

Careline Lifestyles (UK) Ltd

Deneside Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

Deneside Court is a residential care home providing personal and nursing care to 38 people aged 18 and over at the time of the inspection. The service can support up to 40 people across three floors. The service provides care for people with complex needs including those with a learning disability or autistic spectrum disorder, mental health condition, older people, physical disability or people living with dementia.

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

Medicines were managed safely but some improvements were needed. We have made a recommendation about the management of some medicines. We were assured overall about infection prevention and control practices at the service.

Some areas of the home required further maintenance, repair and cleaning to maintain a good environment. We carefully reviewed the extent, impact and circumstances of these observations and received suitable assurances. The provider had action plans in place to manage the premises and dealt quickly with any immediate issues.

Assessments of people's needs were completed, and systems and processes were in place to mitigate identified risks to people and staff. Incidents were dealt with appropriately. There were enough suitably skilled staff to meet people's needs.

People were protected from the risks of abuse. Staff had received safeguarding training and processes were in place to support staff to raise any concerns.

The service worked well with other health professionals who were routinely involved with people's care.

The service required a manager who was registered with the CQC. The service had a manager in post. The manager's application process had been commenced but not progressed to the submission of an application as required due to events outside of the provider's control. We took this into account when making our judgement.

Managers understood their regulatory requirements and used audits and other checks to continually assess, monitor and improve the quality of the service. They involved people, relatives and staff in this process, using their feedback and complaints to make positive changes to the service.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support:

- The model of care and setting maximised people's choice, control and independence. People, and where appropriate their relatives and advocates were involved in their care planning. Records were regularly evaluated and updated as people's needs changed. Care planning included outcomes and goals for people. Case studies evidenced how people's support from the service had led to positive outcomes with a focus on achieving maximum possible independence.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. Staff treated people with kindness, compassion and respect. Staff supported people in the least restrictive ways and in their best interests.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives. The service was well managed with an approachable and supportive leadership team in place. Management were open and transparent, and the provider was honest with people and their relatives when things went wrong. Staff told us they had a strong supportive team that had helped develop and strengthen the person-centred culture and ensured people were supported to make decisions for themselves to live their best lives.

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

Rating at last inspection

The last rating for this service was good (published 10 April 2020).

Why we inspected

The inspection was prompted in part due to concerns received about staffing, and the ability of the provider to manage known risks of harm to people to keep everyone safe. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe, Responsive, and Well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained good. This is based on the findings at this inspection.

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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Deneside 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 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.

Deneside 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors, a pharmacist, a nurse specialist adviser and two Experts 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.

Service and service type

Deneside 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 who was in the process of registering with the Care Quality Commission. Once registered 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 sought feedback from the local authority, staff at the service, and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, the manager, two members of the management team, two care staff, a physiotherapist, a domestic staff member, the chef, a maintenance employee and 14 relatives. We reviewed four people's care records and two specific records associated with supporting people's emotional behaviours. We looked at the governance arrangements for the safe handling of medicines including the provider's policy and audits. We looked at medicines' records for nine people. We reviewed maintenance and cleaning records, three staff files, and a range of other records relevant to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked in more detail at arrangements in place for maintenance, repair and cleaning of the premises. We looked at training data and quality assurance records. We spoke with three care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.



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.

Using medicines safely

At the last inspection we made a recommendation that the provider reviewed the processes for documenting the use of topical preparations to ensure there was an accurate record of application; auditing the use of thickeners; and people's medicines which required administration with food to ensure that all staff were aware of requirements. At this inspection we checked and found medicines were managed safely but some improvements were needed

- Staff were able to discuss when to use medicines prescribed as 'when required'. For example, to manage people's emotions, and when to administer medicines 'covertly' (where people lacked capacity to agree and understand the reasons for their medicines.) However, the provider's policy was not always followed. Records of administration of these medicines was not always clear and associated guidance was not always available for staff use in people's records as required. This information was provided after the visit to the service. However, it did not clearly describe how individual medicine would be administered and some medicines being administered in this way were not listed for example, on the covert plan.

We recommend the provider consider current guidance on giving 'when required' and 'covert' medicines to people and take action to update their practice accordingly.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the home were in need of deep cleaning and maintenance to improve environmental and hygiene standards. The manager told us it was difficult to clean and maintain some areas due to the impact on people who lived there and the frequency of when damage occurred. The provider acknowledged and responded to our findings. They were implementing actions to improve these areas and shared with us what steps they had taken.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Detailed records were available for staff to follow to support a proactive approach to anticipating and managing risks. Staff had a clear understanding of systems and processes and used them consistently to help keep themselves and others safe.
- Where people behaved in a way that may challenge others, staff utilised learning to manage the situation in a positive way and protect people's dignity and rights. Records were regularly reviewed. One staff member said, "People can present with complex needs which can lead to difficulties in expressing themselves. This can come out in a variety of emotions which can put staff and others at risk. When it does, we have good procedures to follow and are trained to de-escalate incidents."
- Where people were affected by incidents, reviews and investigations were completed with actions implemented which helped identify any triggers and trends to help reduce re-occurrence.
- Records confirmed action taken to maintain the environment. Equipment was regularly serviced and well maintained.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff followed up to date guidance and had received training in safeguarding people. A relative said, "Safe? Yes. Staff know (person's name) and he has two dedicated support staff who know him inside out."
- Staff understood their responsibilities to raise any concerns about suspected abusive practice. One staff member said, "I would speak to a senior if I had any concerns, then there's the CQC and safeguarding. We can raise anonymous concerns through whistleblowing."

Staffing and recruitment

- There were enough suitably skilled staff to meet people's needs.
- The provider had processes in place to regularly review staffing levels and staffing was adjusted to people's changing needs. A care worker said, "Staffing numbers vary from day to day. One day it is great, but we can suffer from staff shortages. People's needs are still met, and we use some agency staff."
- The provider had clear and robust recruitment processes with checks to make sure the right staff were recruited to support people to stay safe.
- Care staff confirmed that management were approachable and provided support and debrief opportunities to protect people and themselves from harm.

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 as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received initial assessments of their needs to ensure the service was appropriate.
- People, and where appropriate their relatives and advocates were involved in planning their care. Regular evaluations of care and support ensured care remained relevant. Following evaluation of one person's care, their room and ensuite facilities had been colour co-ordinated. The manager told us this had assisted the person to co-ordinate their environment and to independently use the facilities available.
- Care planning focused on people's whole lives. Information clearly recorded their abilities and future aspirations. The provider-maintained case studies which demonstrated the benefits the service had on people's individual lives. One person told us how the service had helped to improve their life, led to a removal of restrictive practice, and promoted their living skills with a realistic goal of moving on to more independent living.

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

- People were supported to engage in a range activities and training that were socially and culturally relevant to them. Care plans contained detailed information about people's cultural and religious needs to help staff get to know them well.
- People had access to communal areas in the home, including a games room. A calm sensory room was under decoration and hydrotherapy room was in use which provided people with a calm escape area. The physiotherapist told us the hydrotherapy room had enormous benefits for people's wellbeing.
- One person told us how they attended college where they were completing a catering qualification. They showed us menus and pictures of culinary delights they had made. Their apartment included a small kitchen area where they were encouraged to further develop their skills.
- Staff ensured people were protected from the risk of social isolation. Visiting was encouraged and managed following government COVID-19 guidance. A relative said, "Before Covid, we took [Person's name] out every weekend, either a Saturday or a Sunday and we'd sometimes take him out on a night-time. We're taking him out again next weekend, Sunday lunch to the local pub, it has wheelchair access."

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 met. Staff had the information they needed to communicate with

people.

- People's care plans recorded information which staff used to communicate effectively with them in ways they understood.
- Staff discussed how they followed guidance to support people who had difficulty expressing pain. A care worker said, "When [Person's name] is in pain they can't just ask for pain relief. We know by watching their presentation and their behaviours so we can respond quickly, which can also help to manage their emotions."

Improving care quality in response to complaints or concerns

- The provider was pro-active in encouraging feedback including complaints which were used to help focus on areas to improve. Posters including information on how to contact the nominated individual were displayed and had been sent out to all friends and family members advising them of how to raise concerns. The provider held 'My Say' meetings where people were asked if they wanted to raise any issues or concerns.
- Relatives told us they were in regular contact with the service and were encouraged to provide formal and informal feedback and complaints. Staff told us they aimed to resolve any issues in an open and timely manner and most of the time this could be done informally.
- Relatives told us they knew how to make a complaint and if they had done this, they had been happy with the response from staff and the manager. A relative told us, "I had a couple of causes for concerns. I approached the manager; it's been amazing since."

End of life care and support

- People received initial assessments which included discussion around their wishes and preferences for end of life care. For example, their choice of burial or cremation.
- Staff involved external healthcare professionals such as Cancer Care nurses, Macmillan nurses and GPs to ensure people at end of life remained comfortable and pain free.
- Staff had access to training and guidance to support people on end of life care. Policies in place ensured they understood when to respond to minimise distress and adhere to any cultural beliefs or preferences as recorded by the person, their family or advocate.

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 our last inspection we rated this key question good. The rating for this key question has remained 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'

- The service required a manager who was registered with the CQC. The service had a manager in post. The manager's application process had been commenced but not progressed to the submission of an application as required due to events outside of the provider's control. We took this into account when making our judgement
- There were clear lines of responsibility and accountability within the service. The manager was supported by a dedicated senior management team and a core staff team. The provider engaged a pharmacist, who completed a full monthly medication review.
- The provider had a strong communication network so senior employees could share learning and support one another. Senior leadership was visible with the operations manager and other senior staff paying regular visits to the service.
- A wide range of routine and planned quality checks ensured the home remained safe and compliant. Action was taken to assess and reduce the risk of injury caused by people's living environment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff promoted a positive person-centred culture. People were involved in decisions about their care and were supported by staff to achieve their goals and aspirations wherever possible. A relative told us, "Staff are definitely brilliant, couldn't have better staff who work hard and do the best they can."
- People, staff, and the manager fed back that leadership, including senior leaders, was supportive and managers were approachable and responsive. The management team responded robustly and comprehensively to our feedback throughout the inspection process.
- Senior staff, including the nominated individual and managers promoted a positive 'can do' approach. People's individual risks were explored and mitigated to help people navigate towards independence wherever possible. A health care professional told us how one person was not thought to have any rehabilitation potential but following support from the service they progressed their social and independent living skills and lead on an activity area of interest. They said, "They are now full of cheek and fun; their cognition, physical and mental health, and mobility are much improved and they are a joy to work with."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff and people were encouraged at regular meetings to contribute their feedback about the service.

People's care and support was continually evaluated with adjustments made to ensure their individual needs and preferences were met. For example, the chef discussed how they ensured a range of menus were available where required, which included options to meet people's religious requirements.

- Staff told us they worked well as a team to meet people's needs and support their pathways equally without discrimination. One staff member said, "I personally love the residents, I love the staff, we have a lovely team and we are all there for each other."
- The provider recognised the importance of staff engagement and retention to ensure people received consistent care and support from people they knew. The nominated individual told us about an outstanding employee recognition programme, supported by an employee pathway which had seen support workers in the organisation developed to home manager, deputy home manager, therapist and care home associate practitioner roles. A staff member told us how they had been supported to progress from a care support worker to a senior care worker with associated recognised qualifications.

Working in partnership with others; 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

- Partner organisations provided very positive feedback about the service, their interactions with staff and positive outcomes for people. A healthcare professional told us, "If I could place more people, I absolutely would. They [staff] are easy to work with and welcome input from all professionals. Their teams are open, able to listen and learn from others, confident to challenge when necessary, consistent, good at communicating with patients, families and professionals."
- People's records included input from a range of health professionals such as physiotherapists, nurses, GP's and psychiatrists. One person said, "I have regular access to, and reviews with a range of professionals to support me whilst I am living here."
- Evaluations were completed as part of people's records. Further referrals were made where required specialist input was identified. This included multi-disciplinary meetings to ensure care and support remained proportionate, in people's best interest and the least restrictive option.
- Processes in place were used to record and respond when something went wrong. For example, people told us their concerns and complaints were handled effectively and they were pleased with the outcomes.