

Durham Care Line Limited

De Bruce Court

Inspection report

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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 responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: De Bruce Court provides personal and nursing care for up to 46 people. At the time of our inspection there were 21 people living at the home, some of whom were living with a dementia.

People's experience of using this service: Medicines were not always managed safely. Improvements had been made to the recording of topical medicines and guidance on 'when required' medicines, but further improvements were needed.

Staff training and supervisions had improved. Staff turnover remains a concern; plans were in place to address this.

Care plans had improved but further improvements were needed to ensure staff had sufficient information about people's specific needs.

Issues the provider had identified through checks on the quality and safety of the service were being addressed at the time of this inspection.

At this focused inspection we found some improvements had been made but further improvements were needed. There is no longer a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, but there is an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. While some improvements had been made we could not improve the overall rating from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Rating at last inspection: Requires Improvement (report published 1 November 2018).

Why we inspected: At the previous inspection we found breaches of Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because: medicine records for 'when required' medicines lacked detail; records relating to the administration of topical creams were not always accurate; care records were not always clear and up to date; staff had not completed training specific to people's individual needs; staff supervisions were not up to date; and the provider did not have effective

quality assurance processes to monitor the quality and safety of the service provided and to ensure people received appropriate care and support.

Following the previous inspection we asked the provider for an action plan which said what they would do to meet legal requirements in relation to the above issues. We undertook this focused inspection to check they had met legal requirements and to confirm they had followed their action plan and made improvements to the service. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for De Bruce Court on our website at www.cqc.org.uk.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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 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 ●

De Bruce Court

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type: De Bruce Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service did not have a registered manager. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager, who had worked at the service since it opened, had recently been appointed. They had begun the application process to become the registered manager.

Notice of inspection: This inspection was unannounced which meant the provider did not know we would be visiting.

What we did: Before the inspection we reviewed the information, we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

During the inspection we spoke with four people who used the service, three relatives, the manager, the deputy manager, two of the provider's senior operations managers, one senior carer and three care assistants. We looked at medicine records for five people, staff training and supervision records and other

records relating to the management and quality monitoring of the service.



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. Regulations may or may not have been met.

Using medicines safely

- Medicines were not always managed safely. Improvements had been made to topical medicines records (for prescribed creams or ointments), but these needed further improvement as guidance on how often creams should be applied was missing from people's records. Also, records for topical creams contained several gaps so we could not be sure people received their prescribed creams when they needed them.
- Guidance for staff on 'when required' medicines had improved but further improvements were needed. This was because the provider's electronic medicines administration system did not contain detailed guidance about when a person's prescribed medicine for anxiety should be given. This information was in the person's care record but nursing staff would not have the opportunity to refer to this whilst administering medicines. The manager agreed this information should be on the electronic medicines system for nursing staff to refer to when administering medicines.

This is an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



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. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff training in key areas had improved and was mostly up to date. Since the previous inspection staff had completed further training in relation to people's specific needs such as personality disorders.
- Staff turnover had continued at high levels since the previous inspection. The manager told us they were working on systems to provide more support to new staff to address this.
- Staff supervisions had improved. These took place more frequently and contained more detail to better support staff development.
- Appraisals were scheduled to take place 12 months after staff began their employment.



Our findings

Responsive – this means we looked for evidence that the service 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

- Care records had improved but some needed further improvement. One person's diabetes support plan contained information about what symptoms a person may display if they had high or low blood sugar levels, but there was no detail about what was a high or low reading for that individual. By reading the care plan alone staff would not have been able to identify when the person's blood sugar levels were too low or too high. Staff we spoke with told us about this, but this was not documented in the care plan for staff to refer to.
- One person's catheter care plan contained detailed guidance regarding infection prevention and control (a catheter is a thin flexible tube used to drain urine from the bladder).
- Care records were reviewed more regularly.



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. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Since the previous inspection improvements had been made to staff training and supervisions.
- Topical medicines administration records, guidance on 'when required' medicines and care records needed further improvement.
- A new manager, who had worked at the service since it opened, had recently been appointed. They had begun the application process with the Care Quality Commission to become the registered manager.
- CQC were notified of incidents and events as required.

Continuous learning and improving care

- The provider had a new quality monitoring or audit system in place. Actions arising from audits carried out by the provider and manager were captured in ongoing improvement plans. All actions had been completed or were being addressed at the time of our inspection.

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 17 HSCA RA Regulations 2014 Good governance The provider did not have accurate and complete records for each service user.