

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Tweed View House

8-10 Tweed Street, Berwick Upon Tweed, TD15
1NG

Tel: 01289303550

Date of Inspection: 18 July 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services ✓ Met this standard

Meeting nutritional needs ✓ Met this standard

Cleanliness and infection control ✓ Met this standard

Staffing ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Berwick Care Homes
Registered Manager	Miss Moira Simpson
Overview of the service	Tweed View House is registered to accommodate up to 36 older people some of whom have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We found people's needs were assessed and care was planned in line with their needs. One relative told us, "My relative is well cared for here. I do think the staff have a good understanding of his needs and they are able to recognise his mood. They have a sing song with him often and he enjoys this." Care plans were regularly updated and contained clear information about individuals' care.

People told us they enjoyed the food and had a choice at each mealtime. We saw people were supported to eat and drink sufficient amounts to meet their needs.

The home was clean and staff were provided with appropriate equipment to prevent the spread of infection.

We saw there was the deputy manager, one senior care worker and three care workers available on the day of the visit. At the time of this visit there were enough qualified, skilled and experienced staff available to meet people's needs. Staff responded promptly to requests for assistance.

People were asked their views about the service provided and these were taken account of. People were aware of the complaints procedure. The provider had systems in place to monitor care delivery and ensure the health, welfare and safety of people who used the service was maintained.

People's personal records, including medical records, were accurate, fit for purpose and held securely. Staff records were kept in an appropriate form.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with eight people and two relatives about the care provided. One person told us, "I am really happy with the care here. They (the staff) are all very kind and nothing is too much trouble for them." Another person said, "I am very comfortable and settled here. I have a good room and I like to spend my time in it. There is a lovely view. One relative said, "I don't think he could get better care anywhere. If there is anything I am not sure about, I speak to the staff. I visit every day and have always been satisfied with the care he receives. Staff have been very supportive towards me."

We found individual care plans were in place and covered areas such as personal hygiene, mobility, continence and nutrition. We saw monthly reviews of these plans were carried out and where people's needs had changed, their plans were updated more frequently. Annual assessments of need were carried out and issues picked up in these were reflected in care plans.

We spoke with staff who were able to tell us how individuals' care was delivered and this corresponded with the information we had seen. For example, one person had a behaviour plan in place and this was implemented after specific advice had been provided by the challenging behaviour team.

One member of staff told us, "The care plans contain enough information for us to be able to provide the care people need and we have daily handovers so that we are updated on any changes since we last worked. I always check with the senior staff if I think people's needs have changed or they present in a different way. Sometimes we can tell by their behaviour, for example, if they are a bit anxious or agitated." We saw people's needs were assessed and care was planned in line with their assessed needs.

People looked clean and well cared for. There was a calm environment and people responded well to staff when they saw them. We saw there was a staff member present in the sitting rooms most of the time. Staff engaged people in conversations that interested them and provided opportunities for activities. We saw people enjoyed these. We saw

records to confirm the activities and outings provided. These included visits to places of local interest and local clubs people regularly attended.

We saw from records that a range of professionals were involved in the care of people who used the service. There was evidence of involvement of, or referral to dietitians, consultants and the challenging behaviour service. One relative told us, "The staff have been great and they are assisted by the district nurses and I am very grateful as it means he is able to stay here." This meant that people's care and health needs were addressed and additional interventions were available for those with more complex needs.

We concluded people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We spoke with six people about the food. Five of them told us they liked the meals and were happy with the variety of food available. One person said, "I like the meals and there is a good choice. It tasted good." Another person told us, "I am not keen on the food now. I have not been used to eating food that is not home cooked. Since we started getting these meals I have not found them as good as before and I don't like the cakes. I used to enjoy the home baked cakes and scones."

We spoke to the deputy manager and were told the home had a contract with a provider who supplied frozen meals, which were individually packaged. He stated the nutritional content of meals was appropriate for elderly people and we saw written information that confirmed this. One relative told us, "There was a taster day before they started using this new food service. I thought the food tasted good and I am here every meal time. The food is beautiful. I know as I have tasted it." We observed meal times for both floors at the home. The food looked appetising and was well presented.

Most of the people in the dining rooms were able to support themselves, although some needed encouragement and a little assistance. Staff were available to provide this sensitively. Other people chose to have meals and drinks served in their rooms. One person was assisted by their spouse, who visited at mealtimes. People who required a softer diet received appropriate meals. One relative told us, "X is on a soft diet and the food he has now is really good. With the food provided before, sometimes there were lumps in it and I had to be really careful when I was feeding X."

People's care plans included details of their nutritional needs and issues relating to their food and fluid intake. Where people had specific needs then these were included in the plan. For example, one person had thickener added to their drinks. This was highlighted in the care plan and staff were able to describe the particular issues relating to their care. Charts detailing the food and fluid intake of people were up to date and contained details of how much people had taken.

Staff were present during the meal time and attended to people in good time. Some people needed prompting to eat their food and we saw staff did this sensitively.

We spoke with the kitchen staff, who told us they had a record of people's individual needs; whether people were diabetic, had allergies and any particular likes and dislikes.

This meant they were aware people's particular nutritional requirements. Staff told us that the food was supplied in single serving cartons and people had a wide choice of food and they were able to ensure a balanced diet was provided.

We concluded people were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable and nutritious food and drink.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

People told us the home was always clean and there were never any unpleasant smells. One person told us, "I am satisfied with the cleanliness in the home. You can see my room is clean." Another person said, "The home is clean. The staff always wear plastic gloves and aprons when they help us."

We saw that all areas, including bedrooms and communal areas, were clean. No odours were evident. Staff had access to, and we saw they used, personal protective equipment such as gloves and disposable plastic aprons. This helped to protect people and staff against the risk of acquiring an infection.

We saw there were cleaning schedules in place for daily and weekly cleaning. Staff told us, and training records confirmed that staff had completed training in infection control. An infection control policy was in place and staff were able to confirm they were aware of this.

During the inspection we were told one person had been visited by the GP. The GP had advised staff that this person had a stomach infection. The provider may find it useful to note, after the GP had visited, we saw the person was sitting in the lounge with other people and staff. We asked the deputy manager about this as we considered that this was an infection control risk and this was addressed immediately.

We spoke with four members of care staff and one of the domestic staff. They were aware of the importance of infection prevention and control and could clearly describe their own roles and responsibilities within this area.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People told us the staff were really good at Tweed View. One person said, "I am very happy with the staff. They come when I call for them and are always kind and caring." Another person told us, "Sometimes I think the staff have too much to do, but they are still cheerful and nice. Nothing is too much trouble for them."

Care at the home was provided over three floors. On the day of our inspection the deputy manager, one senior care worker and three care workers were available to care for 23 people. The deputy manager showed us copies of past and future duty rotas which indicated that these staffing levels were maintained.

Care workers we spoke with told us that they felt the current staffing levels were acceptable and allowed them to care adequately for people. Some staff felt at busy periods of the day in mornings and early evenings there was limited time to spend with people.

We were told by staff that they worked extra shifts to cover annual leave and sickness. They said this generally worked well.

Staff told us induction training was provided for new staff and they were well supported by the senior staff. We saw people with dementia were supported well by staff who responded calmly and patiently when they were anxious or upset.

We concluded shifts within the home were effectively covered and there were sufficient staff to deliver the care required by people who currently used the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People told us they felt able to make their views known to staff. Most of the people who used the service were unable to complete questionnaires about the quality of the service. We saw they responded well to staff on a one to one basis and freely aired their views. There was a suggestion box in the hallway and people and their relatives used this to make suggestions about improvements. There was evidence of improvements made following suggestions received and these included the provision of a wet room and access to Skype so people could speak regularly to their relatives who lived some distance from the home. The deputy manager told us a games room was the next project that had arisen from a suggestion made.

We saw there were systems in place to monitor the administration of medicines which included competency checks of staff and audits of medicines and records. The provider may wish to note there was no system for audits of care plans in place. Systems were in place for monitoring falls, people's weights, accident records and incidents and we saw evidence of these.

We saw copies of reports that demonstrated a range of equipment and systems were subject to regular testing. These included: wheelchairs, the water system and water temperatures, staff call systems and emergency lighting systems. We saw that if a problem was noted then action was taken to address the issue.

Other equipment and systems were also subject to checks by independent companies or assessors. We viewed records of checks for portable appliance testing (PAT) of electrical equipment and fire safety systems. This demonstrated the provider undertook regular checks to ensure that equipment and systems functioned and were safe to use.

We viewed copies of staff meetings and saw that clinical and quality issues were regularly discussed.

We found people who used the service, their representatives and staff were asked for their views about their care and treatment and these were acted upon.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We saw that each person had a plan of care. These plans aimed to maintain the individual's welfare and took into account people's physical, mental, emotional and social needs. Care plans were reviewed monthly to make sure that information was up to date.

We saw that records were kept which related to the management of staff at the home. These included staff meeting minutes at which there was discussion about quality issues and delivery of care. For example we saw these referred to care planning, food and improvements to the environment. The owner of the home visited regularly. Reports prepared after these visits were available. These showed the provider spoke with people, reviewed records including complaints and looked around the premises. In one of the recent reports there had been discussion about the purchase of new equipment.

We saw records of complaints were available and these showed systems were in place to investigate and record complaints, the investigation and outcome. There was information available to show if action was taken to make improvements made to the service as a result.

There were records to confirm equipment and systems were regularly tested and serviced. For example, the central heating system, gas and electrical checks, portable electrical appliance testing (PAT), fire safety, wheelchairs and checks of hoists were carried out at appropriate intervals. We saw the manager undertook regular audits and risk assessments to monitor the quality of services and examples of audits undertaken included medicines, falls and accidents. This demonstrated the provider had in place effective systems to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The manager showed us documents relating to the management of the service. These included accident and incident reports, staff recruitment and supervision. The provider may find it useful to note there was no record to show the manager audited the care records. The deputy manager told us this happened, but no record was kept to reflect this.

We saw the records were securely stored and were readily available to staff.

We found that people's personal records, staff records and other records relevant to the management of the home were accurate and fit for purpose.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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