

Durham Care Line Limited

De Bruce Court

Inspection report

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Date of inspection visit:

01 October 2020

21 October 2020

28 October 2020

09 November 2020

16 November 2020

24 November 2020

27 November 2020

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15 January 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

De Bruce Court is a residential care home providing personal and nursing care to 25 people at the time of the inspection. Care is provided to younger adults and older people, some of whom have dementia, physical disabilities or mental health needs. The service can support up to 46 people.

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

During the inspection there were two occasions when staff did not wear appropriate personal protective equipment. When we mentioned this to the manager, they took immediate action. After the inspection, we received information from the local infection prevention and control team that additional PPE was needed in order to support a person who required a specific intervention safely. The manager was able to demonstrate that appropriate action had been taken to mitigate the risks associated with this.

People said they felt safe. Staff received safeguarding training and knew how to recognise and report any concerns.

There were enough staff to meet people's needs and staff were deployed appropriately. Medicines were managed safely and effectively. The premises were well maintained, clean and tidy. Recruitment procedures were robust and appropriate checks were carried out on agency staff.

Staff training was up to date and staff reported they felt well supported.

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. Improvements had been made to best interest records.

People and staff felt the service was well managed. An effective quality assurance process was in place. Care records were complete and up to date.

Staff said the management team had made lots of improvements and things had improved significantly. The atmosphere of the service had improved and things appeared to be much more settled.

The service did not have a manager registered with the Care Quality Commission (CQC) at the time of this inspection, although an application had been submitted.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 December 2019) and we found multiple breaches of regulation. There were breaches of regulations 11 (need for consent), 12 (safe care and

treatment), 17 (good governance), 18 (staffing) and 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We last inspected this service on 10 March 2020 when we completed a targeted inspection to check whether the warning notice we previously served in relation to a breach of regulation 17 had been met. We found some of the requirements of the warning notice had been met, but not all. The overall rating for the service did not change following this targeted inspection and remained requires improvement.

At this inspection on 1 October 2020 we found further improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 August 2019. Several breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve arrangements around consent, medicines management, governance arrangements, staff training and staff recruitment.

We undertook this focused inspection on 1 October 2020 to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain 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 remains requires improvement.

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.

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.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led 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.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors visited on 1 October 2020. An Expert by Experience spoke to relatives on the telephone on 2 October 2020.

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 did not have a manager registered with the Care Quality Commission. This means the provider is 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 seven relatives about their experience of the care provided. We spoke with the nominated individual, the manager, the deputy manager and three care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, information relating to health and safety checks, care records and quality assurance records. We spoke with the local infection prevention and control team who had visited the service to provide training.



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 remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Staff wore appropriate personal protective equipment (PPE) most of the time. However, there were two occasions during the inspection when staff did not, which placed people and staff at risk. When we spoke to the manager they addressed this immediately.
- After the inspection, we received information from the local infection prevention and control team that additional PPE was needed in order to support a person who required a specific intervention safely. This placed the individual and staff at risk. The manager has since confirmed that the additional PPE had been received and training on how to use this had been arranged.
- Systems to prevent and control the spread of infections were in place. At the time of inspection only professional visitors were allowed due to the pandemic. Appropriate measures were in place to prevent visitors catching and spreading infection.
- The home was clean and tidy. Additional cleaning measures were in place for high risk areas, such as door handles and handrails.

Staffing and recruitment

At our last comprehensive inspection we found recruitment procedures were not always safe. This was a breach of regulation 19 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made.

- Recruitment procedures were now safe and thorough. Appropriate checks were being carried out on agency staff.

At our last comprehensive inspection we recommended that the provider reviewed the tasks care staff were expected to deliver and the deployment of staff in general.

During this inspection we found improvements had been made.

- Additional staff had been employed to cover activities and domestic duties, which meant care staff could focus on care delivery. Staff knew what their duties were and went about them in a calm and efficient

manner.

- There were enough staff to meet people's needs and keep them safe. Staff were visible supporting people around the home and call bells were answered quickly.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "The staff help me and this makes me feel safe. The staff are brilliant here."
- 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.

Assessing risk, safety monitoring and management

At our last comprehensive inspection we found risks were not always well managed. 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.

- Risks to people's safety and welfare were identified and managed. People's care plans included risk assessments about individual care needs. This information supported staff to care for people safely.
- Fire drills happened regularly. 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.

At our last comprehensive inspection we found not all staff had completed training in how to use evacuation equipment. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made.

- Staff had completed training in how to use evacuation equipment.

Using medicines safely

At our last comprehensive inspection we found medicines were not 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.

- Medicine administration records were completed correctly and all medicines were in stock. Records relating to prescribed creams and medicines in the form of a patch were accurate.
- Care plans and risk assessments were up to date and reflected people's current needs regarding medicines.
- Records relating to 'when required' medicines had improved. 'When required' medicines are given as the need arises, for example to relieve pain or reduce distressed behaviour.

- Staff were trained in handling medicines and a process was in place to make sure each staff member's competency was assessed.

Learning lessons when things go wrong

- The provider had systems in place to support the learning of lessons if things went wrong.
- Accidents and incidents were recorded and reviewed to look for trends. This included looking at actions to reduce the risk of recurrence.
- 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 inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last comprehensive inspection we found not all staff had completed relevant training. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made.

- Staff were trained and had the appropriate skills to care for people. They completed regular training to keep their knowledge up to date.
- Staff felt supported in their roles. They received regular supervisions and an annual appraisal.

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

At our last comprehensive inspection we found records relating to people's eating and drinking needs were incomplete. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made.

- Records relating to people's eating and drinking needs were up to date and had been completed accurately.
- People were supported to have enough to eat and drink. People enjoyed their meals and told us if there was anything they wanted, they only had to ask.
- Staff had a good understanding of people's nutritional needs. Where people were at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved where required. Where people required their food to be prepared differently, for example, because of problems with swallowing, this was catered for.

Ensuring consent to care and treatment in line with law and guidance

At our last comprehensive inspection we found the service was not working within the principles of the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 (need for consent) of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made.

The 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. People's capacity to make specific decisions was assessed; best interest decisions were made on their behalf if they lacked capacity and completed appropriately.
- People's DoLS applications to ensure no one was unlawfully restricted.
- Staff sought consent before supporting people and encouraged people to make daily choices and decisions.

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

- Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place, to ensure the service could meet people's needs.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate. These were regularly reviewed and updated.

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 attend medical appointments. Advice from health professionals was added to care records and followed appropriately.
- Staff understood people's healthcare needs and acted quickly when they recognised changes in people's health.

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

- Appropriate signage was in place to help people find their way around.

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 inadequate. 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.

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

At our last comprehensive inspection we found the service did not have robust systems in place to effectively monitor and improve the quality of the service. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made.

- There was a comprehensive quality assurance process in place which was now effective in identifying and generating improvements. Care records were complete and up to date.
- The manager and staff understood their roles and responsibilities.
- When an incident occurred, this was investigated thoroughly and lessons were learnt where appropriate.

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

- Staff felt supported by the manager and deputy manager. People and staff had confidence in the management team. One person said, "This home is well-led. I've got everything I need and I'm happy."
- Staff said the management team had made lots of improvements and things had improved significantly.
- The manager and staff team promoted a positive culture which achieved good outcomes for people. The atmosphere of the service had improved and things appeared to be much more settled.
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service.

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

- There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

Working in partnership with others

- People benefitted from the partnership working with other professionals, such as social workers and commissioners.

