

iMap Centre Limited

Danebank

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 well-led?

Requires Improvement 

Summary of findings

Overall summary

Danebank is a residential care home providing accommodation for persons who require nursing or personal care, up to a maximum of 4 people. The service provides support to people with a learning disability and/or autism. The service consists of a detached house with an Annex building to the rear. At the time of our inspection there were 3 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Where some restrictions had been put in place to manage risk, best interest decisions had not always been recorded and reviewed.

Significant repairs due to damage, and cleaning were required within a particular area of the service. The provider had not acted in a timely way to ensure the environment was currently clean and properly maintained. Systems in place to ensure the safety of the environment needed to be more robust. Whilst maintenance and various checks were carried out, there were some gaps and actions required. The manager agreed to address this straight away.

Systems to ensure staff had undertaken all relevant training and received an appraisal were not sufficiently robust. Staff received an induction and various other training was offered, as well as regular supervisions. However, some staff had not completed all the relevant training and annual appraisals had not been carried out.

Overall, people received their medicines safely. However, records relating to the use of "as required" medicines needed to be more specific. The provider had a policy for infection prevention and control. However, they had not ensured staff were fully following guidance in relation to the use of PPE.

There had been some staff changes but there was a consistent team of staff, who knew people well. Agency staff were used to fill any gaps and processes had changed to ensure these staff were as consistent as possible. Staff were recruited safely.

Right Care:

People appeared to be at ease and looked comfortable with the staff. Relatives told us their loved ones

seemed safe and well cared for. The provider was working closely with other health and social care professionals, where there were concerns about the most appropriate care and support for a person.

Overall, people's needs and risks were assessed. Staff understood how best to support people. However, risk management information for one person needed to be more reflective of their current changing needs. Care records were in different formats for each person and were difficult to navigate. The new manager was in the process of reviewing these and implementing new care plans.

Right Culture

Overall, there was a positive culture and staff worked in a person-centred way. However, relatives felt they could be better involved in planning and reviewing their family member's care. There were no restrictions on visiting. The provider had a positive behaviour support team to help support people and staff with their approach.

There were systems for oversight, but these were not always effective in ensuring all areas for improvement were identified and actioned in a timely way and accurate records were being kept.

Staff had undertaken training in safeguarding and understood their responsibility to safeguard people. However one incident had not been reported under local procedures as required. The provider had not ensured CQC were notified of certain events as legally required. There was a new manager at the service. Staff felt supported and able to raise any concerns. The management team were responsive to feedback and had started to take some action to make improvements.

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 5 September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified 4 breaches in relation to consent to care, the premises, systems to monitor and improve the quality and safety of the service and notifying CQC of certain events.

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?

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 well-led?

The service was not always well-led.

Details are in our effective findings below.

Requires Improvement ●

Danebank

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 2 inspectors.

Service and service type

Danebank 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. Danebank 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 not a registered manager in post. A manager was in post who intended to apply to register with CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are

often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 9 January and ended on 22 January 2024. We visited the location's service on 9,16, 18 and 22 January.

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

Not all the people who lived at Danebank were able to fully express their views and experiences, so we observed the care and support they received. We also spoke with 3 family members, the nominated individual, the manager, a senior support worker and 6 support workers. We reviewed 3 people's care records and medication records. We also reviewed a range of records relating to the management of the service, including staff recruitment records policies and procedures. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 good. At this inspection the rating has changed to 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

- The provider had some systems in place to monitor the health and safety of the environment.
- Equipment and environmental checks were completed; however these were not always undertaken consistently and there were gaps in some records.
- Checks had not identified or addressed areas which needed action, including repairs required to fire doors and the storage of some hazardous chemicals not being secure. This was fed back to the management team who took action to address this.

Systems to assess, monitor and improve the quality and safety of the service had not always been used effectively and led to timely action. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Overall, people's needs and risks were assessed. Various risk assessments were undertaken to help guide staff about the action needed to reduce risks to people. The service helped keep people safe through formal and informal sharing of information about risks.
- However, records were not always reflective of action being taken. One person's needs were frequently changing and staff were adjusting their approach to support them. Records needed to be updated more regularly to reflect this and ensure staff had clear guidance about the support required and ensure it was the least restrictive approach.

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

- People appeared comfortable and at ease with staff. A relative commented that their relative was "Loved and kept safe." Another said their relative seemed safe and described staff as "Kind and caring."
- Staff had undertaken training in safeguarding and understood their responsibility to safeguard people from abuse. They felt able to raise any concerns with their line manager.
- However, an incident had been recorded and whilst no harm had occurred, staff had not reported this to the local authority as required. We fed this back to the manager for further action.
- Systems were in place for staff to report and record any accidents and incidents, including processes to debrief staff and review any incidents which led to the use of restraint. Managers reviewed these to identify any patterns and trends to try to avoid reoccurrence. Staff told us they would avoid restraining people.
- The provider had planned some further training to support staff in the completion of incident recording.

Using medicines safely

- Overall, people's medicines were safely managed. Staff ensured people's behaviour was not controlled by excessive or inappropriate use of medicines.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff had been trained and had their competency checked.
- Some protocols were in place to guide staff about when 'as required' (PRN) medicines should be given. However these would benefit from being more specific in some cases.
- When supporting people to use emollient creams, it's important staff are aware of any potential risks. Risk assessments had not been undertaken in one case. The manager agreed to address this as soon as possible.

Staffing and recruitment

- There had been some recent staff changes, generally people were supported by a consistent staff team and the permanent staff knew people well.
- The provider requested agency staff to support if shortfalls occurred, and new processes ensured agency staff were as consistent as possible.
- The provider ensured there were enough staff to support people safely and to enable them to take part in activities in the community. This could be affected if there were no drivers on duty. The manager was addressing this.
- The provider had processes in place to ensure recruitment was safe.

Preventing and controlling infection

- The provider had recently reviewed their infection control and prevention policy, although staff at the service did not have access to the most up to date version.
- Staff were not fully aware of and/or following aspects of current infection control guidance. This related to the correct use of PPE. The manager took action to address this straight away.
- More robust cleaning was required to certain areas of the service.

Visiting in care homes

- People were supported to have visitors and maintain contact with their friends and families.

Is the service effective?

Our findings

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had not always clearly recorded assessments and best interest decisions for people they assessed as lacking mental capacity for certain decisions.
- For one person, the provider was working with health and social care partners and measures had been put in place to manage aspects of risk, including surveillance. However, staff had not recorded any best interest decisions to demonstrate these were the least restrictive measures and were kept under review, to ensure the person's human rights were fully protected.
- People living at the service had appropriate DoLS authorisations in place, However, systems to provide oversight of these, along with renewal dates was not sufficiently robust. Staff were unclear about some conditions attached for one person and there were no records about how these were being considered and/or met.

The provider had not ensured where people lacked capacity to make an informed decision, staff had acted in accordance with the MCA. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had undertaken training in MCA and understood the importance of supporting people to make choices where possible and encouraged this.

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

- Significant repairs due to damage, along with cleaning was required within a particular area of the service.
- The provider had undertaken some maintenance and some factors had affected this. However, the provider had not acted in a timely way to ensure the environment was currently clean, properly maintained, and suitable for the purpose for which it was being used. For example, two broken windows had been boarded up for over 8 weeks before new glazing was ordered

The provider had not ensured timely action had been taken to ensure premises and equipment were, clean, secure and properly maintained. This is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their families were included in some decisions relating to the decoration of their home and bedrooms were personalised.

Staff support: induction, training, skills and experience

- People were supported by staff who had received induction and refresher training.
- Overall, staff had a good understanding of people and how to meet their needs. However, some staff had not accessed all training relevant to their roles. Some were enrolled on training but had yet to complete it. The provider had devised a workforce development plan which was in progress.
- Staff received support in the form of regular supervision and recognition of good practice. However, the provider had not ensured staff had received annual appraisals in line with their policy.
- Staff felt supported by their immediate line managers within the service and felt able to raise any concerns or issues.
- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice.

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

- Staff completed assessments of each person's physical and health needs. The provider had a positive behaviour support (PBS) team, who supported staff to provide the right support to people. PBS helps to understand the reason for certain behaviours, to better meet people's needs and enhance their quality of life.
- People had care and support plans which reflected their needs, including their communication and sensory needs. However, care records were in different formats for each person and were repetitive. They would also benefit from further specific detail as shared by people's relatives. The new manager was in the process of implementing new care plans across the service.
- Relatives told us they liaised with staff on a day-to-day basis but had not been involved in any regular care reviews with their loved ones. One relative told us they felt the managers "Needed to work together better." The new manager told us this was a priority and had plans to meet with people.

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

- People received support to eat and drink enough to maintain a balanced diet.
- Staff supported people to be involved in preparing their own meals in their preferred way, where they were able.
- Care plans contained information about the support people needed to meet their nutritional needs. Mealtimes were flexible and staff understood people's preferences.

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

- Staff worked closely with other health and social care professionals to review and provide effective care to people. The provider was taking part in regular meetings for one person within a multi-disciplinary team to ensure their needs were being met.
- People were supported to access health care services as needed. Staff knew people well and were able to identify if people were becoming unwell. They were supported to attend regular health appointments and check-ups.

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.

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

- The service had been without a registered manager for several weeks. A new manager had been recruited and intended to register with CQC. The provider told us they were mapping out a new induction for the registered manager role. Overall staff had lacked guidance and direction during this period.
- Managers had carried out some audits, including medication audits. However, senior staff did not have specific guidance about the provider's governance requirements. For example, a managers' monthly observation check had not been completed. Whilst the provider had updated some policies, these were not all available to staff at the service.
- The provider had recently arranged for a monthly audit to be undertaken at the service. Whilst some actions had been taken in response to these, the provider had not effectively identified and addressed all the issues we found during our inspection.
- The provider's oversight had not identified or addressed for example, issues in relation to staff compliance with the MCA, staff not always following infection control guidance, issues relating to the premises and lack of appraisals being carried out.
- Records were not always being effectively completed to demonstrate effective oversight. For example, out of date DoLS information.

The provider did not have effective systems to ensure the quality and safety of the service and that accurate records were being kept. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Managers were open and transparent during the inspection. They were receptive to the feedback provided. The provider told us they were in the process of taking some action to address issues identified for improvement.

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 provider had not fully understood or demonstrated compliance with regulatory and legislative requirements.
- Providers are required to notify CQC of certain events and we were told nothing had required a notification. However, there had been at least 3 events which CQC should have been notified about but had not been. The provider had not ensured senior staff understood the regulations.

The provider had not always notified the Commission of any abuse/allegation of abuse or any incident reported to the police. This is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Following the inspection, the nominated individual appropriately notified us of an incident as required.

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

- Overall, relatives were positive about the way their family members were supported. They told us staff were kind and caring in their approach.
- Managers worked directly with people and led by example. They promoted a person-centred caring culture and staff valued people's individuality.
- However, feedback from relatives indicated the provider could improve partnership working with them. They wanted further opportunities to review and discuss the best way to support their family member. One relative commented, "We need a better platform to work together and communicate." Another felt staff approach could be "tweaked" to further support their relative. The manager agreed to take action to address this.
- The service worked in partnership with other health and social care organisations to help improve outcomes for people.
- Managers at the service promoted team working. Staff told us they felt supported and were kept up to date through regular meetings and communications.

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 The provider had not always notified the commission of any allegation of abuse or any incident reported to the police. (1) (e) and (f).
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured staff had acted in accordance with the MCA, where people lacked capacity to make an informed decision. (1).
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured timely action had been taken to ensure premises and equipment were, clean, secure and properly maintained. (1) (a) (e) (2).
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to ensure the quality and safety of the service and that accurate records were being kept. (1)(2) (a) (b) (c).

