

# Durham Care Line Limited

# Nevilles Court

## Inspection report

Darlington Road  
Nevilles Cross  
Durham  
County Durham  
DH1 4JX

Date of inspection visit:  
08 July 2021

Date of publication:  
25 August 2021

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	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Nevilles Court provides personal care for up to four younger adults living with a range of conditions. At the time of inspection four people were using the service.

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

The registered manager and staff team had made significant improvements at the home. We spoke with one person who told us, "I am in a much better place than I was when I first moved in."

Visiting relatives we spoke with said they enjoyed a good working relationship with the staff team saying, "We are treated as one of the family."

Care plans we viewed were person centred and we saw people's wishes were promoted. People were supported by staff who knew people well.

People told us the service promoted their well-being by ensuring their physical and mental health needs were well supported and monitored and records upheld this.

Infection control processes were embedded into the service and staff followed government guidance in relation to infection control and prevention practices, in particular, relating to COVID-19.

Quality monitoring systems had improved. Staff said the management team had made improvements and the culture had improved significantly. The service was working with local external partners such as the Care Academy, the local authority led training provider to develop staff skills further.

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. 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 and update

The last rating for this service was requires improvement (published 14 October 2019) and there were two breaches of regulation. The provider completed an action plan after the last comprehensive inspection to show what they would do and by when to improve safe care and treatment and good governance.

### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements regarding safe care and treatment and good governance. This report only covers our findings in relation to the key questions safe, effective and well-led which contained those requirements.

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 Nevilles Court on our website at [www.cqc.org.uk](http://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 coronavirus 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 reinspection 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below

**Good** ●

# 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 inspection team consisted of one 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

We carried out this inspection announced giving short notice to ensure someone was available to speak with us as this is a small care home.

#### What we did before the inspection

We spoke with the local safeguarding and commissioning teams.

We reviewed information we had received about the service since the last inspection. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person, the regional manager, the registered manager, a team leader, and one care staff member on the inspection. We also spoke with two visiting relatives. We reviewed two care plans, four Medicine Administration Records (MARS), staff files and a variety of records relating to the quality of the

service.

After the inspection

We requested further information from the registered manager.

# 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.

At our last comprehensive inspection we found medicines were not always managed safely. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made.

### Using medicines safely

- Medicine administration records had improved and were now completed correctly. Medicines in stock accurately matched records.
- Care plans and risk assessments were up to date and reflected people's current needs regarding medicines.
- Staff were confident in the administration and management of medicines.

### Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and well managed.
- People's care plans included risk assessments about current individual care needs and the control measures needed to reduce such risks.
- Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs.
- Regular planned and preventative maintenance checks were up to date.

### Preventing and controlling infection

- The home was clean and we observed staff following good infection control practice.
- There was good supplies of PPE and systems in place to ensure any risk of infection were reduced.
- We observed staff and visitors using PPE and handwashing effectively. Visitors we spoke with told us the home had provided them with training and PPE to ensure they and their relations were kept safe.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff received safeguarding training and knew how to recognise and report any concerns.
- The provider had systems in place to protect people from harm. The manager understood their responsibilities and any concerns were acted on appropriately.

### Staffing and recruitment

- Recruitment procedures were safe and thorough. Staff files contained references and other appropriate background checks. Disclosure and Barring Service Checks were recorded accurately.
- There were enough staff to meet people's needs safely.

- Staffing was provided by a consistent staff team meaning people built positive therapeutic relationships with the staff team.

#### Learning lessons when things go wrong

- Accidents and incidents were analysed appropriately to ensure there were effective processes to ensure lessons were learnt.
- Information was shared across the organisation and discussed in staff meetings to support learning and promote good practice.

# 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 comprehensive inspection in January 2020 this key question was rated as requires improvement. At this inspection this key question has improved to good.

Staff support: induction, training, skills and experience

At our last full inspection the provider had not ensured staff had received appropriate training including in medicines management and supervision meetings had lapsed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- We saw that staff had been trained in mandatory training requirements and had received ongoing meaningful supervision.
- Staff we spoke with told us, "I am able to talk about anything and raise any issues. We are very well supported."

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The manager and staff had an understanding of the MCA. Staff had been trained in the MCA. They were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- Care records we viewed showed people's choices and rights were promoted and upheld.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with external professionals to support and maintain people's health, for example GPs

and specialist nurses.

- Feedback from visitors we spoke with regarding their relatives complex needs were, "They tell us everything that's going on, we feel totally involved."

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

- Significant improvement had taken place since our last comprehensive inspection.
- One person who had recently moved in, showed us their flat and how they had been supported to furnish and decorate it in their own individual style. They said, "I love it!"
- Additional work was ongoing to improve all the communal areas of the home with people choosing décor.

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

- Records relating to food and fluid and how people at risk of malnutrition were identified were in place and very personalised.
- One person we met with told us how staff supported them to cook their own meals.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last comprehensive inspection we found the provider's quality assurance systems had failed to identify the issues we found relating to medicines, staff training and staff supervision. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Quality monitoring systems had improved and there was better oversight of the service. This meant potential areas for improvement were identified and acted on in a timely manner.
- The registered manager and team leader were working together in a supportive and cohesive manner and staff we spoke with said they felt very well supported.
- Relatives we spoke with were very complimentary about the team leader who was in day to day charge of the home.

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

- The registered manager spent time at the service and had supported the team leader to further develop their skills and knowledge.
- Staff were very positive about how the registered manager communicated with them. They told us how their views were actively sought and taken on board.
- We heard from staff how they had been supported on a very personal level in a compassionate way by the registered manager and provider.

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 and registered manager had notified us of all relevant events at the service as required.

Working in partnership with others

- People benefitted from the partnership working with other professionals.
- The service was working with the local authority's Care Academy to provide additional training for the staff team.