

# Careline Lifestyles (UK) Ltd

# St Stephen's 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 ●

# Summary of findings

## Overall summary

### About the service

St Stephen's Court is a residential care home providing accommodation and personal care to people who have acquired brain injuries, neurological conditions, mental health needs and learning and physical disabilities.

The provider was committed to developing the service further to ensure they continue to deliver a service for people in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service was registered to provide support to up to 30 people and there were 26 people using the service at the time of our inspection. The service is larger than recommended by best practice guidance. However, we have rated this service good because the service was arranged in a way that ensured people received person-centred care and were supported to maximise their independence, choice, control and involvement in the community.

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

People told us they felt safe living at St Stephen's Court. One person told us, "The staff make you feel safe which is good. Sometimes I feel I can tell the staff my problems and will pull up a chair to chat to them." Safeguarding policies and procedures were in place and staff understood how to protect people from any form of suspected abuse.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's ability to consent to their care and treatment was assessed. Where people lacked capacity to make a specific decision for themselves best interest's assessments had been completed. However, the outcome of these decisions were not always recorded. We have made a recommendation about this.

A range of quality assurance systems were in place to monitor quality and drive improvements across the service. The home was clean and a programme of re-decoration was underway. Some furniture and furnishings had been replaced to improve the living environment since our last inspection.

Safe recruitment practices were followed. There were enough staff to meet people's needs and staff told us they were well supported by the management team. Training relevant to the needs of people was delivered to the staff team. While we found no impact to people, some issues with medicines management were identified. We have made recommendations about these issues.

Assessments of people's needs were completed. Where risks were identified measures to mitigate known risks were in place. Care and support plans were detailed and contained specific information to guide staff on the actions to take when delivering support.

People were supported to follow their hobbies and interests. A range of meaningful activities were available for people to engage in which were relevant to them. Staff delivered care and support to people specific to their individual needs and preferences.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 31 October 2019) and there were multiple breaches of regulations. This service has been in Special Measures since 31 October 2019. During this inspection the provider demonstrated that substantial improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions and the provider has achieved compliance with all regulations since the last inspection. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was a planned inspection based on the previous rating to check the actions the provider had taken following our last inspection.

#### 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 caring?

**Good** 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

**Good** 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Good** 

The service was well-led.

Details are in our well-led findings below.

# St Stephen's Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by three inspectors, an inspection manager and two pharmacy inspectors.

#### Service and service type

St Stephen'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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with 14 members of staff including the nominated individual and registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with one visiting healthcare professional to find out their opinions of the care provided.

We reviewed a wide range of records. This included care records for 12 people. We looked at six 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 contacted 10 visiting health and social care professionals by email to request feedback of their opinions of the care provided. Three professionals responded and provided feedback of their experiences.



# 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 inadequate. At this inspection this key question has now improved to requires improvement. 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.

### Using medicines safely

At our last inspection medicines were not always managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Medicines management within the home had improved since the last inspection however, there were areas which required further embedding to ensure people were kept safe.
- The service's medicines policy did not provide staff with clear guidance for the safe handling of medicines when people went on home or social leave. One person's medicines had not been properly labelled in relation to this.

We recommend the provider reviews the process for home leave and social leave to ensure this is risk assessed and systems follow national best practice.

- Topical [creams] medicines administration records were not in place for three of the five topical medicines we looked at. We brought this to the attention of staff who stated they would review this.

We recommend the provider review the processes for documenting the use of topical preparations to ensure there is an accurate record of application.

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

At our last inspection effective systems were not fully in place to protect people from the risk of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- Staff safeguarded people from the risk of abuse. The registered manager and staff understood their responsibilities to keep people safe if they suspected any form of abuse.
- People told us they felt safe. One person said, "For the first time in my life I feel safe. All the staff are a great help, that's [name of registered manager], plus the seniors and all the staff."

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risk assessments were in place for people. These accurately reflected the risks people were exposed to and were regularly reviewed. Risk assessments included information relating to the action taken to mitigate the known risks people were exposed to.
- Premises checks had been completed to help ensure the safety of the building and environment.
- Personal Emergency Evacuation Plans (PEEPS) were in place. These detailed the support each individual would require in the event they had to evacuate the building in the event of an emergency.

### Preventing and controlling infection

- Systems were in place to protect people from the spread of infection. However, there were some gaps in the recording of cleaning schedules to evidence when areas were cleaned by staff.
- Personal protective equipment such as gloves and aprons were available for staff to use. In addition, the provider had sourced shoe covers and face masks since the last inspection to be used by staff if required.

### Staffing and recruitment

At our last inspection safe recruitment practices had not been followed. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- Safe recruitment practices were in place and followed in the recruitment of potential new employees.
- There were enough staff deployed to meet the needs of people. The provider used a dependency tool to assess the required levels of staffing to meet people's needs. Agency staff supported the service to provide the required levels of staffing.
- Systems were in place to ensure consistency with the agency staff who covered the service.
- Checks were carried out to ensure nurses had effective registration with the Nursing & Midwifery Council with no restrictions and cautions.

### Learning lessons when things go wrong

- Systems were in place to review accidents and incidents. Accidents and incidents were reviewed to identify if there were any trends or if lessons could be learned and improvement actions taken to minimise the reoccurrence of future incidents.



# 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 inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

At our last inspection effective systems were not in place to ensure the principles of the MCA were followed. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- Consent to care and treatment was sought in line with relevant legislation and guidance. However, records did not always demonstrate staff had followed the principles of the MCA. For example, records were not available for every decision made in a person's best interests.

While we found no impact to people, we recommend the provider reviews their policies and procedures in relation to the documentation of their application of the MCA 2005, to ensure they can evidence this and they follow best practice guidelines.

- The registered manager followed the principles and guidance related to Deprivation of Liberty Safeguards (DoLS) authorisations to ensure any conditions were met.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure staff were adequately supported. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Systems were in place to ensure staff were supported and received training relevant to their job roles. Some staff had received additional training and worked as coaches to support their colleagues. For example, two staff were the identified 'super users' of the electronic recording system the service used. They were available to offer support and answer any queries staff had about the system.
- Staff knowledge and their skills were monitored and assessed during supervision, observations and team meetings. A programme was in place to ensure staff received an annual appraisal. One staff member said, "There is now more support from managers, we get regular monthly supervision and training from head office."

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

- Assessments of people's needs were completed. Assessments were reviewed and updated at an appropriate frequency identified by the provider.
- Care plans were detailed and contained all of the relevant information to guide staff on how to deliver people's care and support. People's preferences of how they would like to be supported were recorded.

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

- The environment had some adaptations to meet the needs of people. We received feedback during our inspection that the environment did not always meet people's needs. One visiting professional said, "It's [the building] big and sprawling and can run the risk of people getting lost in there. If the building had separate zones this may help to separate people more." A member of staff told us, "I sometimes think people should be a bit more separated to alleviate issues."
- At our last inspection some people told us a recreation room would be appreciated to play games. The provider had responded to this feedback and a designated area had been identified for this.
- People were able to personalise their bedrooms.

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

- People's nutritional and hydration needs were met. Catering staff were aware of people's dietary needs and preferences.
- Some people received individual budgets to enable them to buy their own food and prepare their own meals. This promoted independence and helped them develop their skills.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health and social care professionals such as GPs and social workers. One healthcare professional told us, "The multi-disciplinary team's experience of the service is generally positive. They support our most complex clients and have several clients open to the Mental Health Pathway and Positive Behaviour Support Team." A second visiting professional said, "Engagement with our team is very good, they [staff] will seek support when needed and share information."
- People received an annual health check from their local GP and hospital passports were in place for some people. The information recorded in a hospital passport supports staff in hospitals and GP surgeries to make reasonable adjustments to support safe and effective care for people with learning disabilities.

- A plan was in place to complete hospital passports for all people with learning disabilities in line with best practice guidelines.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the provider did not have effective systems in place to safeguard people from the risk of abuse and ensure they were well treated by staff. This was a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- People told us staff were caring. One person said, "The staff are good and there when you need them. When I'm upset the staff know what's wrong before I even say anything. The staff understand me, they just take one look at me and they know straight away."
- Staff treated people with kindness and demonstrated caring attitudes. Throughout the inspection we observed numerous positive interactions between people and staff.
- Staff understood the needs of people well. They offered reassurance to people during their interactions if anyone showed any signs of anxiety or distress. Staff were knowledgeable about people's personal histories, likes and dislikes.
- Staff were proactive in following the guidance in people's care plans to ensure their needs were met. They considered the equality and diversity needs of people and ensured this was recorded in care plans.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

At our last inspection the provider had failed to ensure people were always treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

- Staff treated people with dignity and respect. People were encouraged to be independent and make their own decisions and express their views about how they wanted their care to be delivered.
- Respectful language was used by staff when documenting in care records. Additional staff had been employed in the service whose principle role was to work on care planning systems and assess the

competency of staff. There had also been a turnover of staff since our last inspection which had resulted in better morale and a more positive approach to supporting people.

- Advocacy services were used to support people if this was required. An advocate helps people to access information and to be involved in decisions about their own lives.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated inadequate. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them  
At our last inspection the provider had failed to ensure people's social needs were met. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Staff supported people to follow their hobbies and interests. Meaningful activities which were socially and culturally relevant to the individual were available. People gave positive feedback regarding the activities available. One person said, "They [staff] keep you busy and include you in things and get you involved. There's bingo, baking, going to the cinema and if it's a nice day we might go to the park."
- Personalised care and support was delivered to people to meet their specific needs. Records were completed to demonstrate what activities people had taken part in on a daily basis.
- Staff supported people to maintain their relationships with family members and friends.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure people's needs and preferences were met. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Staff delivered care and support specific to the needs and preferences of people. Care plans were detailed and contained relevant information to guide staff on the actions to take when providing support.
- A multi-disciplinary approach was in place when formulating behaviour support plans for people. These reflected staff understood the principles of positive behaviour support and followed best practice guidelines. Positive behaviour support is a behaviour management system used to understand distressed behaviour and guide staff on the actions to take to reduce anxiety and distress.
- Electronic care planning systems were in place to meet people's needs. This included the use of hand-held mobile devices to be used by each staff member to enable them to have immediate access to people's records. This also ensured records were updated in a timely and efficient way.

- Technology was used to meet some people needs. This included the use of laser bed sensors which alerted staff if the individual moved out of their bed so they could attend and provide support if needed.

#### Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to ensure accurate records were maintained in relation to complaints. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A complaints procedure was in place and followed. The provider had a policy which detailed how any complaints would be investigated and responded to. All complaints received had been investigated and responded to appropriately by the provider.

#### End of life care and support

- No one was receiving end of life care at the time of the inspection.
- End of life care plans were in place for people to record any preferences they had for their end of life care.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans. Staff understood the most effective ways to communicate with people to enhance their understanding of any given situation or matter. Adjustments were made in how information was communicated when necessary.
- Information was available in accessible formats. For example, some easy read documents had been produced to support people who could not understand written words.

# 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; 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

At our last inspection robust systems to monitor the quality of the service were not in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider and management team had worked extremely hard following our last inspection to make the necessary improvements within the service and achieve compliance with all relevant regulations. They were committed to now maintaining and improving a standard of service which results in good outcomes for people.
- Robust systems were in place and now embedded to monitor quality and drive improvements across the service. Various quality assurance audits were completed by the management team.
- Action plans were regularly and actively implemented to address any area where improvements were required. Weekly governance meetings were held by the senior leadership team to monitor progress against the service action plan to ensure all identified tasks were completed.
- The registered manager understood their responsibilities in relation to the duty of candour regulation.

At our last inspection the provider had not notified the Commission of all notifiable events. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulation 2009. (Notification of other incidents). This is being followed up outside of the inspection process.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Systems were in place to ensure the Commission were notified of specific notifiable incidents and deaths in line with legal requirements and we have received statutory notifications regularly since our last inspection.

At our last inspection the provider had not ensured the 'Statement of Purpose' for the location was up to



date. The failure to ensure legally required information was kept up to date and submitted to the Commission was a breach of Regulation 12 of the Care Quality Commission (Registration) Regulations 2009. (Statement of purpose).

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12 of the Care Quality Commission (Registration) Regulations 2009.

- The provider submitted an updated 'Statement of Purpose' for the location. A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

#### Continuous learning and improving care

- Systems were in place to review accidents and incidents. The management team were proactive in reviewing accidents and incidents to assess if improvement actions could be made.
- Trend analysis reports were generated to review people's care. If any trends were identified actions were taken to address to this.
- Staff were encouraged to reflect on their practice. For example, de-brief sessions were held with staff to discuss any behavioural incident to consider alternative ways of working. One staff member told us, "We do benefit from these discussions as any additional needs [for people] are addressed."

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

- Systems were in place to obtain feedback from people, relatives and staff. This included the use of a weekly 'My Say' audit which was completed with people. Questionnaires were used as another way to seek the views of people.
- A culture of high quality, person-centred care which valued and respected people's rights was promoted throughout the service by all staff.
- Staff felt supported by the management team and spoke positively of the changes which had been implemented since the last inspection. One staff member said, "[Name of manager] is fantastic. I can't praise them enough. [Name of registered manager] is great too."

#### Working in partnership with others

- The provider and management team were proactive in taking action to improve quality across all aspects of the service. This included collaborative working with other care providers to share best practice.
- Since our last inspection links had been established with a local university and healthcare trust to engage in a pilot study around 'Transforming Care' for people living with learning disabilities.
- Since our last inspection the provider had worked closely with other organisations and stakeholders such as the local authority and health and social care professionals to deliver the service improvements that we identified.