Deepdene Care Limited

Norton Street

Inspection report

28 Norton Street
Old Trafford
Manchester
Lancashire
M16 7GQ

Tel: 01612262979
Website: www.deepdenecare.org

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Norton Street is a residential care home registered to provide personal care for up to 31 people. The service consisted of 8 separate terraced houses on residential streets close to the registered office address. The provider had opened additional houses as part of this location since the last inspection; The Care Quality Commission (CQC) had accepted the provider's application to increase the maximum number of people they could provide support to from 25 to 31 people. There were 25 people using the service at the time of our inspection, whose primary support needs related to their mental health.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided. 2 people were receiving support with personal care at the time of our inspection.

People's experience of using this service and what we found
Risk assessments and associated guidance were not clear about people's current needs. They contained conflicting, old and repetitive information. This had been identified through local authority audits and a CQC monitoring call in August 2022, but action to improve the risk assessments and guidance was still at the information gathering stage.

There were enough staff on duty to meet people's needs and they had been safely recruited. Staff had the training to carry out their role. Staff were supported through staff meetings and supervisions. However, some felt there was sometimes a blame culture when issues had been identified. Staff wore the appropriate personal protective equipment. Staff worked in partnership with other professionals. People received their medicines as prescribed. Equipment was checked and serviced as per current guidance.

A quality assurance system was in place and action plans produced from these. However, audits continued to state care plans were complete, up to date, reviewed and checked, despite actions plans identifying they needed reviewing. Incidents and accidents were recorded and investigated to identify actions to reduce the risk of a re-occurrence.

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.

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 25 July 2019).

At our last inspection we recommended that the provider reviewed their processes for checking the required pre-employment information is received prior to appointing members of staff. At this inspection we found improvements had been made and all pre-employment checks were in place.

Why we inspected
The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of medicines. This inspection examined those risks and we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Norton Street on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk assessments and associated guidance not reflecting current needs and the governance and quality assurance system at this inspection.

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

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Norton Street

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector

Service and service type
Norton Street is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Norton Street is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before inspection
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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 2 people who used the service about the care and support provided at Norton Street. We also spoke with 5 members of staff including the registered manager, team leader and care staff.

We reviewed a range of records, including 2 people's care and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and safeguarding were reviewed.

After the inspection
We spoke with the provider's compliance manager by telephone. We continued to seek clarification from the provider to validate evidence found. We looked at additional quality assurance records.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments and guidance for staff about how to manage risks to people did not reflect people's current needs. Care records contained out of date and conflicting information, which was not reflective of people's current needs. These concerns had been identified by the local authority and CQC in August 2022 and improvements had not been made.
- Monitoring charts identified as being required in people's care plans were not routinely being completed. The registered manager said not all were currently required, so needed to be removed from the care plan guidance.
- The registered manager said they were in the process of gathering person centred information with each person supported, before reviewing people's care plans. They had also tried to work with the local mental health team to complete a care plan staff could follow for other people. However, this had not been successful as the person had not wanted to engage in the process.

The lack of clear risk assessments, associated guidance and monitoring charts required was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The registered manager said people's care co-ordinators were visiting them more often after the COVID-19 pandemic. This meant the service was able to discuss people's changing risks and agree with the mental health professionals how these were to be managed.
- A programme of maintenance, renovation and replacing furniture was underway. Equipment within the home was regularly checked by the maintenance person and was serviced in line with current guidance and manufacturer's instructions.

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

- Staff had completed training in safeguarding vulnerable adults. They knew the signs of potential abuse and how to report this. Safeguarding was a standing agenda item in the monthly staff meetings.
- Incident and accident forms were completed when required. These were reviewed by the registered manager and actions taken to reduce a re-occurrence. The incident reports were added to the providers electronic system and were checked by the compliance manager.

Staffing and recruitment

At our last inspection we recommended that the provider reviewed their processes for checking the required pre-employment information is received prior to appointing members of staff. At this inspection we found improvements had been made.

●Staff were safely recruited. All pre-employment checks were completed before staff started working at the service.
● There was a regular staff team who knew people's support needs. The service was recruiting for a night senior care staff to provide support for care staff. Whilst this was ongoing an additional member of care staff was to work at night.
● There were enough staff on duty to meet people's needs. One member of staff said, "We have a lot of time to talk with people." One person said, "I have regular staff and if I need them I use the call bell and they come."

Using medicines safely
● People received their medicines as prescribed. Medicines administration records (MARs) were fully completed and audited each month.
● The support people required with their medicines was recorded and included actions to be taken if medicines were refused.
● One person did not have guidance in place for the administration of as required pain relief. The person told us they would ask staff if they were in pain. Their care plan also stated they could ask for pain relief when needed. We discussed this with the registered manager who said they would ensure guidance was written and kept in the person's medicines file for reference.

Preventing and controlling infection
● Staff wore appropriate personal protective equipment (PPE). The houses we visited were clean. Domestic staff cleaned the communal areas of the homes. Additional domestic staff were being recruited to be able to support people in cleaning their own bedrooms.
● A plan was in place and ongoing to make improvements within the homes, for example replacing flooring and furniture. This would make the homes easier to keep clean.
● Visitors followed current government guidance and were encouraged to wear appropriate PPE. We were assured that the provider's infection prevention and control policy was up to date.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA. No one using the service had a DoLS in place. People's capacity was discussed with people's community psychiatric nurses when appropriate.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The quality assurance system had not identified the issues noted in August 2022 by the local authority and CQC direct monitoring call with the care plans. These issues had not been resolved at the time of this inspection, although other actions identified had been completed and a programme of refurbishment was underway.
- A range of audits and checks were completed each month, including for medicines, infection control, health and safety and care plans. A monthly managers report included these audits, as well as details of any incidents, complaints and safeguarding referrals. This report was visible to the providers compliance manager and head office team.

This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Improvements were planned for the governance and oversight of the service, with new matrixes being developed by head office to identify when care plans, audits and other information need to be reviewed. These were distributed to the registered manager shortly after our inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff said they felt supported in their role. Training was up to date and included training in mental health awareness. Regular staff meetings were held, and staff had supervision meetings were held with the team leaders or registered manager.
- However, some also told us sometimes they felt there was a blame culture at the service if they identified problems or issues. We discussed this with the registered manager who said they would reflect on the feedback and work with the staff team to resolve these feelings.
- People had weekly meetings with their keyworker to discuss any problems or concerns they may have. However, individual goals for people to work towards had not been identified and agreed. This was to be part of the ongoing actions to re-write people's care plans.
- Regular resident's meetings were held to gather people's feedback, for example on food choices and activities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong
● The manager was aware of their legal responsibilities and notified the CQC and local authorities appropriately when required.
● Complaints were recorded and responded to following investigation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The registered manager and the staff team understood their roles. The providers compliance manager had provided support for the service following the local authority audit in August 2022, so the actions identified were being completed.
● The service was in the process of recruiting a deputy manager. The providers compliance manager was providing additional support for the service during this process.

Working in partnership with others
● Norton Street worked in partnership with a range of medical professionals, the mental health team and local authority.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a lack of clear risk assessments, associated guidance and monitoring charts required

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance audits had not identified the issues with risk assessments, and improvements had not been made since August 2022 when they were first identified.