

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

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18 October 2018  
24 October 2018

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 18 October 2018 and was announced. We gave the provider short notice of our inspection because it is small and we needed to make sure they would be in.

Neville's 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. Neville's Court can accommodate up to four people with a learning disability. At the time of our inspection three people were using the service.

We last inspected this service in December 2016, and found the service was complying with all the regulations and we rated the service as 'good.'

During this inspection we found the service now required improvement. Records and governance needed to be improved. There was one breach of Regulation 17 of the Health and Social Care Act relating to this .

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The goal is that people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The manager had been in post for four months and was in the process of applying to be registered. The manager was based at another of the provider's larger services located close by. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Regular quality audits had not been carried out at during 2018 and so areas for improvement that we found in relation to care record reviews and supervisions for staff had not been addressed. The regional manager and manager began to address this on the day of our inspection and confirmed to us in writing the following day that a range of audits had been carried out.

Whilst we did not find any detrimental impacts on people who used the service [in fact, feedback was extremely positive], the provider needed have suitable systems in place to ensure adequate oversight of all aspects of the service including support for staff in the form of supervisions.

Staff had been trained in safeguarding issues and knew how to recognise and report any abuse.

People's medicines were managed safely.

There were enough staff to meet people's needs. Any new staff were appropriately vetted to make sure they were suitable and had the skills to work at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff made most meals but if people wanted they could make their own in their own kitchen areas. People's nutritional needs were fully understood and people told us staff encouraged them to eat a healthy diet.

Staff were respectful of people's individuality. We saw staff promoted people's dignity and respect. There were positive relationships between people, staff and relatives.

People were supported, where appropriate, to manage their health needs. Staff responded promptly to any changes in people's health and worked with other services to promote people's wellbeing.

There was an accessible complaints process and we saw the service provided access to advocacy services and one person was currently using advocacy support.

## 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 remained good.

Staffing was provided at safe levels and by a consistent staff team.

Medicines were managed and stored safely.

The home was clean and equipment regularly checked and maintained.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff supervision sessions had not been formally recorded in 2018. We saw only one staff member had a recorded supervision in 2018.

Staff did tell us they worked well as a team and supported each other well.

People were supported to maintain their health and wellbeing and the service worked well with other agencies.

### Is the service caring?

Good ●

The service remained good.

Staff respected people's privacy and dignity.

Staff enjoyed positive relationships with people using the service and their families.

### Is the service responsive?

Good ●

The service remained good.

People were supported to access the community and to live the lifestyle they chose.

Care plans detailed how people needed their care to be

delivered but could be further improved.

Staff knew people well.

**Is the service well-led?**

The service was not always well led.

Quality audits had lapsed and had not identified errors we found in records such as supervisions and care plan reviews.

More robust management oversight needed to be implemented and we met with the new manager and area manager who began this process with a full audit on the day of our visit.

People were supported to be part of the local community and the service worked well with partners.

**Requires Improvement** 

# 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.

This inspection took place on 18 October 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted care professionals involved in supporting people who used the service, including commissioners of the service. Information provided by these professionals was used to inform the inspection.

The provider completed a provider information return (PIR). This 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.

During the inspection we met with one person and spoke with one relative via telephone. We also spoke with the manager, a regional director, a team leader, and two support staff. We looked at the care records of two people, medicines records of three people and the personnel files of two staff members, which were held offsite at a nearby larger service operated by the provider where the manager was based. We also viewed records relating to the management of the service.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

One relative we spoke with said, "It means so much to us as a family that we don't have to worry about [Name]. We know they are safe and well cared for."

There were detailed risk assessments about keeping people safe without compromising their independence. Risk assessments were personalised and covered areas such as moving and handling.

The provider had systems and processes in place such as safeguarding and whistleblowing policies for staff guidance. Staff received training in safeguarding and had a clear understanding of what constituted abuse and how to report it.

The provider vetted potential new staff before they started work to make sure they were suitable to work with people. They carried out reference checks and Disclosure and Barring Service clearances (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped the provider to make safer recruiting decisions.

Lessons learned from accidents, incidents and complaints were discussed and shared with staff.

Regular checks of the premises and equipment were carried out to ensure they were safe to use and required maintenance certificates were in place. We saw that detailed fire drills were in place and recorded. Staff also undertook night time security checks and measures were in place for staff to contact on-call support should this be required.

Staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies and the provider had ensured plans were in place to deal with any situation.

We found appropriate arrangements continued to be in place for the safe administration and storage of medicines. Staff were trained in safe handling of medicines and their competency was regularly checked. The service currently used an electronic recording system for medicines although the regional manager we spoke with stated the service may change this in the next few months. We saw on the day of our inspection that medicine storage was being moved from the basement to the main ground floor of the service. This would improve the space and environment for staff to administer medicines.

Staff had training in infection control and had access to personal protective equipment so they could support people with any personal care in a hygienic way. We witnessed staff using equipment such as gloves and aprons during the course of our visit.

# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service required improvement to be effective.

Whilst we did not find any detrimental impacts on people who used the service [in fact, feedback was extremely positive], the provider needed to ensure they had in place suitable systems to ensure adequate oversight of all aspects of the service including support for staff in the form of formal recorded supervisions.

We saw that only one staff supervision had been recorded during 2018. The staff we spoke with stated they felt well supported by each other and the team leader. We discussed this with the new manager and regional manager and they agreed to implement a plan to ensure staff members received regular support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. DoLS applications and authorisations were in place and the team leader said ? and we saw that any conditions on authorisations were being met.

People's rights were upheld. Staff understood that some people lacked the capacity to make some decisions so it was their role to support people to be involved in discussions and to make decisions which were in people's best interest. We saw the service promoted people to use advocacy services and one person had an advocate at the present time.

Systems were in place to ensure the team worked well together, and with any healthcare professionals involved in people's care. One staff member said, "We have close relationships with the local GP, wheelchair services and others, they have been great with any help or support we need." The relative we spoke with said, "They get the doctor straight away if they have any concerns."

A training matrix was in place which evidenced staff had attended training in safeguarding, moving and handling and first aid. A training plan was in place to ensure everyone attended training as required, some training deemed non-mandatory was being provided and included some clinical skills such as Huntington's disease. One staff member we spoke with said, "I have just done the new diabetes training inline, that was



interesting. I like the eLearning because you can go back over things at your own pace."

People's needs, and choices were assessed with input from members of the multi-disciplinary team involved in people's care. Pre-admission assessments were completed and an admission process was in place which included people visiting the home and that the person's room and any equipment was in place and fit for purpose.

Each person had decorated their own flat within the home according to their own taste and style with support from staff. The regional manager was present on the day of our inspection, overseeing the movement of medicines from the basement to a secured area on the first floor. We saw new furniture in communal areas was also being installed.

People were supported to have their nutritional needs met. Each person had a kitchen area within their own flat and staff would help plan and make meals with people. One person had a Percutaneous endoscopic gastrostomy (PEG) and staff were trained and supervised to provide appropriate supervision in this area. A PEG is a feeding tube which goes directly into a person's stomach.

# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

We spoke with one relative who told us, "[Name] has been there a long time and it's like a family. They are very well looked after." A staff member we spoke with said, "I think the care here is really fantastic, I think we make a change for the better to people's lives."

We found that staff supported people emotionally. There had been a recent sudden bereavement at the service and it was evident the whole staff team and management were still grieving for this person and their family. This person had lived at the service for many years and we saw many condolence cards and thanks from this person's family and friends. Another person's relative told us, "Losing [Name] has hit everyone very hard." This showed the caring nature of the service.

We saw staff treated people with dignity and respect. We saw a compliment from a family member saying, "[Name] is kept as comfortable as possible and they are always treated with kindness and dignity." We spent time with one person who had limited communication. Throughout the time spent with them, staff always encouraged them to give their view and opinion and always asked them before carrying out any task with them or in their living area.

The service encouraged people to be as independent as possible, whilst balancing potential risks. People were encouraged to shop and cook their own meals where able. A staff member we spoke with said, "If you can do the smallest thing for someone, it makes it worthwhile."

Some people used additional communication methods to support their daily lives. One person had adapted television controls to enable them to choose their own TV programmes. We also saw staff ensured they spoke slowly and clearly to this person and waited enough time for the person to respond.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining relationships. We saw people were supported to maintain relationships with those close to them. We spoke with one relative who told us, "We are there six days a week and always welcomed. The team leader keeps us informed about everything. When I haven't visited they have rang me to check everything is ok."

Staff knew how to access advocacy services but at the time of the inspection this was not needed. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views. The service also provided information in accessible formats for people.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service remained good.

Staff identified and planned for the person's specific needs through the care planning and review process. An assessment of their needs had been undertaken before each person had come to live at the service. From this assessment a number of areas of support had been identified by staff and care plans developed to outline the support needed from staff.

Care plans covered a range of areas including; diet and nutrition, psychological health, personal care, managing medicines and moving and handling. The input of other care professionals had also been reflected in individual care plans.

Staff reviewed people's health and social care plans on a regular basis. However, review timescales did not correspond with what was stated on the individual plans. For example, a plan for one person's plan for high cholesterol stated to be reviewed monthly and it had last been completed in July 2018, another person's plan for their nutrition regime stated to be reviewed monthly and was last completed in June 2018. We saw that some plans were medical in nature just describing a particular condition or symptoms and not how staff could recognise or put measures in place to ensure the person was supported. The management team agreed with this feedback and began an immediate review of the care plans as we continued with the inspection process.

It was clear that people were involved in decisions about how they wanted and needed their care and support to be provided. We saw one person had their hair regularly done as well as manicures and makeup as looking nice had been important to them. These were set out in plans for staff to follow. Assessments and care plans showed how people's lifestyles and beliefs were respected, like their culture, religion or faith.

Staff had a good knowledge of the people living at the home and could clearly explain how they provided care that was important to them. Staff were readily able to explain people's personal preferences, such as those relating to leisure interests. During the inspection we observed people being supported in activities within the home, and routines were relaxed and set at a pace determined by the person. People were encouraged to be part of their local community and we were told people visited local shops and facilities.

The provider had clear complaints information which was available in an easy read format.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

Although not a usual function of this service, we discussed end of life care with the management. End of life care plans had very little information. We discussed the sensitivity of asking people and their families about their wishes and preferences at this time due to a recent bereavement at the service. The management team stated they would take this forward when appropriate to do so.

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service required improvement to be well-led. At this inspection, we found the service continued to require improvement.

At the last inspection we found the service had lacked consistent management. The last registered manager left the service in 2018. A new manager had been appointed four months ago and was based at one of the provider's nearby larger services. They were in the process of applying to be registered with the Care Quality Commission. The provider had also appointed a new regional manager who we met with on the day of our inspection. They accepted the areas for improvement we found in relation to care plan reviews and staff supervision records and began a full audit of the service. They contacted us following the inspection visit and informed us they had carried out a range of audits relating to care records, health and safety and infection control amongst others.

At this visit we found that a quality assurance programme had not been consistently applied at the service meaning a regular programme of audits had not been carried out. This meant that issues we found with records in relation to staff supervisions and care plan reviews had not been identified and actioned.

Whilst we did not find any detrimental impacts on people who used the service the provider needed to ensure they had in place suitable systems to ensure adequate oversight of all aspects of the service including support for staff in the form of supervisions and regular quality audits.

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

Staff members we spoke with said they were kept informed about matters that affected the service by the management team. Staff members said they supported each other well. There was a very long term consistent staff team at the service. One staff member said, "Our team leader is very supportive, very good and we are a good team." The team leader said they were well supported by the provider. A family member we spoke with said, "The staff don't change and they are lovely."

There was a small core team of staff at the service and we saw daily handover sessions were completed. There was not a regular pattern of staff meetings, but staff we spoke with and the team leader told us that any issues or communications were discussed as part of the daily handover.

The people currently using the service had different needs and abilities and at this time meeting together was not appropriate although the service encouraged people to interact with each other in the communal areas of the home. We didn't see surveys or feedback from people about their views of the home but staff we spoke with confirmed they regularly asked people if they were happy living at Nevilles Court.

People used local services such as shops, hairdressers and used public transport.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to CQC by law. We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found care plan reviews had not taken place according to required timescales and staff supervision sessions had not been carried out in 2018. Audits had not been consistently carried out in 2018.</p>