to care for people safely. 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 in relation to support for staff.

- Staff were supported in their roles. Staff had participated in regular supervisions. These had focused on areas of improvement which needed to be made. As a result, staff practices had improved.
- People said staff had the right skills and experience to look after them. Staff said they felt empowered in the roles and had the full support of the management team.

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

At the last two inspections of the home the provider had failed to robustly assess and manage the risks relating to nutritional intake. Records were not up to date and staff did not always seek always follow the correct procedure before making decisions about people's dietary intake. 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 breach of regulation 17 in relation to nutritional intake.

- People were supported with their nutritional needs. Reviews of nutritional needs had taken place and referrals for support had been carried out.
- People spoke positively about the food and choices available to them. A relative said, [Person] is on a soft food diet but the chef is brilliant, they shape the mashed meat into the shape of a steak, or a chop and the mashed mushrooms look like real mushrooms. It really looks appetising."
- Mealtime experiences were positive. Tables were set and music was played in the background. Staff supported people to eat and dignity was maintained throughout.

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

At the last inspection of the home, there was a failure to implement dietary recommendations and have

accurate and care records in place to support people's health and well-being. 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 in relation to providing effective care.

- People had regular access to healthcare to support their well-being. Referrals for support from health professionals had been completed quickly. Continued improvements with records to support healthcare needs needed to take place

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

At the last inspection of the home, we recommended the design and decoration of the service was reviewed to ensure it met people's needs.

- Improvements to the environment had taken place. A plan was in place to ensure continual improvements were made. People had access to outside spaces. Some signage was in place to support people living with dementia to navigate their environment.
- People said they were happy with the environment. One person said, "A lot of my own furniture is here so it feels like home."

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

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

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

At the last inspection of the home, effective systems were not in place to support staff to work within the principles of MCA. 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 breach of regulation 11 in relation to consent.

- Staff worked in-line with the MCA. The quality of records to support people's capacity had improved. People said staff asked for their consent before any care and support was carried out.

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

- Pre admission assessment were integral to the delivery of care. They ensured the home could meet people's needs safely. Following admission, people's needs were regularly reviewed to ensure their care remained relevant.
- Policies and procedures referred to relevant national guidance. The provider was embedding these into the changes taking place at 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.

Respecting and promoting people's privacy, dignity and independence

At the last inspection of the home, people's dignity was not continually respected and maintained. This was a breach of regulation 10 (Dignity and respect) 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 breach of regulation 10 2014.

- People's dignity was continually maintained. People were offered their preferred gender of staff to provide personal care. One person said, "I have been offered the choice of a man or woman to help, but I'm not bothered."
- People were supported to be independent. Comments included, "I keep my independence by doing as much as possible myself." And, "Staff encourage me to do what I can. They are always busy but not too busy to spend at least five minutes chatting with me. Five minutes is enough to make you feel as though they really care."

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

- People received good care from staff who had good knowledge of their needs. People and staff had good relationships with each other. Staff came into the home on their days off to take people out. People said they valued this.
- Staff were described as kind and caring. People said they could talk openly with staff and friendships had developed. Comments included, "They [staff] really look after me." And, "They [staff] are very friendly and I pull their legs a lot. We have a laugh and a joke."
- People's views and opinions were respected, and people were supported to live their lives in-line with these.

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

- People were involved in their care. They were supported to make decisions about their care.
- Relatives said staff communicated well with them and kept them up to date with their loved ones. One comment included, "They [staff] always offer us a cuppa and they know us by name. They give us updates on [person] every day."

# 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

At the last two inspections of the home the risks relating to the care of people received were not mitigated because records relating to the provision care were not up to date. 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 in relation to person-centred care.

- People said they received care which was in-line with their needs, wishes and preferences. Staff reacted when people's needs changed and ensured people had access to the support they needed.
- The quality of information in care records had started to improve. This was an ongoing process.

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.

- Records detailed people's communication needs. Staff demonstrated good knowledge of people's communication needs.
- Signage was in place to support people. For example, people had a large sign on their bedroom wall prompting staff to press their buzzer if they needed staff.

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 had good access to activities to maintain their social contact. They said the activities supported their well-being. Comments included, "We do chair exercises and listen to the radio, and I watch the sea. And, "I enjoy the entertainers and they have a link with one of the schools and the children come and sing." And, "I like the bingo and the singing, we are making cards for Easter and we have sing-a-longs."

Improving care quality in response to complaints or concerns

- People knew how to raise a complaint. None had been made. People were confident they would be listened to and their complaint investigated appropriately if they made one.

#### End of life care and support

- People received good end of life care. Positive comments had been raised by relatives. One comment included, "Thank you, you have all been so kind. We really did appreciate what you did. Heartfelt thanks to you all for helping [person] on their journey. We don't know what we would have done without you all."
- Staff had the right skills and knowledge to provide their specialist type of care. They worked quickly with professionals to ensure people's needs were met.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the oversight of the home had improved. Leaders and the culture they created needed to support the continual development of the service to ensure the delivery of 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

At the last inspection of the service there had been a lack of oversight to ensure the safety of people using the service. Systems in place to monitor the quality of the service were ineffective This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality assurance systems had been reviewed. Further improvements were needed to ensure the home could deliver safe care to people. Positive changes to people's care had taken place, however, continued improvements were needed to manage the overall risks to people.
- The management team were much more visible. Staff said they were more approachable and had confidence in them. People said they had regular contact with them. One comment included, "The staff are happy and laughing again. The owner pops in regularly to ask if 'everything is okay.' I bet you don't come across owners doing that much in the other homes that you visit."

Further improvements were needed to effectively manage the quality of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At the last inspection of the service, people did not receive safe care. This was failure to support people to receive safe care which leads to positive outcomes has led to 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 in respect of achieving good outcomes for people.

- The provider had increased their oversight of the service. Positive improvements had started to take place.

Action plans to support improvement were effective.

- The culture of the service had improved. Staff were committed to their roles and this had a positive impact upon the quality of care which people received. Staff worked together to support change and communication at all levels had improved.
- People were happy with the home. Comments included, "Things seem to have improved a lot over the last three months, especially with the quality of staff. The communication seems to be better. [Registered manager] is back and things are now improving again." And, "Things seem to be 'more all right now than before.' Its more settled now."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback was used to make improvements. Professionals supporting the home to make improvements had been very positive.
- People and staff engaged in meetings and they all said they had been kept up to date with changes taking place.
- The home had good links with the community. The provider had written information-based articles on subjects such as dementia and nutrition for a local radio station magazine which was shared in the local area. They had been invited for a radio interview.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	(1) People remained at risk of harm. Systems in place to monitor, review and respond to risk were not effective.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	(1) Quality assurance measures needed further improvement to deliver a good safe service. They had not been effective in managing risk and the quality of care records needed to be further improved.