Careline Lifestyles (UK) Ltd

Deneside Court

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 17 November 2015. This inspection was unannounced. The last inspection of this home was carried out on 21 and 28 January 2015.

At the last inspection we found the provider was not meeting two of the regulations we inspected.

We found the provider did not have accurate records in place to demonstrate safe administration of medicines and the provider did not maintain accurate records to protect people from the risk of unsafe or inappropriate care and treatment. An action plan was received from the registered provider following the last inspection which took place in January 2015, which stated the service would meet the legal requirements by 30 June 2015.

We found there had been improvements to care planning, risk assessment and people involvement. We could see good evidence that the action plan which had been formulated to improve the management of medicines had been implemented effectively. However we found some small inconsistencies where fridge and room temperatures were not recorded effectively and the

Summary of findings

recording of refusal of medicine was also inconsistent. The registered manager was made aware of this at the time of the inspection and was continuing to drive improvement in both of these areas.

Deneside Court is a 40 bed purpose built home and provides residential and nursing care to adults with learning disabilities and physical and neurological disabilities. At the time of the inspection there were 36 people using the service.

The home was divided into three units. The ground floor unit comprises of 20 individual apartments with ensuite facilities. Whilst the two upper units comprises of 20 self-contained flats which contained kitchen facilities.

The home had a registered manager. A registered manager is a person who had registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw that care records contained care plans and assessments pertaining to health and well-being, these were individualised depending on need. One relative told us, "I am involved in care planning, the home always contact me when there is something to discuss."

People were actively supported to access the community. The home arranged for people to visit community health services as part of their daily living skills. One relative told us, "[family member] gets involved in activities, enjoys the baking and goes in the hydrotherapy pool when they are feeling well enough and are able."

Staff understood the Mental Capacity Act 2005 (MCA) regarding people who lacked capacity to make a decision. They also understood the Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

One relative we spoke to told us, "Staff are very patient with [family member]." We saw that staff supported people and we saw caring interventions. Staff told us that they observe people's body language and facial expressions to support their communication.

Staff told us the management was approachable and would listen to the concerns of staff, arrangements were in place to leave secure messages for the registered manager. We found that the home recognised the importance of maintaining religious and cultural beliefs by making specific arrangements to create a place of worship in the home.

One visiting health care professional told us, "Staff are quick to contact me, they are knowledgeable and always take note of my advice and act on it."

Recruitment practices at the service were thorough, appropriate and safe. Only suitable people were employed. Staff training was up to date and staff received supervision and appraisals. Staff received an induction in the home and received a probationary review to discuss their development. Training was provided that meet the needs of the people who used the service.

Relatives told us that their family members had the correct levels of well trained staff supporting them in the home and in the community. We reviewed the most recent and historical rotas. There were two qualified nurses on duty during the day and one at night. In addition between Monday and Friday the registered manager and deputy manager were both on shift and were both qualified nurses. There were also sufficient support workers employed to meet the needs of the people who used the service.

We saw that the service assessed peoples' nutritional needs and had developed a varied menu. People told us, "The food looks very good – not fancy – but good and wholesome."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe. Medicines were administered and stored correctly. We noted improvements had been made since the last inspection to ensure medicines were managed safely but the registered manager was still working on ensuring medicine management was accurate at all times.

Relatives told us people were safe in the home.

Staffing levels were suitable to meet people's needs.

Effective recruitment processes were in place to ensure only suitable staff were recruited.

Is the service effective?

Good

The service was effective. The home assessed and monitored people's health care needs and worked closely with health and social care professionals to promote people's health and well-being.

Staff understood how to apply the Deprivation of Liberty Safeguards [DoLS] to ensure people were not restricted unnecessarily.

People received care from appropriately trained staff.

Is the service caring?

Good

The service was caring. Relatives and health care professionals we spoke to felt that the service was kind and compassionate.

People were supported to be independent.

Staff were seen to be caring and supportive.

Is the service responsive?

Good

The service was responsive. Relatives felt involved in planning and reviewing the care for their family member.

Information about how to make a complaint was in easy read and picture format.

People's cultural and religious needs were acknowledged and supported.

Is the service well-led?

Good

The service was well led. Relatives told us that management in the home was approachable, open and supportive.

People's safety was monitored and the provider had systems for checking the quality of the care service.

The provider ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements.

Deneside Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 17 November 2015 and was unannounced.

The inspection was conducted by two adult social care inspectors, who were accompanied by an expert by experience and a specialist advisor who is a Primary Health Facilitation Nurse Specialist with the NHS (National Health Service). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we reviewed the information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also gathered information from local Safeguarding, Clinical Commissioning Group, Healthwatch and Council Commissioners. 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 all this information to decide what areas to focus on during the inspection.

During the inspection we observed staff interacting with people and looked around the premises. We spoke to the registered manager, an administrator, two nurses, seven support staff, two ancillary staff and the rehabilitation assistant. We also spoke to two visiting health care professionals.

We spoke to eleven people who used the service and as some who lived at this home had complex needs we spoke to relatives for their views on the service.

We viewed a range of records about people's care and how the home was managed. These included the care records of six people, the medication administration records [MAR] of twenty people and recruitment, supervision, appraisal and training records for seven staff.

Requires improvement

Is the service safe?

Our findings

Relatives told us that they felt the service was safe. One relative told us that, "[family member] was safe and staff had supported my relative to improve her wellbeing."

We looked at the medicine systems in the home and found that there had been a significant improvement with new processes in place to support the safe administration of medicines, the auditing process and the signing of the medication administration records (MAR). However we found some inconsistencies regarding the recording of fridge and medicine room temperatures. We also found some inconsistencies around recording of when a medicine had been refused. We discussed this with the registered manager who also confirmed that the medicine audit had identified these omissions. They told us, and we saw documentation to demonstrate that staff had been made aware of the shortfalls and actions put in place to remedy this. The registered manager confirmed that the medication audits frequency will be determined on an ongoing basis to ensure compliance with the regulation.

We saw that the service had a range of policies and procedures to keep people safe. These included safeguarding policies and whistleblowing procedures. The service complied with the legal requirement to notify the CQC when there was an allegation of abuse.

We reviewed the most recent and historical rotas. There were two qualified nurses on shift during the day and one at night. In addition between Monday and Friday the registered manager and deputy manager were both on shift and were both qualified nurses. The service also had 18 support staff during the day and 11 support staff at night.

The registered manager advised they did have some vacancies for care staff but at present the current staff were picking up any gaps in shift cover. They advised the organisation ran recruitment campaigns on a regular basis. They had 11 new staff members who were scheduled to start the December training. She advised that their references and Disclosure and Barring Service checks were complete, but all new staff attended a training course at head office before they started their induction with the service.

We looked at the recruitment records for seven staff. These showed that checks had been carried out with the disclosing and barring service, (DBS) before they were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. References had been obtained and completed application forms detailed employment history and proof of identity was also complete. In addition to the qualified staff and care staff the service also employed a cook who worked nine to five and domestic staff who were on shift daily. Throughout our visit staff were visible in all areas of the home.

The organisation also employed a regional behaviour team made up of three staff members whom worked Monday to Friday supporting the home and the registered providers other services in the area. The registered manager explained that the team leader of behaviour support team, looked at the positive support plans and provided feedback. Another staff member reviewed ABC charts (Antecedents. Behaviour. Consequences) and collated them into a tracker every month, reviewed the behaviours and checked this information was all referenced in the positive behaviour plans. ABC charts are tools that are used to record people's behaviours allowing staff to monitor behaviour looking at trends and triggers, allowing plans to be developed to support people.

The third staff member was an Occupational Therapist and Physiotherapist who provided therapy sessions in the pool as well as working with external professionals such as wheelchair services. The registered manager told us this staff member also supported with splinting regimes, supporting residents to the gym and organising therapeutic gardening sessions.

The registered manager advised that each person who had kitchen facilities had been risk assessed to ensure this was appropriate. They advised that some people had a safety switch so they could only use the kitchen unless supported by staff members. We noted for those that did not have their own kitchen facilities the service had a therapy kitchen whereby people could make their own drinks. This kitchen could also be used during activities as well as for therapy sessions to either promote people's confidence or to encourage independence.

The service had a Business Continuity plan which had been reviewed; this meant that staff knew what to do in an

Requires improvement

Is the service safe?

emergency. The service had a quality assurance schedule which set out specific tasks that needed to be reviewed on a monthly basis. For example, building and health and safety requirements and fire checks.

We looked at the incident and accident reporting processes. The service maintains a record of all incidents and accidents with records of action taken. The registered manager told us that these are also used to identify any trends in behaviours.

Local commissioners told us that they had recently visited the service to validate the action plan the home had in place and were currently compiling their report.

Good

Is the service effective?

Our findings

Relatives we spoke to felt that staff were trained appropriately. One relative told us, “Staff are well trained and I have seen staff progress from carer to senior carer.” Another relative told us, “They do lots of training here.”

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. We saw that when reviewing one person’s capacity assessment a visiting professional had wrote there is a, ‘Balance between encouraging independence and self-determination.’

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager kept a log of everyone who was applicable for a DoLS. This included the date the DoLS was requested, date assessed, the date of the outcome and the expiry date. We saw the registered manager and staff team were considering the least restrictive option. Where they felt one person’s capacity had changed, the registered manager contacted the local authority to advise the DoLS was no longer applicable.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where there was any delay in DoLS assessments or authorisations the registered manager kept in communication with the local authority and ensured all communications were recorded. The registered manager said, “It’s good that I’ve got such good relationships with the local authority.” They described how two people when they moved to the home had required a DoLS, but “now they are settled, they are no longer needed.” We concluded the registered manager was following the principles of the MCA and ensured the least restrictive options were considered.

We saw that some people who lived in the service had a court of protection in place. All relevant paperwork was easily accessible so staff could review what this included. This was also referred to clearly within people’s care plans.

The registered provider had a list of training courses that they deemed to be mandatory. These included safeguarding, moving and handling, dementia care, MCA and DoLS. Each mandatory training course had assigned renewal frequencies and was tracked by the registered manager as well as regionally to ensure the service is benchmarked against other services. We saw that where required additional training was delivered depending upon people’s needs. These included areas such as monitoring blood sugar levels, emptying catheter bags and PEG (Percutaneous endoscopic gastrostomy) feeding. PEG feeding is used when people cannot maintain adequate nutrition with oral intake.

The registered manager explained to us their plans for all staff to receive Positive Behaviour Support (PBS) training. They advised there was a behaviour team who had the level three training and they had developed a level one course for all staff to attend. They talked about how bespoke sessions could be delivered with staff if they wanted to discuss particular people’s needs and how PBS could be used to support the person.

We saw the service was open to finding new ways to support staff, especially new staff members to the team. The organisation had decided to run a trial at Deneside Court. This involved one of the senior care staff being promoted to team leader level and taking up a supernumerary post. This would allow the staff member to be able to support staff development and contribute early on to new staff members joining the service.

We reviewed the process for supervision and appraisals and also viewed a selection of completed documents. Supervisions were carried out every other month, however the registered manager advised they were currently doing them more frequently as the previous year they had got behind. We reviewed recent supervisions and noted all staff had received supervisions over the past two to three months. Supervision sessions between staff and their supervisor give the opportunity for both parties to discuss performance, issues or concerns along with development needs.

Good

Is the service effective?

Appraisals were completed on an annual basis. We saw the appraisal system gave the staff member the opportunity to complete an appraisal form in advance of the meeting so they could reflect on their performance over the year. The form prompted them to reflect on what tasks they had performed well, what tasks had been the most difficult, how they could perform better, as well as on areas such as learning and development.

The home was divided into three units. One unit was made up of self-contained flats, which contained kitchen facilities. It was therefore down to each person as to whether they received a food budget or whether they wanted to have the meals provided by the service. The registered manager explained that this was a personal choice, for example one person cooked a number of times a week, so it didn't become overwhelming. The other days they would have their food prepared by the cook. Some people changed their mind on a regular basis and this was accepted.

We saw the service had a four week rolling menu which included breakfast of choice, two choices for lunch and two for evening meal. Staff told us people could make alternative requests and some days the cook would be preparing a number of different meals based upon people's preferences. The registered manager explained that as the cook finished at five pm a number of foods were available for supper, such as crumpets, toasts, cereals and teacakes. The staff used the therapy kitchen during this time so they were not leaving people unattended.

People told us they could have an alternative meal if they did not like the choices. One person told us, "I don't like some of the food that was prepared, but I can ask for an alternative."

We saw that each unit had tea and coffee making facilities and we were advised that even if people had their own flats they still shared the communal drinks. During our inspection one unit had to remove hot drink making facilities from the communal kitchen as this had been deemed as a risk to the people within the unit. Cold drinks were available in the fridge, such as milk and juice, and hot drinks could be prepared by staff members.

Some people told us that they would like to go out more, this was discussed with the registeted manager who told us that people do access the community, however some people are not in a position to leave the service unsupported. People were given the opportunity to go out in the community and do so with staff support. We did see evidence of people being taken out and going home for short visits.

Good

Is the service caring?

Our findings

Relatives told us that the staff are caring and respectful. One relative told us, "They are always very calm with [family member] when she is upset and take the time to make sure she is alright." Another relative told us, "They always contact us and keep us updated if the Doctor has been

The registered manager told us they wanted to ensure that people were as happy and comfortable at Deneside Court as they could be. They told us how they were happy to try new things if they felt this would increase the feeling of 'home' for the person. She described how they trialled moving one person into a different unit within the home as their behaviour had escalated and they felt this may be due to some of the dynamics within their surroundings. They found the move had been beneficial for the person and had caused a positive reaction. We saw that where possible the registered manager, staff and the service as a whole tried to recognise the individual characteristics in people so they could support them and ensure they were comfortable and happy.

The service promoted advocacy in the reception and communal areas. There were also leaflets around how people could receive additional support. The staff told us a number of people had an Independent Mental Health Advocate (IMCA) in place. We noted the IMCA was referred to on a number of the DoLS authorisations.

The registered manager told us that peoples' cultural and religious preferences were acknowledged with arrangements made to allow people to maintain their faith.

We observed people received regular interaction from staff. We saw one staff member supported various people through the day. The staff member was always respectful when she spoke to people. We observed the staff member having a joke with the person and the person joining in and laughing too. One staff member expressed concern that a person's clothing was wet after being outside. They assisted the person to change into warm dry clothes.

People were supported in the dining area after lunch, staff spoke to people and used gestures and touch to discuss what activities they wanted to do. Staff were seen supporting people in a caring manner with communication, when asked, one member of staff told us, "With a lot of people you can tell by their body language and facial expressions if they don't like something". We observed the staff member using touch when speaking to a person.

The registered manager told us that staff are specifically trained to assist people with their nutritional needs to enable them to maintain family visits. We observed staff supported people with food and fluid, this was done in a caring manner with time given for people to eat in a dignified way.

Relatives told us that staff would do anything to help. Comments included, "We are over the moon with the care." "They are fantastic with [family member], they are much happier at Deneside Court."

The registered manager told us that people could spend time on different units, for example, one person was spending time upstairs to get used to the apartment type of accommodation before they eventually moved there. This gave the person the opportunity to familiarise themselves making the transition more structured.

Good

Is the service responsive?

Our findings

People told us they had been consulted in the decoration of their rooms. One person told us, "I picked the colour of the walls and my brother picked the rug."

One staff member told us they had organised a gardening group. The green house contained quite a few plants, some people had taken plants to keep in their rooms over the winter.

Wherever possible the service tried to ensure that people lived a life that allowed them to enjoy their individuality, routines and structure. For example, the registered manager told us that for things like blood tests and GP appointments they encouraged people to go to their appointments in the community. They explained how they tried to make the visit a reason for a day out, so for example people could go for breakfast on their way out, or have lunch or visit some shops whilst they were out. They described how they felt this was useful to give people a sense of independence and normality.

The service had a hydrotherapy pool which was available for both therapeutic treatment and for the people who lived in the home to enjoy. We noted the hydrotherapy pool offered an opportunity for people who were not independently mobile to have more mobility and potential movement. The registered manager explained that whilst in the pool some people had increased abilities and could potentially walk or play, whereas they could not without the support of the water. She explained how if relatives weren't able to share these experiences, due to work or personal commitments, then historically with everyone's agreement she had taken a video and shared this, so the relatives could still be involved and share the person's progress. Evidence of consent from relatives was in place. The registered manager told us they had plans to further develop the therapy pool to include music to aid the therapy sessions for people.

We found there had been some obvious improvements to care planning, risk assessments, reviewing and involvement. Staff were honest and transparent and self-aware that further improvements were needed to make an even more responsive service. We saw examples of collaborative care planning. For example, agreed protected time being built into care plans for interventions with professionals and therapeutic activities thereby ensuring the persons development with goals and shared priorities.

We were able to evidence that the service had a good insight into the principles of the Mental Capacity Act when exploring care plans to look at involvement we saw that financial restraints were being implemented. Plans were accurate with actions of the LPA (Lasting Power of Attorney) being documented along with a clear rationale.

The service had already started to plan for the Christmas period and staff and the registered manager told us how they were supporting people to spend time with their family in a number of ways, either the person going home for the day, or the weekend, with or without staff members. The service had also provided some extra training and support for family members so they felt they were in a better position to support their relatives whilst at home. We noted that in some cases, although staff members were going with the person, the relative had received the extra guidance so they could play a more prominent role in the persons care whilst at home.

The registered provider employed an occupational therapist who worked as part of the behaviour team. We noted they supported people in the service to implement daily structures and activity schedules. We noted they also offered people support to become more independent, for example they completed sessions on road safety and kitchen awareness, and daily living skills assessment, for example, for completing laundry.

People, staff and the registered manager told us about the activities they had taken part in over the previous months. The registered manager explained they tried to encourage people to access activities in the community. Some of the examples included taking part in the South Tyneside parade, going to an organised fireworks display, the pub for lunch and having a breakfast club. They told us how the people who lived at Deneside Court had organised a Halloween Party and had decorated the home. A number of people within the home also chose to have a takeaway on a Saturday night to eat whilst they watched television. Staff told us one person who lived at the home chose to play rugby twice a week, whilst another person liked going out on their bike.

Good

Is the service responsive?

The service did have a vehicle available to take people out, which required booking, however if possible people were encouraged to use the bus, metro or to walk. The staff explained this promoted people to maintain their independence which would help to ensure they were ready should the time come for them to live within the community.

People and relatives told us they were aware of the complaints procedure and knew how to complain. A policy was available in easy read format; this was available in the reception area. Complaints had been addressed with detailed responses available.

Good

Is the service well-led?

Our findings

A relative told us, "The management in the home is very approachable, I am told about everything." Relatives told us they knew how to complain and felt that if they needed to complain that the manager would listen to their concerns.

The service had a registered manager in place. The CQC registration was on display along with a copy of the most recent inspection report.

We examined policies and procedures relating to the running of the home. These were reviewed and maintained to ensure staff and people had access to up to date information and guidance. For example, the complaints policy and procedure was also in easy read format and been made available to people. Staff were made aware of the policy at the time of induction.

We found evidence of accidents, incidents and allegations of abuse being reported. The registered manager told us these were audited to identify if there were any trends or patterns. If any concerns are found then action could be taken to minimise these. We saw evidence of multi-disciplinary meetings to discuss safeguarding issues. This meant that the service was actively involved in promoting partnership working.

We saw the quality auditing system that was in place, these were called "periodic service reviews." The operational compliance manager was in the service on the day of the inspection carrying out a review. The review covered several different areas such as, infection control, health and safety, medication and care planning. We saw audits had been completed in September and October 2015, from the audit analysis action plans were in place. These were signed off when the action was completed. We saw evidence of this. This meant that the registered manager ensured that the systems in the home were checked. The service was registered as a gold member of the British Institute of Learning Disabilities (BILD). The institute helps support organisations, who provide services to people with learning disabilities so that people are valued, treated with respect and dignity, that they are encouraged to participate in their communities.

Staff told us that the registered manager had an open door and was actively involved in supporting staff. The registered manager confirmed that all senior carers were given the opportunity to complete the safe handling of medicine course to assist the qualified members of the team, thus providing an effective skill mix. We saw that there was an obvious management presence in the service. Staff made comments that the registered manager was approachable and supportive.

The registered manager and the deputy have covered shifts in the home, both on day duty and night duty. This meant they could observe how teams were working and could check the service was running effectively. The registered manager told us this was important for staff to have the managerial presence in all areas of the service and supported relationships with staff.

We saw records to show that the registered manager held regular meetings with staff, the most recent was held in September 2015. The registered manager told us that the service held a, "My Say" meeting for people, relatives and friends to attend. However these were poorly attended. The registered manager advised that some relatives did not feel the need to attend. They would contact the registered manager when they had issues or concerns. People who use the service also come directly to speak with the registered manager. The service carried out surveys on an annual basis to capture the views of relatives and people who use the service. The surveys were next scheduled to be sent in December 2015.

One relative we spoke with told us, "The manager and the deputy are great and are very good, they contact me if there is any changes. They make sure we are involved in [family members] care. I know that if there is anything wrong they act on it straightaway."

One staff member told us, "The manager is very good, the office is always open for staff to talk. We are supported and listened too."

We saw that forums and surveys were in place, however we felt there was an opportunity to increase engagement with people who use the service to promote life in the community. For example, enabling people to take part in focus groups in the community.

The registered manager had implemented a suggestions box in the service to capture feedback from visitors, relatives, staff or visiting health care professionals. This would be used to drive improvement of the service in conjunction with staff and relative surveys.

Good

Is the service well-led?

We saw that the registered provider ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements. The registered manager kept a file of all notifications sent to CQC. The home kept all personal records secure and in accordance with the Data Protection Act.