

Berwick Care Homes Limited

Tweed View House

Inspection report

8-10 Tweed Street
Berwick Upon Tweed
Northumberland
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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

Tweed View Care Home provides nursing care and accommodation for up to 36 people. At the time of the inspection, 28 people were living at the home, some of whom had a dementia related condition.

The home was divided into three 'suites.' Tweed View which was located on the ground floor, River View, where people who had a more advanced dementia condition lived, was situated on the middle floor and Bridge View was on the top floor.

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

People and relatives spoke positively about Tweed View House. One relative commented, "My mum's care needs are met and Tweed View does promote a good quality of life."

Systems were in place to safeguard people from abuse. People told us they felt safe. One person told us, "I feel really secure and safe here, I know everyone and all of the staff." An effective system was in place to manage medicines.

There were enough staff on duty to meet people's needs. Safe recruitment practices were followed and staff were suitably trained and supported to enable them to meet people's needs. One health and social care professional said, "I feel they have a good depth of knowledge and skills and demonstrate a high level of kindness and compassion towards their residents."

People were supported to eat and drink enough to maintain their health and wellbeing. Staff assisted people to access healthcare services and receive ongoing healthcare support.

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.

We received positive feedback about the caring nature of staff from all those we spoke with. One person told us, "Staff are really sweet and kind to me, I love them all." A local minister stated, "The staff are friendly, the home as a whole has a very client friendly approach."

End of life care was provided. Staff liaised with health care professionals to ensure people received care which met their needs. We received positive feedback about the end of life care provided and the support given to their family and friends.

A complaints procedure was in place. No one we spoke with raised any complaints.

A range of audits and checks were carried out to monitor the quality and safety of the service. There was an

open, person-centred culture at the home. Staff told us they enjoyed there. One staff member said, "I love it here. I just love the responses from people – just seeing them smile and looking happy, it's so rewarding."

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

Rating at last inspection

The last rating for this service was good (published 21 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Tweed View House

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

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

Tweed View House 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

The inspection was unannounced.

What we did before the inspection

The registered manager completed 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted 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.

During the inspection

We spoke with 15 people and three relatives about their experience of the care provided. We also spoke with the registered manager, deputy manager, the River View suite manager, two line managers, one care worker, the administrator and a member of staff from the kitchen.

We looked at two people's care plans, recruitment checks for one staff member, training and supervision records, medicines administration records and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us further information relating to people's care and support to review.

We contacted eight health and social care professionals by email for their feedback. We also contacted a fire safety inspector from Northumberland Fire and Rescue Service.

We spoke with a relative and visitor by phone. Another relative contacted us by email and a local minister emailed us with their feedback. The activities coordinator at the home took time to write to us to let us know how they were meeting people's social needs and their plans for the future with regards to activities provision.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. There were no ongoing safeguarding investigations. This was confirmed by the local authority.
- People told us they felt safe. One person said, "I feel really safe and very happy in here."

Assessing risk, safety monitoring and management

- Risks were assessed and monitored.
- Staff were skilled at supporting people who displayed distressed behaviour. A member of staff from the behavioural support service told us, "When they ask for help you can be sure that they really need it and have already thought a great deal about what they can do to improve things before people like myself get there."
- Checks and tests were carried out to ensure the premises and equipment were safe. The legionella risk assessment was not comprehensive. In addition, although fire alarm tests were carried out weekly, servicing had not been carried out in line with best practice guidelines. The registered manager told us that these two issues would be addressed immediately.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Several new staff had started work since our last inspection. One relative told us, "There are quite a few young members of staff and I truly admire how patient, kind and caring they are."
- Safe recruitment procedures were followed.

Using medicines safely

- A safe system was in place to manage medicines. One person told us, "I get my medication four times a day, it seems to do the trick." We spoke with the local pharmacist who was visiting the home. They told us, "[Name of deputy manager] is very strict [with medicines management]. She runs everything like clockwork, it is working really well."

Preventing and controlling infection

- Systems were in place to prevent infection.
- The home was clean and there were no offensive odours.

Learning lessons when things go wrong

- There was a system in place to record and monitor accidents and incidents. These were monitored to

check for any themes or trends. A lessons learnt information folder was in place to record specific incidents and actions taken to help prevent any reoccurrence.

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 good. At this inspection this key question has remained the same. 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 were assessed following best practice guidelines. These assessments were used to devise a plan of care, which was regularly reviewed.

Staff support: induction, training, skills and experience

- People were cared for by staff who were trained and supported. One health and social care professional stated, "I find the staff knowledgeable about the residents in their care and they quickly communicate concerns raised by residents, family members or other staff to me. I think this improves the quality of care and is a holistic approach which I endorse."
- Staff told us there was sufficient training to enable them to meet people's needs. This was confirmed by training records.
- A supervision and appraisal system was in place. Staff told us they felt supported.

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

- People were supported to eat and drink enough to ensure their health and wellbeing.
- The provider used a specialist frozen food service for their main meals.

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

- Staff supported people to access healthcare services and receive ongoing healthcare support. We received positive feedback from health and social care professionals about the home and staff. One health and social care professional told us, "Tweed View appear to involve relevant health and social care professionals and carers, as appropriate, in the care of their residents. Indeed, I have completed joint visits and have seen various allied professionals when visiting Tweed View."

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

- The design and décor met people's needs. Attention had been paid to the 'dementia friendly' design including signage, to highlight bathrooms and toilets to enable people to locate them easily.

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.

- Staff followed the legal requirements of the MCA. One health and social care professional told us, "I feel Tweed View have upheld the service users' rights that I have worked with and used relevant legislation including mental capacity and deprivation of liberty safeguards appropriately. Indeed, I have attended meetings at Tweed View using the best interests framework with social care staff previously."
- The registered manager had submitted DoLS applications to the local authority. There had been a delay in the review/authorisation process. This was due to external factors and was not due to any oversight by the provider.
- The registered manager was strengthening their documentation relating to mental capacity to ensure all areas of the process were evidenced.

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 good. At this inspection this key question has remained the same. 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 were treated with kindness. People and relatives spoke positively about the care provided. One person said, "All, of the staff here are fab and give me lots of cuddles." A relative told us, "In my experience staff are kind and compassionate, as well as being friendly and patient."
- Staff were knowledgeable about people's life histories and their likes and dislikes. One person had previously worked in an office. Staff therefore involved them in non-confidential paperwork which helped promote their sense of wellbeing.
- Staff spoke in a caring manner about the people they supported and told us that they would be happy for a friend or relative to live at the home because of the standard of care provided

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence. One relative said, "I feel the personal care she gets is really good and that staff treat her with respect and are respectful of her dignity."
- People's care plans described what a person could do independently and what they needed support with.
- One person enjoyed eating cheese. However, they did not like having to bother staff to ask if they could bring some cheese from the main kitchen. Staff therefore organised a small fridge for their room so they could help themselves whenever they wanted a little snack.

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

- People were involved in their care.
- Care plans documented that people and, where appropriate, their relatives had been involved in making decisions about their care.

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 good. At this inspection this key question has remained the same. 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

- People received personalised care which reflected their needs and preferences. This was confirmed by people and relatives. One relative told us, "When I am there, I observe staff attending to residents' needs and wishes, making sure they are comfortable and happy."
- Care plans guided staff on how to deliver person-centred care. The registered manager told us, "A life history containing as much information as possible is always completed. Staff can then see them as an individual person and picture them at work...not just as an older person. Key workers are allocated to build up even closer relationships so that residents can feel free to discuss any issues."

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.

- The home was meeting the AIS. People's communication needs were recorded in their care plans. The registered manager told us that if information was required in a different format then this would be provided.

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's social needs were met. They were supported to maintain their hobbies and interests. An activities coordinator was employed and an activities programme was in place.
- Staff recognised the importance animals had on people's wellbeing. The registered manager brought her dog to the home which people enjoyed seeing. Children were welcome and we heard how people appreciated visits from their grandchildren. Staff also brought in their children/grandchildren to visit.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No complaints had been received. One relative told us, "I have no complaints with the service. All management and staff are lovely and very approachable."

End of life care and support

- End of life care was provided. Staff liaised with health care professionals to ensure people received care which met their needs.
- The registered manager had established links with the local community hospice. Staff had undertaken

end of life training with the hospice to ensure staff had the necessary skills and expertise to support people at this important time. We received positive feedback about the end of life care provided and the support given to their family and friends.

- Staff explained the importance of remembering and respecting people after they had died. They told us they attended people's funerals. Staff explained that they wanted relatives to know how valued the person was to staff.

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 good. At this inspection this key question has remained the same. 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

- There was an open, person-centred culture at the home. People and relatives spoke positively about the home and the care provided. One relative stated, "My siblings and I feel very lucky that we were able to get my mum a place at Tweed View. We like the feel and atmosphere of the home, it does not feel like an institution. We feel that mum is very well looked after and is living as good a life as she can."

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

- Managers and staff were clear about their roles and responsibilities. People, relatives and health and social care professionals told us they considered the home was well-led. One health and social care professional told us, "They seem to be well led and not just by [registered manager] but also by the likes of [other management staff] who all have senior roles and do an excellent job, as do many of the experienced carers that they have."
- The registered manager had submitted the required statutory notifications to CQC.
- A range of audits and checks were undertaken to monitor the quality and safety of the service.
- Staff carried out observations throughout the day and night to find out what it was like to live at the home from the people's point of view. They did this by studying the interactions between staff and people. Staff wrote a report with recommendations following their observations. We heard how the activities coordinator now worked later on in the day because staff had said there were a lack of activities in the early evening.
- The registered manager understood their responsibilities in relation to the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff were involved in the running of the home. Meetings were held with people, relatives and staff.

Working in partnership with others

- The service worked with health and social care professionals to make sure people received joined up care. One health professional stated, "The relationship between carers and health care professionals needs to be honest, appropriate and good. I am happy to say that I enjoy and depend on a good relationship with all the staff who I work with at Tweed View."

- Management staff attended various forums including those held by the local authority, to build on their knowledge and skills and share good practice.