

Roseberry Care Centres (England) Ltd

South Bebside Care Home

Inspection report

Patterdale Road
Blyth
NE24 5JU

Date of inspection visit:
13 April 2022

Date of publication:
16 May 2022

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

South Bebside Care Home, based in Blyth, is registered to provide residential care for up to 32 older people. At the time of our inspection 31 people were using the service.

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

People were supported by staff who knew them well and took the time and energy to communicate positively with them.

Risks to people's health and safety were clearly assessed and regularly reviewed. Staff followed these plans to ensure people's safety.

The provider had clear safeguarding policies and systems in place. Staff understood safeguarding principles and the potential signs of abuse. They worked well with external partners to keep people safe.

Lessons learned followed any serious incidents, at a local level and via regional management reviews of data regarding falls and incidents.

The environment was clean and safe, with some recent refurbishment. More refurbishment was planned as were improvements to the outdoor space.

Staff were recruited safely. They received ongoing support, such as training, supervision and competence checks.

Medicines were stored and administered safely by suitably trained staff. Clear systems and processes were in place to ensure good practice was followed and errors were minimised.

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 nutritional needs were well understood and acted on. Staff used nationally recognised tools to monitor risks associated with malnutrition.

Staff demonstrated a strong rapport with people throughout the inspection. They worked hard to help people feel at home and included, despite the challenges of the pandemic.

Planned activities had been significantly reduced due to a recent outbreak. There were clear plans in place to reintroduce these communal activities, as well as outings planned via the provider's minibus.

The registered manager was well respected by staff and external partners. Feedback from external specialists was positive.

Systems were in place for sharing information between staff teams and with external professionals where needed.

Clear systems were in place to maintain oversight of the service.

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

Rating at last inspection

This service was registered with us on 18 May 2020 and this is the first inspection.

The last rating for the service, under the previous provider, was good published on 8 April 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 ●

South Bebside 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.

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 was carried out by one inspector 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 care service.

Service and service type

South Bebside 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection the registered manager was on leave. The deputising manager and regional manager were on site during the inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person during the visit and three people over the telephone. We spoke with one visiting healthcare professional. We spoke with four relatives over the telephone.

We observed interactions between staff and people in communal areas. We spoke with five members of staff: the regional manager, deputising manager, one member of care staff, the cook and the activities coordinator. We reviewed a range of records. This included four people's care records and medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted two further health and social care professionals. We contacted four more staff via telephone.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Staffing and recruitment

- Staff understood the risks people faced on an everyday basis as well as longer term health related risks. Staff acted to keep people safe. Risk assessments were detailed and sensitive to person-centred details. They struck the right balance between respecting people's freedoms and putting in place practical safeguards. For instance, where people wanted to go for walks nearby.
- People felt safe. One person told us, "There are no problems and no concerns." Relatives and external professionals felt people were safely supported and raised no areas of concern.
- The premises were safe. There had been recent maintenance work to improve quality of life but also safety. For instance, a range of new flooring and redecoration. Further maintenance work was well planned.
- There were sufficient staff. People's needs were factored in to planning safe staffing levels. The majority of relatives we spoke with felt staff kept people safe. The regional manager acknowledged they had used agency staffing lately due to a recent COVID-19 outbreak, and there was increased pressure on staff.
- Staff had been recruited safely, with pre-employment checks in place to reduce the risk of unsuitable people working with vulnerable people.

Using medicines safely

- Medicines were managed safely. The deputising manager demonstrated a sound understanding of the systems and processes in place to ensure people received their medicines safely. Staff worked well with the pharmacist and GP to monitor and change people's medicines where needed.
- The provider had systems in place to identify and act on errors. These included stock checks, audits by senior staff and a visiting pharmacist, and nominated champions.
- The registered manager had regularly checked staff competences regarding medicines administration. One person said, "They always wait with me to make sure I'm okay taking my medicine." A sample of Medicine Administration Records (MAR), patch medicines records, body maps and 'when required' medicines protocols were accurate and up to date. Medicines were stored safely, with fridge and room temperatures regularly checked.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place to protect people from the risk of abuse. People told us they felt comfortable and staff kept them safe. The provider worked with external partner organisations to investigate individual incidents and learn lessons.
- Staff received safeguarding training. They understood the risks people faced, and what to do if they had concerns.
- Managers completed monthly returns to regional management, which were used to analyse any emerging areas of risk. Records were clear and audit trails accessible.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. We observed one instance of poor PPE practice; the provider acted promptly and appropriately.
- 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 accessing testing for people using the service and staff.
- 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 that the provider was promoting safety through the layout and hygiene practices of the premises.

Visiting in care homes

- The registered manager ensured relatives were able to visit their loved ones, in line with current guidance.

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.

This is the first inspection of this newly registered service. This key question has been rated 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 received care and support in line with good practice from staff that understood them and worked well with healthcare professionals. Care plans covered a range of core health and wellbeing needs. At the front of care files there were clear records of when and which primary healthcare professionals people had seen. Where there was a gap or delay, staff followed up.
- Care plans were detailed and up to date. They were tailored to people's needs and clearly documented additional information required for staff to meet people's needs. Where needed, people had specific care plans in place, for instance diabetes. Staff used recognised national tools to help monitor and act on people's health needs.
- People spoke highly of the support they received. One person said, "The staff can't do enough." One relative said, "I have confidence in the staff, they know what they're doing."

Staff support: induction, training, skills and experience

- Staff were sufficiently skilled and trained to support people well. The registered manager ensured there was a high level of training compliance and reminded staff when they needed to complete training.
- All people and relatives we spoke with felt staff were knowledgeable in their role.
- Staff received regular supervisions and competence assessments from senior staff. During the recent outbreak, staff meetings had been cancelled, but staff confirmed they continued to be updated and supported.

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

- People told us they enjoyed the food. People were supported to enjoy food and drink in line with their preferences and needs. People were offered a range of snacks and drinks in between meals. Meals were nutritious, varied and planned on a four-week menu.
- The cook demonstrated a good understanding people's dietary requirements and preferences. Food and fluids care plans were detailed and tailored to people's needs and preferences. Where people were at particular risk, staff used recognised risk assessment tools and sought external help, for example from the Speech and Language Therapy team.

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

- Staff worked well with external professionals to ensure people could live healthier lives. The registered manager and deputising manager had proactively engaged with chiropody to ensure people received such services. Staff were aware of the ongoing impact of the pandemic on secondary care services and advocated

for people to ensure they received the care they needed.

- People saw their GP regularly. The GP visited the home weekly and praised staff for their ability to identify people's changing needs or deterioration. They said, "Staff are very good at spotting any changes in people and update me when I'm here, or earlier if needed."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments in care plans were detailed and made in line with the principles of the MCA. People confirmed they were asked for consent before care and treatment was given.
- Staff adhered to the principles of the MCA. The deputising manager demonstrated a good understanding of when best interests decisions were required.

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

- The home was purpose built, spacious, and suitable for people's needs. Corridors were wide and the refurbishment programme ensured it was welcoming and effective.
- People's rooms were personalised and well maintained.
- There was limited outdoor space. The deputising manager and activities co-ordinator had plans to repaint the raised beds and other outdoor spaces to ensure people had more options, and could enjoy being outdoors more.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partner in their care.

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

- People told us they were respected by staff. They said they were treated well and they felt at home. One person said, "I am perfectly relaxed here." Another said, "The best thing is the staff, they are all great." We observed staff interacting with people in a way that balanced care and humour well.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff helped people retain their individuality. For instance, going for walks and expressing themselves during one to one conversations.
- Staff worked hard to maintain a positive atmosphere despite the challenging conditions of the pandemic in general, and the recent outbreak more specifically. They sang in corridors and engaged with people in ways that evidently brought positive responses from people. A visiting GP said, "It's a shame they are in outbreak. It is one of our favourite homes and the atmosphere is always vibrant."
- Care plans were person centred and contained information about people's religious and cultural backgrounds.
- Dignity was valued. There were small signs at the top of each person's bedroom door, indicating when they were being supported with personal care so as to remind other staff not to disturb them.
- People were supported to make choices around meals, activities, clothing and other areas of day to day life. Staff involved people and their relatives by seeking their views at meetings and through surveys.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff followed visiting guidance to ensure people could see loved ones during the pandemic and, where possible, during the outbreak. The service had supported people to become essential care givers earlier in the pandemic and were in the process of reviewing this. The provider recognised there was an opportunity to revisit this area given it had been some time since they had done so, and other family members may be more willing given vaccinations and other protective factors.
- Staff helped people maintain relationships that were important to them. Feedback from recent relatives' surveys indicated high levels of satisfaction with how staff communicated with them and facilitated visits. During our inspection speaking with people who used the service over the telephone proved problematic as the reception on the wireless handset was intermittent. We fed this back to the provider who assured us this was limited to one area of the home and that they supported people from that part of the home to make calls elsewhere when needed.
- People expressed frustration at the impact of the recent outbreak on planned Easter activities. The regional manager acknowledged this and the activities coordinator demonstrated a range of plans in place for the spring and summer. People had enjoyed the recent Burns Night event and other activities. Each person had a 'leisure' care plan in place; staff had clearly asked about how people liked to spend their time.
- There was a small amount of outdoor space. There were plans in place to refurbish this to make more use of it, for example, for a garden/street party. The activities coordinator planned to use a minibus from one of the providers' other services to take people out on trips on a weekly basis. They confirmed the provider supported them in their plans.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed and person-centred. Records were suitably detailed and it was evident people's changing needs had been identified and acted on. People and their relatives confirmed they were involved in care plan reviews and kept informed.

Improving care quality in response to complaints or concerns

- There had been no recent complaints. The provider had policies and procedures in place to handle complaints. People, relatives and staff told us they were comfortable raising any issues, and that the registered manager dealt with them openly.

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.

- There were specific care plans in place for people's communication needs. Staff communicated with people well, in line with these plans.
- Activities information was boldly displayed in prominent areas with pictures. Menus were large and colourful to help people choose meals and to keep them informed.

End of life care and support

- There were sensitive and detailed care plans in place for people. Staff liaised well with families and visiting nurses to anticipate people's needs and have plans in place. Staff had received relevant training.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture was supportive and inclusive. The registered manager was on leave at the time of inspection. An experienced night manager was deputising, supported by the regional manager. Staff took responsibility and there were established champion roles in place, for instance for dementia and infection, prevention and control. One staff member said, "The manager is very supportive." Another said, "You can go to the manager with anything and [deputising manager] has stepped in really well."
- People and staff felt involved and positive about the activities planned over the next few months. The atmosphere during the inspection was positive despite the restrictions of the outbreak. Staff sang and engaged with people throughout. One visiting healthcare professional told us, "It's a shame, it is always so upbeat in the communal areas here – there is a great atmosphere."

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

- The staff team understood their responsibilities and were able to maintain a safe and effective service even when the registered manager was absent and there was a significant challenge such as an outbreak. The registered manager and regional managers had scrutinised standards of record keeping regularly to ensure it remained high.
- There were clear plans in place to continually improve the service, for instance through continued redecoration and through the use of a minibus.
- Staff were supported on a daily basis by a management team who worked with them. Staff confirmed the registered manager was approachable, supportive and open to new ideas. The provider had put in place additional support for staff, such as a telephone helpline and employee of the month awards.
- Auditing systems and processes were effective. The deputising manager had completed these in the registered manager's absence and they demonstrated oversight across a range of key areas of care, including dining experience, medication, care plans, health and safety. The provider undertook regular auditing visits and, additionally, the registered manager was required to submit monthly information regarding falls, incidents and other criteria. This was so the provider could analyse the information and share any lessons learned more widely.

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

- There were systems in place to ensure people's and relatives opinions were listened to and acted on. The

registered manager had recently sent out surveys to all relatives and asked residents to answer these too. The majority of responses were good or very good.

- The service worked well with health and social care professionals who were involved in people's care. Feedback was positive from these partners and the registered manager strongly advocated for people to ensure they received necessary secondary care services, such as chiropody and podiatry.

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 culture was supportive and open. Lessons learned and reflections on practice were part of the culture at the service and provider level. Staff were able to reflect on errors and incidents openly and were supported to refresh training where needed.

- The registered manager had made all relevant notifications to the Commission in a timely manner.