

Careline Lifestyles (UK) Ltd

St Stephen's Court

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Requires Improvement ●
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Summary of findings

Overall summary

About the service

St Stephen's Court is a residential care home providing accommodation and personal care to people who have acquired brain injuries, neurological conditions, mental health needs and learning and physical disabilities. The service was registered to provide support to up to 30 people. At the time of our inspection 31 people were using the service. One person did move out of the service during our inspection.

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.

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

Right Support

The service was registered with CQC prior to the publication of the Right support, right care, right culture guidance. The service was larger than recommended by current best practice guidance. However, the building had been separated into 4 units to provide smaller living accommodation for people. Each unit had a communal area people could access to decide who they wanted to socialise with.

Systems were in place to ensure medicines were managed safely. However, there was excess stock of topical medicines (creams and lotions applied to the skin) for some people. We have made a recommendation about this. Risk assessments were completed to assess known risks people were exposed to and people were encouraged to be as independent as possible. In addition, a range of risk assessments had been completed to assess the safety of the environment.

People were supported to personalise their bedrooms to reflect their taste and preferences and their opinions were sought to ensure people were included in decisions about their care.

Right Care

There were sufficient numbers of staff to meet people's needs. Agency staff were used to ensure safe staffing levels were always maintained. Staff knew people well and care records contained person-centred information to guide staff in how support should be delivered. Information was available to people in alternative formats to support people's communication needs if this was necessary.

Assessments of people's needs had been completed and people were involved in the process. Care plans were in place which detailed how to meet people's needs.

Staff understood their safeguarding responsibilities. They told us they would be confident in raising any

concerns they had and felt confident any issue would be dealt with appropriately.

Right Culture

The management team promoted a positive culture at the service. Managers led by example and advocated staff provided support to people which was person-centred to their individual needs. 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 this practice.

Systems were in place to ensure staff were recruited safely. Most people spoke positively about their relationships with staff. The registered manager was proactive in responding to feedback from people in relation to staffing.

The registered manager worked in an open and transparent way. However, records were not available to demonstrate staff were meeting the requirements of the duty of candour regulation. We have made a recommendation about this.

Systems were in place to review quality and there was a culture of learning from previous incidents to improve performance and staff practices. However, medicines audits did not review all of the medicines which were in use. We have made a recommendation about this.

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 31 March 2020).

Why we inspected

We received concerns in relation to the management of the service and support provided to people. As a result, 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 and well-led sections 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.

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

Recommendations

We have made recommendations in relation to medicines and duty of candour at this inspection.

Follow up

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?

Good ●

The service was 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.

St Stephen's 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 (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

This inspection was undertaken by 3 inspectors, 1 medicines team support officer and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Stephen's Court 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. St Stephen's Court is a care home with 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 the inspection

We reviewed the information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding teams, the local NHS IPC team, fire service, integrated care board and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 6 people who used the service and 7 relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, head of care delivery manager, head of care outcomes manager, the deputy manager, a clinical manager, a nurse and 6 care staff. We reviewed a range of records. This included care records for 11 people and multiple medicines records. We looked at a variety of records relating to the management of the service, including policies and procedures. We also received feedback from 1 health professional who was employed by the provider and visited the service as part of the provider's therapy team and from 2 health and social care professionals who visited the service.

On the third day of inspection we reviewed documentation the provider has sent to us electronically.

Following the inspection site visits we spoke with the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We requested additional information by email and continued to seek clarification from the provider to validate the evidence we found.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate action was taken to report any concerns or incidents to the relevant authorities. Safeguarding policies were in place to guide staff in the actions they needed to take in the event of any safeguarding concerns or allegations.
- One person raised some concerns with us regarding their care and support. The registered manager had taken proactive action to liaise with the appropriate professionals to address this.

Assessing risk, safety monitoring and management

- People were kept safe. A range of risk assessments were in place to ensure the safety of the environment.
- Risks people were exposed to had been assessed. Records contained person-centred information which was specific to the needs of people.

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 and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The provider operated safe and effective recruitment practices when employing new staff. The registered manager described the steps taken during the recruitment process to ensure staff were recruited safely.
- The provider's recruitment team ensured all the necessary employment checks were completed prior to any member of staff working at the service. For example, obtaining all the required references to assess a candidate's suitability for employment.
- There were enough staff deployed to meet people's needs. The provider used agency staff to maintain safe staffing levels at the service. We received mixed feedback regarding the skills of agency staff. We brought this to the attention of the registered manager who told us there had been a successful recruitment campaign which would reduce the need to use agency staff. The registered manager planned to liaise with

the recruitment agency used to discuss the feedback we received.

- Two people gave feedback about some night staff not always communicating with each other in English when providing care. We brought this to the attention of the management team for them to address this with the individual staff involved.

Using medicines safely

- Medicines were stored securely, and appropriate monitoring checks were in place. The medicines rooms were clean and tidy.
- Medicines care plans were person specific, they were updated and reviewed as required.
- Appropriate documentation was in place for the use of topical medicines. However, some people had a huge excess of topical medicines. For example, one person had 22 tubs of unopened cream. Although records showed this person had refused the application of topical medicine, staff had not taken sufficient action to ensure these medicines were not ordered.

We recommend the provider reviews the procedure for handling topical medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Procedures were in place to support visits in the home. People were supported to see their relatives to help promote their wellbeing.

Learning lessons when things go wrong

- Systems were in place to review incidents to assess if any action could be taken to deliver service improvements.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and the staff team understood their roles and responsibilities. Advanced care home practitioners were employed at the service. These staff supported the administration and management of medicines. However, their role and responsibilities were not identified in the providers medicines policy.
- Systems were in place to ensure statutory notifications were submitted to CQC in a timely way. Statutory notifications are incidents and events which must be reported to CQC by law.
- A range of audits were completed to monitor quality across the service. The audit processes in relation to medicines did not include all medicines that were in use. For example, eye ointments and topical creams. There were some discrepancies in this process which required a greater oversight from management to ensure actions were completed robustly.

We recommend the provider reviews the procedure for medicines auditing to ensure consistency and to guarantee there is effective oversight by management.

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 registered manager worked in an open and transparent way and led by example. One relative told us, "The management are brilliant. I haven't had any issues at all with any of them. They always really listen; if there is something that needs to be done, they will make sure it gets done."
- Records were not available to demonstrate duty of candour policies and procedures were always followed. Staff did communicate with relevant people following notifiable safety incidents. However, records to reflect the actions staff had taken to be compliant with the duty of candour regulation were not completed.

We recommend the provider reviews their systems to ensure duty of candour policies and procedures are always followed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Most people we spoke with gave positive feedback about their experiences of living at the home and of their relationships with staff. One person told us, "We can still keep our independence (living at the home) and keep our life skills going. If there is a problem, I can talk things out with staff. Staff are very supportive and if there is a problem they listen to us."

- Staff spoke positively about working at the home and of feeling valued. One staff member told us, "I very much feel supported at work. You can go to them [management staff] about anything and I really feel highly of the managers."
- Action was taken to review and learn from incidents. For example, the provider's NI chaired a weekly meeting with managers from various departments and all home managers from other services operated by the provider. Every manager present at these meetings had the opportunity to provide feedback. This enabled any learning to be shared across the whole provider group.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to enable stakeholders the opportunity to provide feedback about the service. Any compliments or concerns received were reviewed and actioned as necessary. One relative told us, "I am absolutely thrilled with the service, they [staff] are doing a fantastic job."
- Links had been established with some community groups. This enabled people to take part in activities which were socially relevant to them. This included a local cycle hub where specialist adaptations had been made to some bikes to allow people with mobility difficulties to be included and take part.