

# Durham Care Line Limited

## Nevilles Court

### Inspection report

Darlington Road  
Nevilles Cross  
Durham  
County Durham  
DH1 4JX

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Website: [www.carelinelifestyles.co.uk/our-homes/nevilles-court-durham](http://www.carelinelifestyles.co.uk/our-homes/nevilles-court-durham)

### Ratings

Overall rating for this service	Requires Improvement <span style="color: orange;">●</span>
Is the service safe?	<b>Requires Improvement</b> <span style="color: orange;">●</span>
Is the service effective?	<b>Requires Improvement</b> <span style="color: orange;">●</span>
Is the service caring?	<b>Good</b> <span style="color: green;">●</span>
Is the service responsive?	<b>Good</b> <span style="color: green;">●</span>
Is the service well-led?	<b>Requires Improvement</b> <span style="color: orange;">●</span>

# Summary of findings

## Overall summary

### About the service

Neville's Court is a residential care home for up to three adults living with a neurological, learning and physical disability. At the time of inspection three people were living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Communication between the management team and the care staff at the service was poor. Staff were unsure of their roles and responsibilities which resulted in tasks not being completed. Some training had been allowed to lapse, training records were not maintained, supervisions had not taken place and medicines were not always managed safely at the service.

The management team had identified some failures in the management of medicines along with staff training and had started to address these matters.

Relatives and people we spoke with were happy with the service. One person told us, "It's great here."

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider ensured people had a safe environment. Health and safety checks were regularly undertaken. A robust recruitment procedure was in place which included ensuring appropriate checks were undertaken before staff started work. Staff were knowledgeable about safeguarding and what action they should take if they suspected abuse was taking place. Systems were in place to learn from safeguarding concerns and accidents and incidents.

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.

Staff understood and applied the principles of the Mental Capacity Act (MCA), and were aware of people's rights when they could not consent themselves. People were supported to access independent advocates.

People had enough to eat and drink and were supported to have choice in what they ate and drank. Staff promoted people to maintain a healthy diet.

People received person-centred care and were supported by staff who knew them well. Relatives told us they were regularly consulted and involved in the family member's care discussions.

Relatives were complimentary about the care staff team. They told us staff were kind and respectful. Staff told us they worked as a team and were supportive of each other. The service worked with external healthcare professionals to support and maintain people's health.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was requires improvement with one breach of regulation relating to good governance, (Published on 07 December 2018). At this inspection we found improvements had not been made or sustained and the provider remained in breach of regulation relating to good governance and a further breach was found in regulation regarding safe care and treatment.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

We received concerns in relation to the management of the service. As a result, we brought forward a comprehensive inspection.

#### Enforcement

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 including safe care and treatment and good governance.

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 Neville's Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

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 caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Nevilles 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.

#### Inspection team

The team consisted of one inspector and a pharmacy inspector.

#### Service and service type

Neville's Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

We used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information such as safeguarding concerns, serious injuries and deaths that had occurred at the service.

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 contacted professionals in local authority commissioning teams and safeguarding teams. We used all of this information to plan our inspection.

During the inspection

We spoke with two relatives. Two people living at the service did not wish to be involved in the inspection. However, one person spoke to us briefly. We spoke with four staff, including the registered manager, deputy manager, team leader and a care staff member.

We reviewed two people's care records as well as other records related to the running of the home, such as medicine records, complaints and training records.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. Records had not been completed correctly. Minimum/maximum fridge temperatures were recorded daily as 0-10 degrees centigrade which is outside the recommended range and no action had been taken.
- There was some guidance for care staff about where or how often to apply creams, however for some people the guidance was incomplete and there were gaps in the records, so we could not be sure they were applied as prescribed.
- There was some guidance for staff to show when people should be offered medicines prescribed when required, however this was not always available, or person centred. Staff did not always record the reason they had given these medicines or the outcome for the person to show whether the medicines had been effective.

The management team told us they had raised the failure to keep appropriate records with the care staff and showed us supporting documentation. However, we found the poor practice remained in place when we inspected.

We found no evidence that people had been harmed, however the provider should ensure that medicines should be managed safely.

This was a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment and good governance.

### Assessing risk, safety monitoring and management

- Majority of individual risks had been recognised and managed. However, one person required support with a specific procedure and we found plans did not clearly guide staff on how to recognise issues when delivering this type of care or following the procedure.
- General risk assessments for the environment and premises were in place ensuring anyone visiting and working at the service were safe.
- The provider conducted regular health and safety checks to ensure equipment and the environment was safe for people.
- Contingency plans were in place to support people in emergency situations.

### Preventing and controlling infection

- The service was clean and tidy.
- Staff carried out most of the cleaning of the service and supported people with encouragement to maintain their own flat.

- Staff had access to personal protection equipment, such as disposable gloves and aprons.
- Infection control audit was completed monthly by the registered manager.

#### Staffing and recruitment

- Staffing levels were based on people's needs. The team leader ensured additional staff were available to support people in the community.
- The provider continued to operate an effective recruitment process.

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

- One relative told us, "[Person] is well looked after and safe."
- Staff had completed safeguarding training and were confident any concerns would be dealt with appropriately.
- The registered manager understood their responsibility to refer safeguarding concerns to the local safeguarding authority and the CQC. No safeguarding concerns had been recorded since the last inspection.
- The provider reviewed accidents, incidents and safeguarding concerns across all its services and looked for trends or patterns. Any lessons learnt were cascaded to the services.

# Is the service effective?

## 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not have regular supervisions conducted in line with the provider's policy. The registered manager told us the provider was reviewing the frequency of the supervisions.
- The service did not ensure staff training was up to date. First aid training and manual handling training had expired. The management team advised that they had identified that training monitoring had not been completed by a staff member and had recently booked the appropriate training.
- Accurate training records were not always maintained. The service could not provide us with all staff members training for percutaneous endoscopic gastrostomy (PEG). One staff member had completed training in 2015. The management team were unable to locate records of any competency reviews or able to confirm if any had taken place.

Whilst we found no evidence that people had been harmed, the provider should ensure that staff have the appropriate skills, knowledge and experience to deliver safe care. The service did not have effective systems for the monitoring of training and supervisions. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- People's needs were fully assessed before they came to live at the service to ensure their needs could be met.
- People had lived at the service for a number of years. We noted that people's pre-assessments did not ask questions to support all the protected characteristics of the Equality Act. The provider had recognised this and started to review the document.

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

- Staff supported people in line with their care records, they encouraged people to maintain a healthy balanced diet.
- Records relating to food and fluid support were inconsistent. The deputy manager advised this had been identified and staff had been reminded of the importance of record keeping. Records confirmed this.

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

- People were supported to access healthcare professionals. Records showed people had access to healthcare professionals including doctors, consultants and dieticians when needed to maintain their

health and wellbeing.

- The team leader told us how home visits were arranged with healthcare professionals to support people who were reluctant to attend hospitals.

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

- People had their own self-contained flat with a lounge/kitchen diner, a bedroom and bathroom. These were personalised to each person's individual taste.
- A small communal area was available, where information to support people were displayed.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager monitored DoLS applications to ensure re-applications were submitted on time.
- Care records outlined information to guide staff on the best way to support people to enable them to make decisions.

# 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 Good. At this inspection this key question has remained 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; equality and diversity

- Relatives were happy with the care and support at Neville's Court and praised the staff. One relative said, "Team leader is remarkable, they all are. Really brilliant care."
- Staff had completed training in equality and diversity, and people's diversity and individuality were respected.
- Staff spoke with people politely, in an encouraging and supportive manner.

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

- The service supported people to access advocacy services. Advocates are independent individuals who represent people and support them in decision making.
- Staff regularly consulted with people to ensure their likes and dislikes were recorded.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff understood and recognised when people needed assistance.
- Where people were able to help with household duties, people were encouraged to take part in tasks such as cleaning and cooking in their own flats.
- Staff were observed knocking on doors of people's rooms and seeking permission before entering.
- Staff were discreet in supporting people to have private time and this was sensitively recorded within people's care records.
- People's confidential information was held securely and only accessible to staff who needed the information to perform their role.

# 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 Good. At this inspection this key question has now remained Good. This meant people's needs were met through good organisation and delivery.

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

- Specific care plans were in place to support people. Guidance from healthcare professionals had been incorporated within the plans.
- Staff were knowledgeable about people and had a good understanding of their preferences and interests. This enabled them to deliver personalised care and support.
- Relatives told us they were regularly consulted about their family member's care.

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.

- Pre-assessments identified people's communication needs and information was adopted within their care records.
- Easy read format was used throughout the service to support people.

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

- Relatives we spoke with told us they were always made welcome at the service.
- Staff encouraged people to take part in their interests and hobbies.
- People were supported to access the community, using local shops and facilities.

Improving care quality in response to complaints or concerns

- The provider's complaints process with how to raise a concern was displayed in easy read format in the service's foyer. No complaints had been raised since the last inspection.
- Relatives we spoke with told us they did not have any complaints and were confident any concerns would be addressed appropriately.

End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- End of life plans were not in place as people had chosen not to discuss the matter when asked by the service.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement.

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.

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

- Quality monitoring systems were not always effective. For example, medicine management was not always safe, training records were not maintained, and the lack of supervisions had not been addressed.
- The registered manager did not have an oversight of the running of the service. Staff were not clear of their roles and duties. This meant that issues such as lapses in training and poor record keeping were not resolved quickly as information had not been passed to the management team. For example, training had lapsed in May and April and at the time of our inspection had not been resolved.
- The management team told us they had started to address the matter and showed us documentation relating to discussions with care staff about their responsibilities and the tasks which had failed to be completed. However, we found issues continued.

Whilst we did not find any detrimental impacts on people who used the service the provider needed to ensure they had in place effective systems to maintain an ensure adequate oversight of all aspects of the service including training, supervisions, appropriate record keeping and regular quality audits.

This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had notified the CQC of all significant events which have occurred in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were not always formally asked for feedback about the service. The team leader told us, "People give daily verbal feedback on how things are going. [Person] lets us know how we are doing."
- Relatives we spoke with could not recall being asked for feedback about the service. One relative said, "They do a great job."
- Relatives we spoke told us they had never met the registered manager and approached the team leader to discuss matters relating to their family members care.

#### Working in partnership with others

- The service worked with healthcare professionals to ensure positive outcomes for people.
- Staff supported people to access the local facilities, including shops and gym.

#### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were open and transparent during inspection. They were passionate about ensuring people received personalised care and support. Staff told us how people had full control of their lives and made all decisions.
- The registered manager did not have a visible presence at the service. One relative told us they have never met the registered manager. The management team were located at another local service.
- Staff told us the management team visited the service fortnightly. The management team told us they always made themselves available and had daily telephone contact with the service.

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  Medicines were not always managed safely, and records had not been completed correctly.  12(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The service did not have effective systems to monitor and manage the quality of the service including training, supervisions and accurate record keeping.  17 (1)