

Durham Care Line Limited

De Bruce Court

Inspection report

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23 June 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Summary of findings

Overall summary

About the service

De Bruce Court is a residential care home providing personal and nursing care to 30 people at the time of the inspection. Care is provided to younger adults and older people, some of whom have dementia, physical disabilities, learning disabilities or mental health needs. The service can support up to 46 people.

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

People told us they felt safe at De Bruce Court. Procedures were in place to protect people from the risk of abuse. There were enough staff deployed to meet people's needs. Risks associated with people's care were properly assessed and control measures to reduce such risks were in place. When incidents occurred, these were reviewed during de-brief sessions and any lessons learnt were shared with the staff team. The premises were well maintained, clean and tidy. There were effective infection control measures in place.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. People were provided with the right support which enabled them to make choices and promoted their independence. People received the right care that was provided in a person-centred way which promoted their dignity. The service provided the right culture for people in an environment where they were included and empowered by care staff.

People were treated with kindness and compassion. Staff respected people's privacy and dignity and people were supported to be as independent as possible, without compromising their safety. Most relatives told us they had positive relationships with staff.

People's care plans were person-centred and reflected current needs and preferences. Staff we spoke with knew people's needs well. People and relatives knew how to make a complaint. Complaints we reviewed had been handled appropriately. People had access to a range of activities which reduced the risk of isolation.

Since the last inspection the manager had registered with CQC.

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 requires improvement (report published 15 January 2021). At that inspection we found improvements had been made and the provider was no longer in breach of regulations, but some improvements were still needed, and the rating remained requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

This report only covers our findings in relation to the Key Questions Safe, Caring and Responsive as these areas were previously rated requires improvement. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

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.

Follow up

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

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

De Bruce 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 Care Act 2014.

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 carried out by one inspector. The inspector visited on 25 May 2021.

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 during this inspection.

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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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 all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided.

We spoke with the provider's head of care delivery, the registered manager, the deputy manager, a nurse and three care assistants.

We reviewed a range of records which included five people's care records and multiple medicines records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

As family visits to the service had to be booked in advance and were restricted in number due to COVID-19 restrictions, we sought feedback from 26 relatives via email and received five responses. We also sought feedback from 46 staff via email and received three responses.

We continued to seek clarification from the provider to validate evidence found. We looked at information relating to accidents and incidents, lessons learnt and complaints. We spoke with the local infection prevention and control team.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection in October 2020 we found infection control practices required improvement as staff were not consistently wearing personal protective equipment (PPE) in line with current guidance. During this inspection we found improvements had been made in this area.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and harm. Staff had completed appropriate training and knew how to raise any concerns about poor practice.
- The registered manager and staff were clear about when to report incidents and safeguarding concerns to other agencies.
- People told us they felt safe. One person told us, "The staff are really supportive which makes me feel safe." A relative said, "We feel [family member] is perfectly safe at De Bruce Court."

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risks to people's safety and welfare were identified and well managed. People's care plans included risk assessments about current individual care needs. Control measures to reduce such risks were set out in care plans for staff to refer to.
- Staff had received training in how to support people who displayed behaviours that challenged. Systems were in place to ensure accidents and incidents could be appropriately recorded and lessons could be learnt. This included the use of de-briefs and sharing lessons learned with the staff team to further improve the safety of the service. For example, it was identified that one person could benefit from improvements to

their accommodation. This work was carried out and has resulted in less incidents.

- Fire drills happened regularly. Each person had an up to date personal emergency evacuation plan (PEEP) which contained details about their individual needs in an emergency.
- Regular planned and preventative maintenance checks were up to date.
- Information was shared across the organisation and discussed in staff meetings to support learning and promote good practice.

Staffing and recruitment

- Recruitment procedures were safe and thorough. Staff files contained references and other appropriate background checks.
- Where agency staff were used appropriate checks were in place.
- There were enough staff to meet people's needs safely.

Using medicines safely

- Safe arrangements were in place for the storage, recording and administration of medicines.
- Staff received effective training in how to administer medicines and their competency to do so was frequently assessed.
- Regular medicines audits took place which highlighted any areas for improvement.
- Care plans and risk assessments were up to date and reflected people's current needs regarding medicines.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and most relatives said staff were caring. One person said "The staff are brilliant here as they're really supportive. They help me through tough times, and we have great banter which makes me feel happy. This is a really good home as the staff always have time for me and listen to what I've got to say. The staff always treat me with respect which makes me feel good about myself." A relative said, "I'm 100% satisfied with the care [family member] receives. Staff are always kind, helpful and thoughtful."
- Most relatives told us they had positive relationships with staff. One relative said, "I have an excellent relationship with the staff and can discuss anything with them."
- Staff deployment had improved which meant staff had more time to spend with people.
- There was a relaxed and calm atmosphere at the service. We saw staff reassuring people if they were upset and taking their time to support people to ensure people were not rushed.
- People's equality and diversity was recognised and respected. Care files contained information about people's specific needs, such as religious preferences, and staff told us about these.

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

- People were involved in planning and making decisions about their care. Care plans set out how people preferred to receive their care and their regular routines.
- Throughout the inspection we saw people being offered choices and their feedback being acted upon.

Respecting and promoting people's privacy, dignity and independence

- Systems were in place to protect people's confidential information.
- Staff respected people's privacy and promoted their dignity. Staff told us how they ensured people were treated with dignity, for example by closing doors and curtains when delivering personal care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Following our comprehensive inspection in August 2019, we recommended the provider reviewed activities provision at the service. During this inspection we found an activities co-ordinator had been appointed and the range of activities offered had improved. People said they were happy with the activities on offer.
- Staff supported people to maintain contact with family and friends via video and phone calls. Visits from family and friends had resumed and took place in line with national guidance.

Improving care quality in response to complaints or concerns

- Following our comprehensive inspection in August 2019, we recommended the provider reviewed their complaints process. During this inspection we found improvements had been made and outcomes were recorded. Complaint records we viewed showed complaints had been dealt with appropriately and promptly.
- People and relatives knew how to complain. People told us if they had any concerns they would speak to staff or the registered manager.
- Some relatives we spoke with felt communication could be improved, for example if they had a query about their family member's health or medicines. When we discussed this with the registered manager, they said they used several different methods to communicate with relatives, such as provider newsletters, private groups on social media, encrypted messages on WhatsApp, emails and telephone calls to cater for relatives' individual preferences. The registered manager advised there had been occasions when relatives had approached members of care staff for information, rather than asking the management team. The registered manager said they would advise relatives to approach the management team in the first instance.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were encouraged to make choices about their day to day care. People could choose when they got up, when they went to bed and how they spent their day. Staff supported people to follow their preferred routines for daily living. Staff we spoke with knew people's needs and preferences well.
- Care plans were person centred, up to date and reviewed regularly. People's care needs were clearly set out and included guidance for staff about how to support people with their specific needs, such as mobility, personal care and medicines.
- People's care plans had information about their previous occupations, interests and lifestyle choices. This helped staff to understand what was important to each person and plan their care and support accordingly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At our comprehensive inspection in August 2019 we found the provider was not meeting the requirements of the AIS. During this inspection we found improvements had been made and the provider was now meeting the requirements of the AIS. Care plans set out people's communication needs and preferences and information was available in alternative formats where needed.

End of life care and support

- No one using the service was receiving end of life care.
- Care plans contained details of people's end of life preferences, where people had felt able to discuss this sensitive matter.