Durham Care Line Limited

Nevilles Court

Inspection report

Darlington Road
Nevilles Cross
Durham
County Durham
DH1 4JX

Website: www.carelinelifestyles.co.uk/our-homes/nevilles-court-durham

Date of inspection visit:
20 December 2016

Date of publication:
07 February 2017

Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 20 December 2016 and was unannounced. This meant the staff and provider did not know we were visiting.

Nevilles Court is a care home which is registered to provide care for up to four people with learning disabilities and/or physical disabilities. The home has four apartments consisting of a bedroom, living area, kitchen and a bathroom.

The home does not currently have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although there was no registered manager in post at the home a new manager had been appointed and their intention was to apply to be the registered manager of the home. Management cover was provided this manager and by a care manager who worked at both this home and a nearby home run by the same provider. The service also had a team leader.

We found that the new manager had only just commenced in post and new management structures had not yet been implemented. Up to the point of our visit staff had been supported by the care manager and the team leader. Some staff and people who used the service told us they felt there had been a lack of regular management/provider oversight of the home.

People who used the service told us they felt safe and well supported by staff. Staff had received training in safeguarding. We found staff understood what actions to take if they thought people were unsafe.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Medicines were stored in a safe manner.

The premises were clean and well maintained. People were supported to keep their own apartments clean and tidy. We saw that equipment was in place to maintain the health and safety of people and staff, and were checked both by the service and approved contractors when required.

We found that some very recent fire checks had been missed. These were brought to the manager and care manager's attention and we were given reassurances these would be completed with immediate effect.

There was a process for managing accidents and incidents to ensure the risks of any accidents re-occurring would be reduced.

Staff employed by the registered provider had undergone a number of recruitment checks to ensure they

were suitable to work in the service. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Individual support plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm.

We found people who used the service and their representatives were asked for their views about the service, both through surveys and individual meetings. Survey results were broadly positive. We saw that there had been some improvement in the way the home analysed and responded to feedback about the service but that this could be developed to set targets for when improvements would be made.

There were quality assurance systems in place to ensure the effective running of the service, however we saw that compliance checks previously completed by the provider had not been completed since the last inspection of this home.

The home had established and maintained good links with health professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff on duty to meet the needs of people using the service and staff were recruited safely via a range of pre-employment checks.

Staff were clear on what constituted abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

There were policies and procedures to ensure people received their medicines safely and medicines were stored appropriately.

The premises were clean and well maintained.

Is the service effective?

Good

The service was effective.

Staff training was appropriate to meet people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff communicated well with other healthcare professionals and people were supported to access other healthcare services.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was no registered manager at the service. A new manager had recently been appointed but had not yet fully taken up management duties in the home. We found that there had not always been management oversight of the home.

The home had a quality assurance system in place and gathered information about the quality of their service from a variety of sources, although recent surveys had yet to be meaningfully acted on and there was a lack of recent compliance auditing by the provider.

Healthcare professionals involved with the home told us that there was good partnership working and that staff operated with openness and transparency.

Nevilles 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.

We visited the service in response to concerns raised about the registered provider. We looked to see if the service was safe, effective and well-led. The inspection visit took place over one day on 20 December 2016. This visit was unannounced which meant the staff and provider did not know we were visiting. The inspection team consisted of two adult social care inspectors.

Before we visited the service we checked the information we held about this location and the service provider. This included the inspection history, safeguarding notifications and feedback. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection as this inspection was a focused inspection in response to concerns. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked for this information during our inspection and reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

Prior to the inspection we contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. We also spoke to local commissioners, two advocates, a community nurse and a social worker.

During the inspection we spoke with the manager, a care manager and three members of care staff. We also spoke with three people who used the service and two relatives. We also observed how staff interacted with people in the home.

We looked at records that related to the day to day running of the service, care plans and medicine records for three of the four people living at the home. We looked at records relating to all staff for training,

supervision and appraisal and checked recruitment record for one member of staff, as this was the only recruitment that had taken place since our last inspection.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home. One person told us, "Yes, I feel safe and secure here. I feel looked after because staff come quickly if I buzz or call for them," and another told us, "I feel safe…staff are good with me." The relative and advocate we spoke to told us they thought people were safe in the home. They told us, "They [staff] definitely keep [person] safe," and, "Absolutely… all possible safeguards are in place so that [person] can access the community", "There always appear to be enough staff," and, "They [staff] change the door keypad code to keep [person] safe."

Staff we spoke with told us they had received training in respect of identifying abuse and safeguarding procedures. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. Training records showed staff had received safeguarding training. We saw records that demonstrated the service had not had any recent safeguarding incidents but had processes in place to notify the appropriate authorities of any safeguarding concerns should these occur. This showed us that staff knew how to recognise and report abuse.

During the inspection we observed that the home was calm, staff were able to respond to people's needs in a timely manner and that people were not placed at risk due to understaffing. We observed that there were two staff providing support on the morning and additional staffing was provided later in the day to support people to go out into the community and take part in activities. A health professional told us, "There never appears to be a lack of staff," and that they felt staffing was always appropriate to support the person they worked with.

We looked at one staff file, as only one new staff member had been recruited since our last inspection, and saw the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity had been obtained. We saw that this person had completed an induction around their role in the home.

People who used the service and relatives told us people were given medicines at the correct times. One relative told us, "Staff have written instructions and everything is given on time." A health professional told us, "Senior staff are aware of when medicines [person] needs and when they have them…there are no issues." We saw that systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Care Excellence (NICE). We saw people's individual medicines records contained their photograph, allergy information, relevant contact numbers, medicine information and people's preferences regarding how they liked to take their medicines. Medicine administration records (MAR) were in place for each person who used the service and the records seen did not contain any errors or gaps. The MAR file included a specimen signature and initial sheet for members of staff who administered medicines. We saw

that staff administering medications had received training and had their competency assessed.

We saw that temperature records they were kept for the room and fridge where medicines were stored. This meant that the quality of medicines was not compromised, as they had been stored under required conditions.

There were systems in place for the monitoring the safety of the premises. These included recorded checks in relation to the heating, hot water system and appliances. We also saw records that equipment such as bath hoists were checked regularly to ensure they were working safely. We saw that people had Personal Emergency Evacuation Plans (PEEPS) on file. This showed us that there was guidance about people for staff to use in an emergency. We saw that fire checks, such as emergency lighting and alarms had been missed in November and had not yet been completed for December. We discussed this with the manager who told us these checks would be completed and recorded by the end of the week and that they would take actions to ensure these were not missed in future. We were satisfied that once this action was taken safe systems would be in place.

Any accidents and incidents were monitored and analysis was completed to identify any trends and take appropriate actions. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

We saw people's care files explained how to keep them safe and risk assessments had been developed where risks had been identified. We saw that behavioural management strategy plans were in place when required that described triggers for behaviour as well as guidance for staff to follow around interventions.

People and relatives we spoke to told us they thought the home was kept clean and tidy. People told us they were supported to clean and tidy their own apartments, one person told us, "I keep a tidy room, everything should be in its place. Staff help me if I need it." We looked around the home and found that all areas were clean, well presented and free from odours. We saw that care files explained how people would be supported to ensure their rooms were clean and tidy.

Personal protective equipment (PPE), paper towels and liquid soap were available in the shared bathrooms and hand washing guides were placed on walls above the sink. We also witnessed care staff using PPE appropriately, for example when dispensing medicines.

Good

Is the service effective?

Our findings

People we spoke with told us that staff knew how to effectively support them. People told us, " Staff are very competent at tasks like helping me put on my ventilator and hoisting me". An advocate told us, "I think they do know [person] very well, in particular his keyworker." The manager showed us a training matrix, which was a document that detailed training staff had undertaken during the course of the year. We saw staff had received mandatory training including: health and safety, infection control, moving and handling, safeguarding, mental capacity and fire safety. Staff had also completed training specific to the needs of the people living in the service, for example, MAPA (Management of potential and actual aggression) and epilepsy training. Staff we spoke with told us they received the training they felt they needed and had completed National Vocational Qualification (NVQs) in care, alongside other training as part of their development. Staff told us, and we saw records to demonstrate, that training needs were discussed with senior staff.

Staff we spoke with said they had supervisions and records we viewed demonstrated that supervision meetings had taken place and were meaningful discussions, which identified development areas for staff as well as providing feedback. Supervisions covered performance, support, concerns, safeguarding, training and development needs and set targets for these. One staff member told us, "Supervision, I had one not long ago. I've had a few this year." With regard to appraisals they told us they had, "Definitely had one, not long ago." Another staff member told us, "It's quite a while since I had supervision, I'm overdue one." Another staff member told us they had, "Not recently" been supervised. Records demonstrated that the majority of staff had been supervised in November and December, however some supervision was overdue. We discuss supervision with the manager who confirmed that a new plan was being implemented that would give shared responsibility for supervisions to the manager, care manager and team leader and that supervisions would be planned in and completed bi-monthly. Records demonstrated that appraisals were completed on an annual basis and staff confirmed these had taken place within the last year. Staff told us they had regular access to the care manager and team leader to discuss any concerns and we saw records to demonstrate this. We therefore found that staff were adequately supervised and felt supported by the care manager and team leader.

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 so that they can 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). 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.

We found that staff had recent training around MCA and DoLs and could explain the principles of this to us. 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. Staff we spoke with were aware of the DoLS that was in place and the requirements of this. We found the provider was following the requirements in the DoLS.

We observed that people were asked for their consent prior to care being provided and that care plans clearly stated that consent must be sought prior to care being given, for example one care plan said, "Staff will gain consent from [person] prior to administering medicines." We saw consent forms on the care files and where people did not have capacity to give consent it was explained who would be involved in decision making on their behalf.

People we spoke with were supported to do their own shopping and make their own meals with support from staff. Staff told us how they supported people to make healthy meal choices but ultimately people had choice and control about their own diets. One person told us, "Staff help me see things on supermarket shelves so I can decide which items to choose." We saw that one person in the home was fed via a percutaneous endoscopic gastrostomy (PEG) feeding tube and we saw that staff had training to ensure they knew how to do this safely. A PEG is a tube passed into a patient's stomach through the abdominal wall as a means of feeding when oral intake is not possible or adequate. We also saw that this person care plans demonstrated that staff worked closely with the PEG nurse to monitor this person's health and wellbeing.

We saw that people had their weight monitored monthly and their risk of malnutrition was assessed using the Malnutrition Universal Screening Tool (MUST). We saw that care plans clearly documented the how people should be supported with their meals and what their likes and preferences were.

We saw records of regular staff meetings and the most recent meeting was held on 28 October 2016. We saw from the minutes that staff meetings were well attended and covered staff responsibilities, medication systems, activities, safeguarding, mental capacity, policies and procedures, fire drills, compliance audits and other issues regarding staff and the running of the home. Staff told us that if they could not attend the meetings copies of the minutes were made available for them to read and it was recorded that they had read them.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, their doctor and also from more specialist health professionals were the need arose. People were supported and encouraged to have regular health checks. This showed people's healthcare needs were monitored and addressed.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection, the home did not have a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. A new manager had recently been appointed to the home and told us it was their intention to apply to be the registered manager. This manager was also responsible for managing another nearby home and worked across both homes with the support of a care manager, who also had duties at both homes. The manager told us that going forwards either the manager or the care manager, would be present at the home on a daily basis to offer staff support. This was something that had not previously been in place and, until the time of this inspection, staff at the home had received support from the care manager as and when needed, either in person or by telephone. The home also had a team leader who had some management and quality assurance responsibilities in the home which they completed whilst on duty providing care.

We found the leadership of the service still required improvement as there had not been consistent management since that last inspection and there was still no registered manager in post. One person told us, "There has been a high turnover of home managers but hopefully it will be more stable from now on." One staff member told us that, "Managers have not found the time to come over once a week," but that they were confident that the new manager understood the service and would be more, "Hands on." Staff saw the appointment of the new manager as positive, especially as the manager was someone already familiar with the company's policies and procedures. We spoke to the new manager about their plans for the home, they had a good knowledge of practices in the home and had identified where improvements were required, however due to the very short space of time they had been in post they had not yet implemented any improvement plans.

One staff member told us that they found the care manager and other staff supportive but that there had been limited management support from the provider above this level. They told us, "Everyone is very caring here, the company is fortunate they do have caring staff." and went on to tell us that they felt that the provider would not be aware if staff were not caring because they did not closely monitor the home. We found that compliance checks completed by the provider's compliance team had not been completed since the last inspections, which were one way the provider had previously monitored the quality of the service and engaged with staff.

Accidents, incidents, complaints, safeguarding incidents were all logged in a 'Trend analysis' file that was reviewed on a quarterly basis to identify if there were any developing patterns to incidents in the service. We saw that audits were completed within the home and that actions were identified to address any areas of concern. This meant that quality assurance checks were being made by the home at a local level and steps were being taken to address issues identified.

One relative told us they had raised a formal complaint, which had been responded to by the provider and they were satisfied that measures had been put in place to resolve the concerns and prevent them reoccurring. The complaint was in relation to a time when their relative had not been accompanied to hospital because there were no staff available to provide this support. One of the actions taken was to

ensure that they were better contingencies in place to staff the home in the event of an emergency. The home also showed us records of this complaint and how they had responded.

People who used the service and their relatives told us that there was a positive atmosphere in the home and that they thought that staff were approachable and proactive. One relative told us, "I deal with the senior. All the staff are brilliant. They are really, really good with [person]." An advocate told us, "Staff seek out advice and guidance. They try to promote involvement with family and look to promote [person's] independence." They went on to state that staff were, "Proactive in getting more community involvement." Health professionals we spoke with said they found the care manager and other staff able to provide the information they needed about people.

We observed that staff were respectful when entering people's apartments and we saw them interacting with people in a friendly and positive way. On the day of our inspection people living in the home were accessing community activities both independently and with support from staff. We saw that people were supported to increase their independence and community involvement and were offered information and guidance about this. We also saw that people were supported to reach their goals by taking small steps and that that their progress was regularly reviewed and recorded.

Staff were very knowledgeable about the people they supported and talked about them in a caring way. Staff told us that they took part in handover meetings and these were recorded. Handover meetings are meetings where information can be shared between staff working on different shifts in the care home. The staff team had remained stable since the last inspection, with the exception of the new team leader and manager, and this meant that staff had the skills and experience to support the people who used the service. We found that staff received support through supervisions, appraisals, team meetings and as well as on-going discussions around their training requirements to ensure their knowledge remained current.

People who used the service and their relatives told us they were regularly involved with the service. One relative told us, "Yes we are involved, they [staff] get in touch if they need to," and, "There was a meeting in December, this will be a regular event." We looked at the minutes from the last meeting which took place with people on an individual basis, these covered topics such as: shopping, food options, Christmas plans and activities. At the last inspection on 12 and 13 July 2016 was saw that survey's had been completed with people who use the service and their relatives but there was no analysis or response to the feedback. The feedback was mainly positive but there was nothing in place to demonstrate what actions would be taken to address any negative comments. At this inspection we saw that an action plan had been developed to respond to any comments raised, however this did not give timescales for the actions to be completed. This demonstrated that the service had acted on the feedback given by inspectors at the last inspection, but still needed to develop more accountable actions plans

We saw that the service worked in partnership with key organisations to support care provision, service development and joined-up care. A social worker told us, "The home liaises with us, everything has been great." and praised the caring culture stating, "Staff know the right approach to take with [person]."

CQC had been notified of all significant events, changes or incidents which had occurred at the home in line with their legal responsibilities and statutory notifications were submitted in a timely manner.