

Deepdene Care Limited

Prema Court

Inspection report

Clifton Court
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Prema Court is a 'care home' that provides both residential and nursing care. The service can provide care for up to 44 people in two buildings called Clifton House and Brook House. There were 33 people with mental health needs who used the service at the time of our visit.

At the last inspection we rated the service as inadequate and was placed in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection this service demonstrated to us that improvements had been made and is no longer rated inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

People's experience of using this service:

Although we found sufficient staff on duty, it was not always evident staff were deployed to meet the needs of the service to support the providers recovery model. We recommended staffing numbers be revisited. Furthermore, we noted the service was reliant on agency nursing staff at the service. The provider was actively looking to recruit new nursing staff, with one new nurse due to start at the service.

Although some aspects of the medicines systems had improved, we found further work was needed to ensure people received their medicines safely.

At our last inspection we found that Premia Court was not supporting people to become independent; this was partially due to there being no distinctive recovery model of care used at the service. At this inspection we found limited progress had been made.

People could choose how to spend their time and to access the community independently if they wished. However, during our inspection we noted that there was a lack of activities for people to engage with within the service.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their lives. Care plans reflected that care was being delivered within the framework of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been applied for when necessary.

The management and staff understood their obligations under the Mental Health Act 1983 and worked within these legislative frameworks. Staff had received training in mental health awareness and were fully informed of any changes at team meetings to ensure they continued to provide care within the law.

We found the meal time experiences on Brook House and Clifton House varied. We found elements of the

mealtime experience had improved particularly on Clifton, but further work was needed to improve the mealtime experience on Brook House. We have made a recommendation the provider develops and monitors this area further.

Staff regularly reviewed people's health. Staff responded to changes in people's needs by making appropriate referrals to their GP or other healthcare professionals. However, for two people we found their medical appointments were not always recorded by staff, which meant we could not be satisfied people were always supported with their medical appointments.

Risks associated with people's care had been comprehensively assessed and plans of care were in place for the staff team to follow.

People told us that they were well cared for and in a kind manner. Staff knew the people they were supporting well and understood their care needs. People were treated with dignity and respect and involved in planning and making decisions about their care.

The provider had a procedure for managing any complaints. Information was not on display in an easy read format to help people with additional learning needs.

The registered manager was aware of their regulatory responsibilities. The registered manager notified CQC of events and incidents that occurred in the home in accordance with statutory requirements. However, we found one incident had not been report to CQC or the local safeguarding authority in a timely manner.

There were a number of quality audits at the service; these included medicines, care records, infection control and health and safety. Actions were identified following the audits completed. We saw plans were in place to improve the care records and refurbishment of the premises. However, we found limited progress to implement a recovery model, as this had not progressed since our last inspection. Improvements in the level of activities varied and aspects of recording keeping was inconsistent. Furthermore, we still identified persistent medicines issues that had not been resolved by the management team.

Rating at last inspection:

The service was last inspected on the 4 and 5 October 2018 (report published 13 November 2018) when the overall rating for the service was 'Inadequate' and the service was therefore in 'special measures' and kept under review. At this inspection we found the registered provider had addressed a number of shortfalls effectively, which meant the service was no longer in special measures. However, we still noted further improvements were required.

Following our last inspection, we took enforcement action against the registered provider and manager. This included serving a Notice of Proposal (NoP) to cancel the registration of the service. The provider put forward representations to the Commission (CQC) in respect of the NoP to cancel the registration of the service and the decision taken by CQC was to withdraw the NoP to cancel the registration of Prema Court. A Notice of Decision (NoD) was served against the previous registered manager, which meant their registration was cancelled.

Why we inspected:

This was a planned, comprehensive inspection based on the rating at the last inspection.

Enforcement:

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 not always effective

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-Led findings below.

Requires Improvement ●

Prema Court

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of three inspectors and a medicines inspector.

Service and service type:

Prema Court is a 'care home' with nursing. 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.

Accommodation is arranged over two buildings; Clifton House and Brook House. In April 2017 the provider made changes to their registration and service delivery, as Clifton House incorporated Brook House as part of their registration, Brook House was previously registered as a hospital. There are lounges and dining areas on each floor of the home. There is a garden and a car park.

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.

What we did:

Due to the timeframe in which this inspection was completed, a Provider Information Return (PIR) was not requested to support us with our inspection planning. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However,

we reviewed information we already held in the form of statutory notifications received from the service, including safeguarding incidents, deaths and serious injuries.

Since our last inspection of Prema Court, the service liaised with the local authority on a regular basis and received key support with their action plan that was implemented from their last inspection. We received positive feedback from the quality and contracts team prior to our inspection in respect to the changes the service had implemented.

During the inspection we spoke with six people who lived at the service to seek their views. We spoke with six members of staff including two support care workers, the nurse on duty, the chef, the maintenance worker and the activities coordinator. We also spoke with the regional manager, Human Resources (HR) manager, the registered manager and the deputy manager.

We spent time looking around the service at the standard of accommodation. This included the communal lounge and dining areas, bathroom facilities, the kitchen, laundry and, with their permission a number of people's bedrooms. We carried out observations in communal areas of the service. We looked at five care records, a range of documents relating to how the service was managed including medication records on both Clifton House and Brook House, two staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

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

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.

At our last inspection in October 2018 we found concerns about the management of people's care resulting in breaches of Regulation. The registered provider sent us an action plan to say what action they would take to meet the requirements of the regulations.

Using medicines safely:

- At the last inspection we found medicines were not always managed safely. Despite improvements we found, medicines were still not being managed safely.
- At this inspection we noted some improvements had been made, for example; the medicines policy had been updated, guidance was in place about when to give medicines prescribed "as required," information to give medicines covertly was now in place, everyone had an adequate supply of medicines and the storage of medicines had improved.
- A system had been introduced to help ensure that medicines could be taken at the right time regarding food. However, we saw that it was not always effective. The service had been working closely with the local authority pharmacy team prior to our inspection. The local authority pharmacy team were working with the service to undertake reviews of people's medicines.
- At the last inspection there were concerns that when the electronic records showed there were discrepancies with the actual stock no investigations were made to find out why the discrepancies had occurred. At this inspection we found audits had identified there were ongoing discrepancies demonstrating a continuing concern.
- Because of stock discrepancies, records did not show people were looking after their own medicines in a safe way.
- When people were prescribed medicines with a choice of dose, no guidance was available to help staff choose the most appropriate dose.
- We found one person had intermittently refused their medicines over a 90-day period. This person had capacity to make this decision. However, we found the service had not been proactive at ensuring the prescriber had been contacted to review this person's medicines to establish the reason for their refusal to medicines.
- Two people had medicines discontinued, but their old medicines remained in stock alongside their currently prescribed medicines.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management:

- At this inspection we found improvements had been made that ensured people's care was managed safely and any risks to people's health, welfare and safety were well managed.
- We found the premises had now been made secure. The fire exit located in the dining room was kept closed, which now restricted access to the grounds of the home. When this door was activated it triggered an alarm which staff checked to see if anyone had left the building. This was essential as a small number of people had been assessed as requiring locking systems on the exit doors to keep them safe and to protect them from harm. During the inspection we activated the fire exit door and found staff arrived quickly to investigate why the door was open.
- At the last inspection we found the premises and equipment was not always maintained appropriately to keep people safe. At this inspection we noted the service had recruited a new maintenance worker who ensured any required works were completed in a timely manner. We found the building had undergone a number of improvements. Broken window handles had been replaced, damaged electrical equipment and worn furniture had been removed. The service has also benefited with new flooring and re-decoration. We were satisfied there was now clear protocols in place to ensure the building was well-maintained.
- Records showed that checks were carried out on the building to ensure people were kept safe. These included checks on fire safety and moving and handling equipment and we saw the environment was free from clutter to reduce the risk of trips and falls.
- The management of risk associated with people's care had improved. Risk management plans were in place and were accessible to staff. Risk assessments contained information staff needed to manage and mitigate risk.
- Staff knew people well and described the actions they took to manage risks. For example, approaches they used to reduce people's levels of anxiety.

Staffing levels and recruitment:

- We observed that there were enough staff to meet people's needs throughout the day. The registered manager told us that they predominately used bank staff or staff picked up overtime to cover any shortfalls on the rota due to sickness or vacancies for permanent roles. We checked the rotas and found that there was always the safe level of staff on duty.
- The provider was in the process of recruiting nursing staff to the service. The service was reliant on using agency and bank nursing staff, who predominantly worked on Brook House. We discussed the roles of the nursing staff with the registered manager and we were provided with assurances the nursing staff role was being reviewed to ensure their deployment benefited the service and identified the people who require nursing intervention. We will review the progress of this at our next inspection.
- Staff felt overall, there were enough staff to meet people's needs though sometimes issues arose, including when they were required to assist with activities at the service.
- Staff explained that sometimes staffing levels affected the activities people were supported with. One staff member told us, "Day to day care tasks are manageable, but we don't seem to have any structure at the moment with the activities for the clients."
- People we spoke with shared no concerns about the staffing levels. One person told us, "I believe we have enough staff."

We recommend the provider seeks advice from a reputable source and revisits the deployment of staff that fully supports the providers recovery model.

- We looked at two newly recruited staff files during the inspection and found recruitment practices were safe. This included carrying out disclosure barring service (DBS) checks, seeking references from previous employers and holding interviews for potential new recruits.

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

- People told us they felt safe living at Prema Court. One person said, "I like it here. I have been in many places, but I do feel safe here. Staff are always available if I need them."
- Policies and procedures were in place for staff to follow to keep people safe from harm. Staff completed safeguarding training and understood the different types of abuse people may experience. Staff knew how and when to report any safeguarding concerns to their manager. One said, "Always report matters no matter how small it may seem."
- Although we could see the management team and provider had appropriately dealt with concerns. We found a safeguarding matter in March 2019 resulting in the suspension of three-night staff had not been reported to the local safeguarding authority and CQC had not been notified. This notification was submitted retrospectively to CQC at our request and the registered manager also informed the local safeguarding authority. The registered manager accepted this was an error on their part and confirmed they would review the CQC notification guidance.

The above information was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

Learning lessons when things go wrong:

- The provider had electronic systems in place to learn lessons and improve when things went wrong.
- Staff had enough guidance to reduce the risk of a repeat of accidents. Debriefs and team meetings were used to discuss learning points from incidents and changes to people's care plans, so that people were supported safely.

Preventing and controlling infection:

- Measures were in place to prevent and control the spread of infection and we found the home to be clean.
- Staff had received training in infection control and personal protective equipment (PPE), such as gloves and aprons were made available to staff.
- Audits of the cleanliness were undertaken regularly, and any identified shortfalls were addressed, effectively and in a timely way. However, during the inspection we identified a potential cross contamination issue with the ice dispenser located in the dining room of Clifton House. We observed one person handling the ice without the appropriate equipment. We brought this to the registered managers attention who switched the machine off. The registered manager confirmed they would look at an alternative ice dispenser to reduce the risk of cross contamination.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- At the last inspection we made a recommendation the provider reviews the service delivery model at Prema Court to clearly set a defined structure of the service. At this inspection we found limited progress in this area had been made. Although we noted the signage around the service had improved to inform the people and visitors the service was now called Prema Court. We found no distinction in respect of Brook House and Clifton House in terms of people capabilities. We discussed this during the inspection with the management team who acknowledged this area would be addressed going forward.
- During the inspection we noted the premises had been re-decorated to freshen up the building. However, we were informed by the registered manager that the provider had not consulted with the people in respect of the colour theme used at the service. The registered manager commented going forward they would ensure people are fully informed in respect to any changes connected to the environment.

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

- At the last inspection we found the overall mealtime experience needed to be improved, to ensure the mealtimes were to be enjoyed by people who used the service that sought to promote good health, nutrition and well-being.
- At this inspection we observed the meal time experiences on Brook House and Clifton House and found elements of the mealtime experience had improved, but further work was needed to improve the mealtime experience on Brook House.
- We observed lunch being served. The meals looked nutritious and the portions were ample. The service also implemented a large menu board, refreshments and fruit was now made available.
- There was a good atmosphere on Clifton House at the lunch time meal and we saw good humoured banter between staff and people who used the service. People had the choice of where they wanted to sit and if they didn't want what was being served they were offered an alternative. Staff also joined people with their meals, which provided an inclusive experience in Clifton House.
- However, we were disappointed to see these levels of observations were not mirrored on Brook House. We observed people were served their meals from a hatch area which was connected to the kitchen. This approach appeared institutionalised as people lined up for their meals, which limited the opportunity for people to make their own meal choices. During the meal observations we noted very limited interactions from staff and people predominately ate their meals in silence. We observed two people with their heads down whilst eating lunch and both appeared nervous around another person who was vocal during the lunch time meal. We provided this feedback to the management team on the first day of inspection. When

we returned for the second day we observed the mealtime experience on Brook House had been altered with the closure of hatch area. People were now encouraged to choose their own meals and return their empty plates to the kitchen to support their independence.

- At the last inspection we noted the service had received a food hygiene inspection and the service was rated 'one star' which meant major improvement necessary. We saw the service had greatly improved in this area with the most recent food hygiene inspection in February 2019 rating the home 'five stars', which meant very good.

We recommend the provider continues to review the mealtime experience at the service to ensure the overall mealtime experience promotes the well-being of people.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people had restrictions placed upon them, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful. We found that conditions made within the authorisations were being followed and met.

- At the last inspection we found improvements were required as we noted staff did not have a clear understanding of MCA and DoLS. Furthermore, at the last inspection there was a lack of oversight in respect to people's DoLS and we found one person who lacked capacity had not had a DoLS applied for in a timely manner.
- At this inspection we found improvements had been made. We found the provider was working within the principles of the MCA. The correct procedures for applying for DoLS had been followed. Conditions of DoLS authorisations were being met.
- Staff had a good understanding of the principles of The Mental Capacity Act 2005. They told us they had received training in this area which we confirmed and knew what they needed to do to make sure decisions were made in people's best interests.
- Where people were not able to make a decision, including where restrictive practises were being considered a best interest decision making process was followed. This included consideration of the least restrictive options and these decisions were documented. We saw this included where people were being given their medicines covertly.
- Where needed independent advocates were involved in best interest decisions.
- Some of the people using the service were restricted by provisions under the Mental Health Act 1983 (amended in 2007) (MHA), such as Community Treatment Orders (CTO). CTOs enable people to live under supervision in the community. A CTO is part 17A of the Mental Health Act; this allows people to leave hospital and be treated safely in the community rather than hospital. At the last inspection we found there was an inconsistent approach detailing people's CTO's in their care plans to ensure staff are aware what the conditions or restrictions were and how they should be supported to meet them. At this inspection we found improvements had been made. Two people at the service had a CTO in place. We found the service ensured

their CTO was accurately recorded in their care plan and their rights were explained once a month. The service had a much better overview of people's CTO's and a tracker was in place detailing the date when the CTO expired.

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

- There had been no new admissions since our last inspection. However, we saw that improvements had been made to the pre-admission assessment. The assessment was comprehensive and should help to ensure that people are now appropriately placed, and the service can meet their needs. The assessment forms contained information related to people's medical, physical and emotional needs, personal care, medicines, dietary, communication and spiritual needs.
- Where people had behaviours that might challenge the service, we saw that the assessment process would include a multi-disciplinary meeting to ensure that the service could meet the person's needs and consider compatibility of the other people residing at the service.

Staff support: induction, training, skills and experience:

- At the last inspection we found the service did not have effective systems in place to monitor training to ensure staff had up to date training. At this inspection we noted improvement had been made.
- The provider had a detailed training matrix in place, which recorded high levels of completion in training the provider considered mandatory.
- We saw all new staff completed an induction to the service. Those who were new to care services also completed the 'Care Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care.
- We found staff were positive about the training provided, however two staff members wanted to undertake additional training, but was disappointed that they would need to fund this themselves. Their comments included, "I am very happy here. But at the moment I am saving up, so I can undertake my level three. Deepdene Care doesn't provide this training I believe" and "I have done regular e-learning training and the breakaway techniques. I would like to do a NVQ / diploma, but I believe the provider doesn't provide this anymore."
- The staff team were supported through supervision and appraisal and they told us they felt supported by the management team. One explained, "The service has improved with [registered managers name] in charge. I feel I can approach her with any concerns I may have."

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

- We reviewed care records and noted there was a multi-disciplinary approach to meeting people's individual needs. For example, we saw evidence of input from doctors, district nurses and podiatrists.
- However, we found there was an inconsistent approach at the service as we found two people's health appointments were not always recorded in the electronic care planning system, which meant we could not be satisfied these people received the appropriate healthcare checks.
- We discussed this area with both the HR manager and deputy manager while accessing the system and both were in agreement the service needed to review this area to ensure all health appointments were recorded and establish if people had refused or missed appointments.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us the staff team were kind and caring and they looked after them well. One person explained, "I am happy here. The staff are very respectful to me."
- Staff spoke to people in a kind way and offered support in a relaxed and caring manner. We observed staff interacting positively with people who used the service. They gave each person appropriate care and respect while taking into account what they wanted.
- People were able to express their preference to which gender of staff supported them. We saw this preference was respected.
- At the last inspection we recommended the service consults the CQC's public website and seeks further guidance from the online toolkit entitled 'Equally outstanding: Equality and human rights - good practice resource.' Since the last inspection, a 'multi faith' room has been established. There are both Christian and Islamic religious symbols and imagery on the walls and windows. The presentation of this room is not what you could expect -good practice, to be inclusive of all faiths, and those of none, would be to establish a room for 'quiet reflection' rather than one that contained overt religious imagery. We provided this feedback to the registered manager to re-consider the presentation of this room.

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

- People were encouraged and supported to express their views about their day to day routines and personal preferences and were actively involved in making decisions.
- Keyworkers continued to be established and the service ensured people had regular one-to-one session with their named keyworker. During one-to-one sessions people were asked how they were or if they had any issues or problems and the conversation was documented.

Respecting and promoting people's privacy, dignity and independence:

- People told us they felt respected by the staff team. One explained, "The staff won't enter my room, without my permission. They respect my space."
- People were encouraged to maintain relationships that were important to them and relatives were encouraged to visit.
- Staff had received training on equality and diversity and respected people's wishes in accordance with the protected characteristics of the Equality Act.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- We looked at the service's statement of purpose. A statement of purpose is a document produced by the company which outlines to prospective service users what they can expect from the service. This outlined that, "Service users should expect to have support and assistance in their development and progress in their recovery and rehabilitation which is ensured and encouraged by a team of appropriately and professionally trained experienced and caring staff providing 24-hour care." We found this was not the case, when we asked what was in place for people wanting to 'move on'.
- By reading people's care files, speaking with people and making observations, we could see that a proportion of the people at Prema Court had issues with addiction, including cigarettes, alcohol and drugs. However, we could find no evidence in people's care files that they were supported to rehabilitate or recover. There were no care plans focused upon health promotion and rehabilitation and no evidence that mental health tools such as the 'recovery star' were used. The recovery star is a tool which can be used to assess and track people's rehabilitation and recovery from various issues.
- Likewise, we could find no evidence in people's care files that they were being encouraged and supported to become independent with a view to moving on from the service eventually. One person told us that people cooked in one of the communal kitchens as an activity and records showed that people were supported to clean their rooms and manage aspects of their laundry, but apart from that, activities focusing on promoting people's independence were lacking.
- The service has satellite kitchens which we were told people could access to make themselves drinks and snacks if they wanted to and to learn independent living skills such as cooking. However, we did not see evidence in the care files we looked which identified if people had the ability to manage activities of daily living themselves, such as getting dressed, taking a shower or preparing their own meals.
- At the time of our inspection the service employed one activity coordinator, who also worked at another location connected to the provider two days a week. The activity coordinator was passionate about their role and worked three days a week on activities at Prema Court. A staff member completed three other days of activities at Prema Court in the interim, while the service was looking to recruit a second coordinator.
- We continued to find the activities at the service focused on providing group activities and one-to-one sessions for people.
- We found activities were lacking, throughout the two-day inspection we observed limited social interactions on Clifton House and Brook House. We noted some staff did not always take the time to engage with people, particularly on Brook House. We observed on occasions people sleeping in communal areas and walking around the service due to limited opportunities for people to participate in.
- During the first day inspection on Brook House we observed little in the way of social stimulation being provided by the staff on duty. We provided this feedback to the registered manager who stated the two support workers on duty are not the most interactive with people and accepted in hindsight, they shouldn't

be rostered on shift together.

- At the last inspection we discussed the importance of having an appropriate recovery model in place with the previous registered and deputy managers to clearly record people's progress. We were not satisfied the provider had progressed in this area.

A fundamental purpose of Prema Court was to support people to recover, rehabilitate and become independent. The continuing lack of action to meet people's identified needs was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider continued to use an electronic care planning system and all care plans, risk assessments, monitoring charts and daily notes had been transferred to the electronic system.
- People's care plans contained information about their personal care, nutrition and hydration, mobility, medicines, social care, hobbies and interests, beliefs and culture.
- The care plans also provided information on people's communication needs and preferred communication methods that met accessible information standards (AIS). The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns:

- People told us they did not have any concerns. They further said that they knew how to raise concerns and make a complaint. Those who had made complaints told us they were satisfied with how they were addressed.
- There was an up-to-date complaint policy in place to report, record and investigate complaints. There had been no formal complaints raised since our last inspection.

End of life care and support:

- The provider told us people with end of life care needs would only be supported by staff who were appropriately trained. They told us they would train staff in end of life care before they took on care packages that required supporting people with their end of life care needs.
- Currently no one was being supported with end of life and palliative care.
- People's current care plans provided evidence that people were encouraged to discuss their futures end of life care wishes, we noted not many people at the service had yet wanted to engage in this process.

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.

Service management and leadership was inconsistent and did not always support the delivery of high quality, person-centred care. Some regulations may or may not have been met.

At this inspection, we found improvements had been made to the quality assurance systems and registered manager oversight, but some further improvements were required around medication, record keeping and the structure of the service in respect of the rehabilitation model. Whilst further improvement are required in these areas the risks associated to people were considered low.

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

- Since our last inspection the provider appointed a new manager, who was also registered with the Care Quality Commission (CQC). People, their relatives and staff spoke positively about the registered manager and the staff at Prema Court. Comments received from staff included, "[Registered managers name] is very nice and always speaks to me" and "Happy with the staff, I think this place is better."
- At the last inspection we found serious systemic failures in the leadership and management of Prema Court. This resulted in a breach of Regulation 17. At this inspection, we found a number of improvements had been made at the service, but we were still concerned to find persistent issues in relation to the structure of the service and we noted areas connected to the management of medicines needed further improvements.
- There was a quality assurance process in place consisting of a range of audits, including: medicines management, infection control, health and safety and care plans. However, this had not been fully effective. It had not always identified the concerns we found during the inspection; these included the arrangements for managing medicines safely, record keeping and consideration to the staffing structure of the service.
- We found further work was required to ensure all staff levels understood their roles and responsibilities and the management team was accountable for the staff and understood the importance of their roles. The staffing structure did not support a rehabilitation / recovery model as defined in the providers statement of purpose.
- Further improvements were required in respect of recording keeping. As noted in the effective section of this report, we could not be satisfied people were receiving the appropriate healthcare checks due to these appointments not always being recorded by staff. We noted this area had not been picked up on in the registered managers or providers audits.

These issues were continued breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems were not operated effectively to ensure the effective monitoring and improvement of the safety and quality of the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Whilst we saw safeguarding procedures were followed, one safeguarding incident which had occurred in the service had not been reported to the local safeguarding authority or CQC in a timely way in line with the provider's statutory duties. We were satisfied this was just an oversight from the manager and we reminded the manager of the need to ensure these were reported.
- The management team was open and honest when things went wrong and lessons were learned to ensure people were provided with good quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The provider consulted people in a range of ways. These included quality assurance surveys, and one-to-one discussions with people and their families. The registered manager had acted on people's feedback, for example by changing the menus to meet people's requests. However, as noted in the effective section of this report the registered manager was encouraging people to become more involved, as the manager openly told us the provider missed an opportunity involving people to contribute to the refurbishments of the service.
- Shortly after the inspection the registered manager provided additional evidence that people at the service were encouraged to participate in weekly group discussions that people could talk freely about moving on from the service that also supported people to reflect on how they are feeling.
- Each person had a key-worker who was able to support them through monthly meetings and promote ways in which they could be involved in the running of the home.
- Regular staff meetings were held. These were used to review previous minutes, update staff on work practice and upcoming plans.

Continuous learning and improving care; Working in partnership with others:

- We identified some examples of continuous improvement, which was monitored using a rolling 'improvement plan'. We saw actions detailed in the plan were completed promptly; for example, it had identified the need for all staff to be trained in understanding the Mental Capacity Act 2005 and include DoLS training. We saw these were used to drive improvement in the service.
- The service acted on feedback received from other agencies such as the local authority commissioning team to help improve the overall quality of the service. There was an ongoing commitment to health and social care commissioners working in partnership with the service.
- Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. There was detailed information around how each incident was followed up and what steps had been taken to keep people safe.

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 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The provider failed to notify the CQC in respect of an incident at the service in March 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	A fundamental purpose of Prema Court was to support people to recover, rehabilitate and become independent. The continuing lack of action to meet people's identified needs was a continued breach.

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	Although some aspects of the medicines systems had improved, we found further work was needed to ensure people received their medicines safely.

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	Systems were not operated effectively to ensure the effective monitoring and improvement of the safety and quality of the service.

