

# Careline Lifestyles (UK) Ltd

## Deneside Court

### Inspection report

St Josephs Way  
Jarrow  
Tyne and Wear  
NE32 4PJ

Tel: 01915191574  
Website: [www.carelinelifestyles.co.uk](http://www.carelinelifestyles.co.uk)

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Inadequate** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 26 April 2017 and was unannounced. This meant the provider did not know we were coming.

Deneside Court is a 40 bed purpose built home and provides residential and nursing care to adults with learning disabilities and physical and neurological disabilities. At the time of the inspection there were 21 people using the service. The home is divided into three units. The ground floor unit comprises of 20 individual apartments with en-suite facilities. While the two upper units comprised of 20 self-contained flats containing kitchen facilities.

We had previously carried out a comprehensive inspection of Deneside Court on January 17 and 2 February 2017. At the inspection we found there were breaches of four of the Legal Requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not being managed safely. People were not receiving their medicines as prescribed. Medicine administration records were not always accurately signed. Stock balances were not always correct.

People's emergency evacuation plans (PEEPS) were not up to date. Actions from recent fire audits seen at the last inspection had not been completed.

We found the registered provider was not always acting in accordance with the Mental Capacity Act in relation to people's Lasting Power of Attorney (LPA).

Staff had not received regular supervision and appraisal. The registered provider had not checked the competencies of all new agency staff who formed part of the regular staffing team.

The provider had failed to implement and embed improvements to enable sustained and significant improvements.

At this inspection we found the provider continued to breach of Regulation 12 and 17 of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines continued to not be managed safely. Medicine administration records (MARs) were not always completed correctly. Medicine stock balances were not accurately recorded. Handwritten entries of prescribed medicines found on MARs were not accurate and had not been signed by two members of staff. Medicine care plans were not updated when changes in medicines were prescribed. The provider's quality assurance process had failed to address the shortfalls regarding medicine management. This meant we could not be assured that people received their medicines as prescribed by their doctor.

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

The service did not 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.

The service was being managed by a peripatetic manager. At the time of the inspection the manager had submitted an application to become the registered manager of Deneside Court.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, two references and disclosure and barring service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

Environmental risks were assessed and reviewed to ensure safe working practices for staff, for example, to prevent slips, trips and falls. Where people had been assessed as being at risk, plans were in place for staff for support and guidance to mitigate risks.

Policies and procedures were in place for safeguarding and whistleblowing which were accessible to staff for support and guidance. We found staff had received training in safeguarding. We found staff were aware of safeguarding processes and how to raise concerns if they felt people were at risk of abuse or poor practice.

Accidents and incidents were recorded and monitored as part of the manager's audit process.

The provider used a dependency tool to ascertain staffing levels on each unit. We found staffing levels to be appropriate to meet the needs of the service, these were reviewed regularly to ensure safe levels.

Staff received training to meet the needs of the service. New IT systems had been installed to enable further staff development using eLearning. The provider had arranged for staff to complete distance learning courses to cover condition specific training.

Staff received regular supervision and appraisal. Opportunities were available for staff to discuss performance and development.

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. DoLS authorisations were in place for relevant people and care workers supported people to make as many of their own decisions as possible.

People were supported by kind and caring staff, in a respectful manner. Staff discussed interventions with people before providing support. Staff knew people's abilities and preferences, and were knowledgeable about how to support with people. Advocacy services were advertised in the foyer of the service accessible to people and visitors.

People were supported to maintain good health and had access to healthcare professionals when necessary and were supported with health and well-being appointments.

People had access to a varied healthy diet. Nutritional assessments were completed where necessary. Where required people had their food and fluid intake recorded.

People's needs had been assessed and the information used to develop personalised care plans. Care plans were reviewed regularly.

The registered provider had an activity planner with a range of different recreational and leisure opportunities available for people. We observed people joining in a range of activities during the inspection. People enjoyed listening to music, watching TV, accessing art projects and were seen in conversation with staff.

People using the service and their relative's views and opinions were sought and used in the monitoring of the service. Regular meetings were held with people and relatives. Staff meetings were held on a regular basis. The service held a daily management teleconference with other homes to discuss any concerns or to share important information.

Processes and systems were in place to manage complaints.

The registered provider ensured appropriate health and safety checks were completed. We found up to date certificates to reflect gas safety checks, and electrical wiring tests.

A business continuity plan was in place to ensure staff had information and guidance in case of an emergency. People had personal emergency evacuation plans in place that were available to staff.

Statutory notifications were submitted to CQC in a timely manner. People's personal records were held in line with the Data Protection Act.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Medicines were not managed safely. Care plans relating to people's medicine did not contain accurate information.

The provider had a robust recruitment process.

People had risk assessments in place which were reviewed. Assessments contained interventions to minimise risk.

People had personal evacuation plans in place in case for staff guidance in case of an emergency.

**Inadequate** ●

### Is the service effective?

The service was effective.

Staff received supervision on a regular basis. Appraisals were planned to provide opportunity for staff development.

The provider was acting in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of the MCA and DoLS.

Health and social care professionals were involved in people's care. For example, speech and language therapists, social workers and GPs.

**Good** ●

### Is the service caring?

The service was caring.

Staff were found to be kind and caring when supporting people. Positive relationships were evidenced between staff and people.

Staff treated people with dignity and respect and promoted independence where possible.

There was information about advocacy arrangements and facilities offered by the service, readily available to people who

**Good** ●

use the service, relatives and any visitors.

### **Is the service responsive?**

The service was not always responsive.

Although care plans were personalised and were reviewed on a regular basis. Some medicine care plans had not been updated to provide current guidance for staff.

Care records and risk assessments were more personalised to meet people's needs and were reviewed on a regular basis.

The service had a complaints policy in place which was accessible to people, relatives and people. People told us they knew how to make a complaint.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

Systems and processes were in place to monitor the quality of the service. We found some care records were not updated therefore it was too early to assess the effectiveness of the provider's governance arrangements in driving continuous improvement.

People, relatives and staff found the manager was approachable and supportive.

People, relatives and staff had opportunities to give views and opinions on the service and be involved in development of the home□□

**Requires Improvement** ●

# Deneside 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.

The inspection took place on 26 April 2017 and was unannounced.

The inspection was conducted by two inspectors, one pharmacy inspector, an expert by experience and a specialist advisor who is a Mental Health Nurse Specialist with the NHS (National Health Service). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we reviewed the information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also gathered information from South Tyneside Healthwatch, South Tyneside Clinical Commissioning Group, and South Tyneside Council Commissioners. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we observed staff interacting with people and looked around the premises. We spoke to the manager, Director of Operations, two nurses, the clinical lead, the deputy head of the therapeutic services, the administrator, 6 support staff and two team leaders.

We spoke with 6 people who used the service and 5 relatives for their views on the service.

We viewed a range of records about people's care including medicine administration records, training records, dependency tools, quality audits and statutory notifications.

# Is the service safe?

## Our findings

When we last inspected the home we found the provider had continued to breach regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider had failed to provide systems and process for the safe management of medicines. We found fire audits had not been acted on. Not all staff had attended fire drills. People's personal evacuation plans (PEEPS) were not up to date.

At this inspection, we looked at the systems in place for medicines management. We assessed 12 medication administration records (MARs) and looked at storage, handling and stock requirements. We found that although some areas of improvement had been made there were still areas of concern regarding safe medicines management.

The majority of MAR charts were printed by the community pharmacy. We found for handwritten entries, two nurses did not always sign to confirm entries were accurate. For one person the medicines had been written as milligrams when the prescribed dose was micrograms. This was brought to the attention of staff during the inspection. This demonstrates an unsafe practice which placed people at risk of receiving incorrect doses of their medicines. This was highlighted as part of the last inspection and was not in line with the provider's policy.

We checked the arrangements for stock handling and found this was a continued area of concern at this inspection. Carried forward balances were not always accurate. Records of medicines in boxes and bottles, which were used to count stock levels, did not always match administration records on the MAR. This meant staff did not have a clear record of the quantities of medicines at the home.

When medicines were not administered, the appropriate code was not always recorded to demonstrate why the medicines had not been given. 'As and when required' medicines were not always recorded on the reverse of the MAR as per policy and for entries made no outcomes were recorded to evidence effectiveness. This meant records did not enable staff to be clear when or why medicines had been administered or if they had been effective.

We checked the arrangements for medicines administration and found this was a continued area of concern. Medicines were not always administered as prescribed. For example, one medicine which was used to protect the stomach when taking an anti-inflammatory medicine had not been administered in accordance with the prescribed instructions. This had been identified as an area of concern at the last inspection. Records about topical (used on the skin) medicines were not completed accurately and records of administration were not completed. This had been identified by the provider as an area of concern and steps had been identified to address this issue.

We checked medicines specific care plans and found that although reviews had been documented as taking place changes had not been recorded and so records were not always accurate. 'As and when required' protocols had been reviewed and a new form was being used however information was not always accurate to the medicines which the protocol referred to. This continued to demonstrate a risk of people not

receiving safe, person centred care.

These findings evidenced a continued breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed that medicines were stored and disposed of securely and access was restricted to authorised staff. Date of opening was recorded for all items that required a date and stock levels were maintained at an appropriate level. Room and fridge temperatures were recorded in line with the homes policy.

The process for recording the times 'as and when required' medicines had been administered and recording the dosage of variable dose medicines was found to be safe. We found that medicines were given at the right time intervals. Variable doses of medicines were correctly recorded in most cases. The points above demonstrated improvements from the last inspection.

At the last inspection we found fire safety precautions were not always put into practice. For example, fire doors had been wedged open so would not have closed in the event of a fire and fire drills were not carried out at regular intervals. Also the fire risk assessment was out of date. During this inspection we found fire safety practices had improved.

Fire drills were now taking place each month with day and night staff. At this time it was not possible to determine from records whether every member of staff had been involved in the drills. The manager had also identified this recording issue as part of their recent safety audit. There were plans to list all members of staff in the fire drill record so it could be checked whether each staff had attended within the required frequency for their role. During this visit we had no concerns about the safe and appropriate use of fire doors.

We found people's personal emergency evacuation plans had been updated and were held in the emergency grab bag. The provider had a business continuity plan in place in case of emergencies. Staff had access to the plan. This meant staff now had up to date guidance to support people in case of emergency.

There were now comprehensive monthly audits carried out by the provider's health and safety officer. These included checks of service risk assessments, including the fire risk assessment. The checks also included staff training in health and safety, building safety certificates and maintenance such as gas, electrical installation and legionella checks. Any issues for attention were recorded on an action plan with required timescales and were re-checked for completion at the next month's audit.

The home employed a member of maintenance staff who carried out routine safety checks within the building. These included regular checks of water temperatures, alarm calls and window restrictors. We did note that the bedrail cushion on one bed was torn which could have led to an infection control breach, however staff replaced this as soon as it was pointed out. The manager said checks of cushions would be added to existing checks carried out by housekeeping staff so that any future issues could be identified immediately. During this inspection we did not observe any premises hazards that would affect the safety of people, visitors or staff.

Risks to people's safety and health were assessed, managed and reviewed. For example, these included risk of falls or using bedrails. The risk assessments were kept under review. Risk assessment records included details of what actions staff should take to control or minimise the risks.

The manager carried out a monthly analysis of accidents and incidents, such as falls, to check for trends or whether any further actions were needed. The accident reports showed only minor injuries to staff and

people that required no further treatment.

Since the last inspection the provider had introduced, as planned, a new dependency tool to calculate the number of staff required on duty during the day and night. This was based on each person's requirements for therapeutic support. The results then determined the number of staff for each of the units. At the time of this inspection the service was providing above the calculated staffing levels. A representative of the organisation explained that staffing would reduce but would remain above the calculated levels in order to embed the on-going improvements in the service.

At the last inspection we found a significant number of agency staff were used to cover vacant posts. During this inspection we found that the provider had carried out a rigorous recruitment drive to attract new nurses and care staff to the service. As a result several applicants were going through recruitment checks before commencing employment at the home. The manager told us, "Very soon we will no longer rely on agency support workers. The hope is that once our recruitment processes are completed the nursing team will be almost all permanent staff members."

In the meantime the provider continued to utilise agency staff to provide cover, mainly nurses and night staff. The provider made sure the same agency staff were used wherever possible to provide some continuity of care for the people who lived there.

Since the last inspection each member of staff had completed a questionnaire about their interests and skills and were asked which unit they would prefer to work on. The staff we spoke with said they were "happy" to work on the unit they had been allocated as they felt confident and competent to support the people on those units. They also felt they were able to provide continuity and build good relationships with the people they supported. The staff we spoke with were knowledgeable about the support that people needed on the unit they were allocated to.

The provider had safeguarding and whistleblowing policies and procedures in place for staff guidance. These were accessible to staff. Staff told us, and records confirmed, they had completed safeguarding training. Staff said they felt able to speak up about any issues, including concerns and knew how to report these. There were posters on noticeboards around the home for people, visitors and staff about how to report any safeguarding concerns. A staff member told us they had raised concerns and felt these had been acted on by the manager.

We saw appropriate action had been taken in relation to any concerns in order to protect the people who lived there. For example, this had included referral of other agencies for failing to support people's health and disciplinary action.

The manager kept a log of all incidents and concerns. These had been appropriately reported to the local authority and to Care Quality Commission. In this way, the service followed safeguarding protocols and kept other agencies informed.

## Is the service effective?

### Our findings

When we last inspected the home we found the home was not effective and the registered provider had breached regulations 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider had not recognised if people had Lasting Powers of Attorney (LPA) in place when gaining consent regarding care and support. We found some agency staff had no evidence of competencies being checked or carried out by the provider.

During this inspection we found the manager had developed a log of people who had nominated a LPA, and families had been contacted to ascertain if people using the service had nominated a LPA. Relatives had provided the manager with information regarding their family member's status. There are two different types of LPA: an LPA for Property and Financial Affairs covers decisions about money and property; an LPA for Health and Welfare covers decisions about health and personal welfare. By compiling a log with up to date details staff now had the information and guidance when consent was needed or decisions were sought regarding a person's health and well-being. Staff we spoke with had an understanding of people's LPA and where to find information. Gaining consent and people's capacity had been discussed in team meetings.

The manager had developed an induction checklist for all agency staff. The document set out the specific areas that management and the agency staff had to cover. For example, terms and conditions of employment, medicine management and competencies for clinical tasks. We saw evidence of completed induction checklists for agency staff. The manager told us, "We are now including all agency staff in our competency checks and our supervision planner, either myself or [clinical lead] will carry these out." The clinical lead confirmed agency staff were very much integrated into the staff team. They told us, "We now have a stable team." Comments from agency staff supervisions included, 'things are improving,' 'feel well supported,' 'would like catheterisation training.' We spoke with the clinical lead about the requested training. They told us, "I have been in touch with the bladder and bowel service about that, they are willing to do some training and I am awaiting dates." This meant that all staff groups were receiving the same support whether they were agency or permanent employees.

Staff confirmed they received supervision on a regular basis. The manager had developed a supervision and appraisal planner for 2017. We found records to demonstrate staff were receiving supervision. We found both permanent nurses and agency nurses were being supervised by the clinical lead. Support staff were being supervised by team leaders. Supervision records were detailed and covered areas of further development. For example, specific training and on-going development in care planning. The manager told us, "Team leaders are now managing the supervision of support staff on their unit, this gives them more ownership. I also have a plan so I know when these are taking place."

One support worker told us, "I have just had supervision, I have mine with [team leader]. We talk about everything, it's much better now." Another told us, "Supervisions are taking place on a regular basis. [Team leader] does mine."

Since the last inspection the provider had contracted a local company, called Square Peg (North East), who specialised in changing the way people with intellectual disabilities were supported as well as supporting staff who worked with people who may have these needs. Square Peg (North East) work in partnership with Newcastle College in supporting people with disabilities including autism to develop their educational and employment potential. The Square Peg team had been at Deneside for approximately 4 weeks, and had engaged in reviewing care plans to develop wholly inclusive and personalised plans. They had agreed a contract for a six month home specific period, with a further six month management support period in order to embed changes and support staff in the home.

On the day of the inspection the Square Peg team had introduced a 'Wellbeing in the Workplace' session on three days of the week. The 'drop in' facility between 10.00 and 12.00 provided individual staff confidential support to 'discuss situations and address problems or concerns they may have'.

Staff had completed essential training courses, such as first aid, health and safety and moving and assisting. In addition staff completed specialised courses to support people using the service such as positive behaviour support. During the inspection we saw a new system, 'The Learning Cloud', being installed to support staff with personal learning, supervision and appraisals. The Director of Operations told us, "This will be up and running once all the technical work is completed. Staff will be able to access the cloud to support them with their development and training. This will be good for Deneside."

We saw the manager had also booked training with an external organisation, Learning Curve. Subjects being delivered to staff were condition-specific such as learning disability training and behaviour that may challenge. This meant that staff were being supported by a range of blended learning with face to face, e-learning and distance learning packages.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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. The application procedure 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. We saw DoLS applications had been authorised by the relevant local authority. Some DoLS applications were still awaiting approval. The manager had emailed the relevant local authorities to enquire about the status of any outstanding authorisations. DoLS applications contained details of people's individual needs and how decisions made about DoLS were in people's best interests.

Staff we spoke with had an understanding of the MCA and DoLS. One support worker told us, "It's all about making sure they [people] have choices, help to make them [people] and to keep them [people] safe." Care records had clear details of capacity assessments and the decision making process. Care plans contained rationales for the person's support and actions for staff to take. One person told us, "I am allowed to make decisions for myself at any time that suits me."

People had their nutritional needs assessed to ensure dietary needs were monitored and the correct diet provided. People were supported to have a healthy varied diet. We saw some people supported to get their

own breakfasts. Cereal and facilities to make toast and a hot drink were available in the dining room. People we spoke with were complimentary about the food and said it was tasty. One person told us, "There is always plenty of choice and the chef takes my request for fish fingers when I need it." Another told us, "The food is good, I enjoy going out and sometimes have something when I am out." We observed one person who preferred to eat their lunch in their bedroom privately. We spoke with staff about the menu choices. They said of the chef, "He's just lovely and responds to the people using the service, and he aims to satisfy their needs and is really good." Staff told us they ask people in the morning if there is any special request for lunch, so the chef has time to make it and people are not kept waiting. We found where people required their nutritional intake monitoring, daily records of diet and fluid intake were completed consistently, these were then reviewed by the nurse or team leader to help assess if any further action or input was needed.

We spoke with the chef about people's nutritional needs. The chef told us, "Staff keep me up to date with any changes in diets, I have information about special diets." We saw a laminated sheet kept in the kitchen containing details of people dietary needs. Throughout the inspection we observed people had access to drinks and snacks. The service was committed to promoting people's health and wellbeing. We found records to demonstrate involvement with other health care professionals including the speech and language team, dietetics and occupational therapists. Where people required 'hospital passports' these were fully completed and had been updated to contain essential information. A hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. We saw people being supported to attend a hospital appointment with support workers in attendance. Staff kept a diary with people's hospital appointments and visits from other health and social care professionals.

People told us they felt the home should be decorated to look more like a home than a hospital. The corridors were sparse with little or in some areas no wall decorations. We found each unit had a communal area for people to sit and watch TV. The areas were furnished with sofas and chairs with shelved units containing books and activities. Rooms and apartments were spacious and had been personalised by people. The home was well maintained and on the day of inspection the handyman was re-decorating some areas.

We recommend the service considers people's comments regarding the decoration of the home.

# Is the service caring?

## Our findings

When we last inspected the home we could not be sure of the consistency of care. We found some decisions about care and well-being were not being made by the most appropriate person. We could not be sure that staff were aware of people's advocacy arrangements.

At this inspection we found the manager had a log for staff guidance and support setting out people's advocacy and Lasting Power of Attorney (LPA) arrangements. This meant that staff now had the information to assist in providing appropriate support for people. One support worker told us, "We know how advocacy works and that some people need extra help to make decisions."

People we spoke with felt the service was caring. One person told us, "The carers are wonderful to me. They are always about when you need them and I can rely on them to help me understand when I get confused." Another said, "Oh I am cared for, they are lovely in here, the staff sort it when I want to go out, they listen." A third said, "I have my favourite carers, as I feel they respond so well and feel reassured I am going get the right treatment and medication on time." They went on to say they did not think agency staff were as knowledgeable as established staff. This was being addressed by the recruitment of permanent members of staff.

We checked the handover documents used to pass on information between one shift and another. The handover documents had been newly designed and contained mini summaries of people's underlying problems. The document recorded both day and night care requirements and particular risk areas. This meant that staff coming on duty were given information on how to support people.

People and relatives felt that staff respected their privacy and treated them and family members with dignity. Staff knocked on doors before entering and ensured doors were closed when providing personal care. People spent time in their rooms when they wanted to, and were given space and time to manage any behaviour that may challenge.

Staff provided support to enable people to be more independent. Some people cleaned their own rooms and did their own shopping for personal items. We spoke with a member of the Square Peg team who told us, "We have spent time working with staff to provide avenues for the promotion of independence. Staff are gaining more confidence in supporting people to do the things they want to do." We found a purpose built home type setting, where people were able to cook a meal using the all the facilities. This meant people were being supported with their independent living skills.

We observed staff and people interacting during the inspection. Staff gave explanations and gained consent before providing support and care. We saw choices were given regarding food and whether the person wanted to join in activities. Where people refused this was accepted by staff. We saw genuine relationships between staff and people, there was laughter and joking between them. People were relaxed in the company of staff and demonstrated this by open conversations, gestures and body language. Various methods of communication were in place for people, including pictorial aids. For example, pictures of

everyday items which were used to plan people's activities through the day.

Staff were aware of people who required specialist diets and specific management techniques in relation to behaviours that may challenge. We observed one support worker managed a situation with one person, who had an authorised DoLS in place in regard to leaving the home unsupervised, who was demanding to go out. The support worker handled this sensitively and after some negotiation the person agreed that staff would accompany them, which demonstrated a caring approach. This took the support worker sometime to achieve and included good use of de-escalation techniques.

People's rooms were personalised with ornaments, televisions, radios, posters, photographs and pictures. One person had just been shopping for new bedding in their favourite colour. Another had several items relating to their favourite football team.

The home provided a place for people to pray and where necessary supported people to attend their chosen place of worship. The chef and staff knew about people's specific diets meaning cultural and religious beliefs in relation to food were respected by the service.

The service provided a wealth of information for people and visitors in the foyer regarding the home and the organisation. Notice boards in communal areas highlighted the activity schedule and the complaints procedure. The service had information available to people and visitors regarding advocacy and how to gain support.

## Is the service responsive?

### Our findings

When we last inspected the home we found the provider had continued to breach regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was because some care records did not reflect changes in people's medicine needs.

At this inspection we again found changes to medicines had not been recorded in some people's care plans. This meant that there was still a risk of inconsistent care and people not receiving care and support with medicines as required, that was not assessed or planned in line with their individual needs.

We looked at four people's care records. Risk assessments were in place for people for falls, sexual health and exploitation, absconding, choking and mobility. We found these were reviewed regularly, with guidance for staff to follow to mitigate against risks. We found evidence of detailed personalised care planning for people with complex needs all had been reviewed. We saw relatives were involved in care planning. We found evidence of multi-disciplinary care reviews and detailed interventions of care for one person with behaviours that challenge.

Care records contained a three page profile which included pictures. The profile contained a personalised summary of care requirements for people including, 'things I like', 'things I don't like', 'my routine', 'how to communicate with me,' 'things I need to be supported with' and 'what to do if I reach crisis point'.

In addition to the care files people also had individual black files. These held daily care records, nutritional records, weight records and health professionals visiting records. Within these folders we found information produced by the behavioural team which included an analysis of incidents (time-lines /graphs) for individuals who present with behaviours that may challenge.

Staff told us this information was useful when meeting with other professionals, such as community psychiatric nurses and GPs. Other records included ABC charts. ABC charts are used to record details of incidents of behaviours that challenge, records pertaining to the MCA and associated capacity assessments, records for MAPA and Physical or Chemical Interventions were maintained in plastic folders in the office. Management of Actual or Potential Aggression (MAPA) is a technique used in the management and intervention required to cope with escalating behaviour in a professional and safe manner. Physical interventions are particular strategies or techniques for staff to follow when supporting people with behaviours that may challenge. Chemical intervention is the administration of prescribed medicines to provide support to people who may be anxious or distressed due to their mental health needs.

Although staff had access to the larger care records, they used the individual black files on a more regular basis. We found the individual files did not contain a copy of the three page profile. In providing a copy of the profile it may be more beneficial for staff for ease of reference.

We found the care files contained vast amounts of documents with documents being old or repetitive. Staff told us there was an agreement in the service that the main care files are bulky and at times repetitive with

duplication of assessments and plans. Staff told us they were reviewing the documentation with the support of the Square Peg team.

The team leader in each unit arranged the staff rotas for the individual units. They told us this had significantly improved people's opportunities for social events outside the home. Team leaders were able to pre-plan the right staff support and skill mix and work in a flexible way that met the social preferences of people who lived in the units. One care assistant commented, "Unitisation is so much better. We can become really familiar with people's preferences and for people to be more familiar and relaxed with us."

Square Peg had begun to provide training, guidance and advice to staff about how to support people in a personalised way that promoted their individual potential. One staff member commented, "It's brilliant having Square Peg to support us to provide more for people, because we weren't aware of all the local resources for people to use."

Staff were able to describe the improved skills people were achieving within the units. For example, some people were now involved in doing their own laundry. The service was arranging for a washing machine to be fitted in the kitchenette area. This meant the person would be able to do their washing independently. Another person who had previously rarely left their room was now engaged in washing-up and spending time in a lounge.

People had better opportunities for social inclusion because staff were able to support them individually into the community. For example, one staff member described how a person with paralysis who previously had not gone out now went to the cinema and other places that interested them. The home had a wheelchair-accessible vehicle, and some people went out with staff using public transport. Another person had been supported to join a Parkinson's group so was able to meet up with people who had similar health experiences. One person went trampolining at a local sports centre, another enjoyed going out weekly to dog racing with a third attending a local bingo club.

One support worker told us, "There are more activities going on and in a much more person-centred way." One person who had mobility and visual disabilities had a programme of sensory activities including hand massages, hydrotherapy pool and pamper sessions. The service also employed two activities co-ordinators for planned events such as art and crafts, music and movement and baking club. Another support worker said, "Every Friday each unit makes something for a high tea, we have Karaoke everyone enjoys it."

We found the service employed an artist who attended the service to support people to with resources for drawing, painting and craft activities. We saw an event advertised where people using the service were having their art work exhibited in the community. The Director of Operations along with people who used the service and members of staff were attending the exhibition on the evening of the inspection at a local venue called, 'The Holy Biscuit'.

The service had a complaints policy which outlined how people should make a complaint and how the timescales of how it would be dealt with and investigated. There were complaints information posters around the service in easy-read format so people had information about what to do if they were unhappy with the service.

The manager kept a record of complaints and how these had been dealt with. There had been no complaints since the last inspection.

## Is the service well-led?

### Our findings

When we last inspected the service we found the home was not well-led and the provider had continued to breach regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider had failed to implement and embed improvements to enable sustained and significant improvements.

At this inspection we found some improvements had been made but that some people's care plans had not been updated when changes had occurred and that medicines management was not safe or consistent within the home. This failure to meet the regulations had been identified at two previous inspections. This meant we could not be assured that the oversight of the providers systems and processes was consistently effective at identifying issues and driving necessary improvement.

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

We found both permanent and agency nurses were being supported by the clinical lead as part of the supervision process. An induction into Deneside Court document had been developed and used for agency staff, both support workers and nurses. The manager conducted random checks on documentation as part of the governance process. The manager advised the clinical lead conducted inductions with agency staff whenever possible. Staff were now deployed into individual units giving more autonomy to nurses and team leaders in managing workloads. Staff felt these arrangements benefited the people who used the service. One support worker told us, "We are being listened to, [person] is going out more, we can manage things better, with the manager's support we can challenge things."

Quality audits were being completed on a regular basis. The manager maintained an overall audit plan for the service. Each unit had an audit plan to work from, we found records of completed audits for care plans, fire and health and safety. Action plans from audits were randomly checked by the manager before being signed off as completed. Incident and accidents were analysed along with safeguarding logs to ensure patterns and themes were monitored. We discussed the quality assurance process in the service with the manager. They told us, "Governance is as it should be; I feel I now have a handle on the home. Things are dealt with quickly."

The provider had developed a service improvement plan (SIP). We found the plan was reviewed on a weekly basis and was rated in order to monitor actions. The Director of Operations told us, "Any action from any source goes on straight on the SIP. I have brought in [staff member] in a compliance officer role to work on the plan." The compliance officer was at the service during the inspection, working with the manager on governance.

The service did not have a registered manager in place at the time of the inspection but the manager had submitted an application to register. Two days after the inspection it was confirmed that the application had been accepted by CQC and they were awaiting a fit person's interview.

People and relatives felt the management in the home had improved. One person told us, "Oh its better here, I am settled, staff are good." A second person said, "All the staff are approachable." One relative told us, "[Manager] is very approachable." A second said, "I don't know how [manager] has done it, she seemed to have worked magic in here over the recent weeks." Other comments included, "staff feel more empowered and committed under [manager's] leadership, I hope it doesn't end" and "I can't fault this place especially under the new management".

We found regular meetings were held to provide a platform for people who use the service to give their opinions and views on the service. We saw that comments about activities had been taken on board with more options for people. Friends and family group meetings were held. Since the last inspection these were now chaired by a family member and relatives set the agenda. The meetings were held at a local community centre rather than the home which helped to forge links with the local community as well as maintaining respect and privacy of people living in the home. Relatives were encouraged to give their ideas, suggestions and comments about the service and staff were invited to the meetings to take these on board.

The meetings had been held monthly and included actions for review at the next meeting. It was clear that suggestions made by relatives had been put into effect, for example around pet therapy. It was also clear that relatives were fully informed about the progress of the service and plans for the future.

Staff told us the manager was approachable and felt the management of the service had improved. They felt involved in making suggestions about the development of the service. There were regular meetings between staff at all levels of the organisation and staff told us they felt able to contribute their ideas and comments.

Staff commented that "morale is much better" and "this is the best it's been for years". They felt more involved in discussions about the service. One support worker felt there could be more "expressions of appreciation" but also felt that communication between management and staff had improved. One nurse told us, "Staff know what they are doing."

A staff member who had left the service last year and recently recommenced working here told us, "I've seen lots of positive changes and am excited about the vision for the future. Morale has really improved and we have a lot more support from the management team." Another staff member commented, "I feel supported now. I feel listened to and our ideas are now used to improve the lifestyles of people who lived here." A third commented, "Everything is much improved, we are working with social workers and we don't have the domino effect with people's behaviours now."

The service held a daily management teleconference with other homes and senior management to discuss any concerns or to share important information. This meant the manager was kept up to date with organisational changes and news.

The manager advised there had been a recruitment drive and the provider had recruited a number of nurses for the whole organisation. Nurses will be allocated to Deneside Court as well the providers other locations. This meant the provider was actively seeking to improve the level of nurses in the home and to reduce the number of agency staff being deployed in all areas of the service.

We found the provider was working in partnership with other agencies. We found compliance monitoring reports from the local commissioning team and these demonstrated the provider was working towards an agreed action plan. Healthwatch had conducted an 'Enter and View' visit in March 2017 and the report contained several positive comments. For example, one person had told Healthwatch he was 'happy with his care', another commented, 'he was a very keen artist and was encouraged by the staff to keep this

interest going'.

The provider had several pieces of literature, some being easy read, available for people and visitors on display in the reception area. These included policies and procedures, information about the service. A copy of the last CQC report was available.

We found statutory notifications were submitted to CQC in a timely manner. People's personal records were stored in line 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	Regulation 17 HSCA RA Regulations 2014 Good governance  Audits within the service had not identified shortfalls with records associated with medicines management. Regulation 17 (1)(2)(a)(b)(c).

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to provide safe and proper management of medicines. The provider failed to assess the risks for service users in the event of an emergency. The provider failed to address areas of fire safety.</p> <p>Regulation 12 (2) (b) (2) (g) (2) (i)</p>

### **The enforcement action we took:**

We imposed conditions on the provider's registration and following an appeals process at the tribunal stage the Court imposed further conditions on the provider's registration.