

Durham Care Line Limited

# St Aiden's Cottage

## Inspection report

St Aiden's Cottage, Auton Style  
Bearpark  
Durham  
County Durham  
DH7 7AA

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

St Aiden's Cottage is a care home. It provides personal and nursing care for up to 41 people living with mental health conditions, learning disabilities and acquired brain injury. There were 30 people using the service at the time of inspection.

The service was larger than current best practice guidance. However, the size and design of the building did not have a negative impact on people. The building layout had four units each with its own kitchen and lounge area.

The service was working towards consistently applying 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.

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

Individual risks had not always been identified and appropriately managed to ensure people remained safe. Medicines were not managed safely. Some care plans contained conflicting and inaccurate information. Quality assurance systems were not effective in identifying the issues we found during the inspection.

Relatives and people we spoke with told us they were happy with the service. Staffing levels were determined by people's care and support needs. We observed agency staff were not confident with the service's IT systems which led to issues in the administration of medicines.

The provider had a robust recruitment process in place with pre-employment checks carried out to make sure staff were suitable to work in the service.

People were supported to engage in activities and access the local community. The provider had a therapeutic team to support people emotionally and physically. The therapeutic team had started developing Positive Behaviour Support (PBS) plans to support people achieve positive outcomes.

A complaints procedure was in place. People and relatives told us they had no complaints about the service. Staff told us they were happy working at the service and were supported by the management team and the provider.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

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

The last rating for this service was good (published 06 September 2017).

#### Why we inspected

We received concerns in relation to the management of safeguarding concerns, staffing levels, medicines and people's nursing care needs. As a result, we undertook a focused inspection to review the Key Questions of Safe, Responsive and Well-led only.

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 changed from good to requires improvement. This is based on the findings at this inspection.

#### Enforcement

We identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 including safe care and treatment, person-centred care and good governance.

You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Aiden's Cottage on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# St Aiden's Cottage

## 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 team was made up of an inspector, a pharmacy inspector, a specialist professional advisor (nurse) and an Expert 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.

St Aiden's Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information such as safeguarding concerns, serious injuries and deaths that had occurred at 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 contacted professionals in local authority

commissioning teams and safeguarding teams. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who lived at the service and two relatives. We spoke with five care staff members, the registered manager, the deputy manager, heads of care for care and compliance, two nurses and two staff members from the therapeutic team.

We looked at seven people's care plans, risk assessments and medicines records. We looked at records relating to the management of the service, including accident and incident records, safeguarding, staff recruitment documentation and quality assurance systems.

#### After the inspection

We spoke to the nominated individual about health and safety matters and quality assurance.

# 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 good. At this inspection this key question has now deteriorated 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

- Medicines were not always managed safely and records had not been completed correctly.
- Good practice guidance was not followed for people who lacked capacity to make decisions about their medicines which were being administered without their knowledge or consent.
- There was some guidance for care staff about where or how often to apply creams, however for some people the guidance was incomplete and there were gaps in the records.
- There was some guidance for staff to show when people should be offered medicines prescribed when required, however this was not person centred. Staff did not always record the reason they had given these medicines or the outcome for the person to show whether the medicines had been effective.
- Where people were prescribed medicines in the form of a patch, records were missing and patches were not always applied to different parts on the body following the manufacturers guidance which is necessary to prevent people suffering side effects.
- Medicines were being monitored and checked by the management team to ensure they were being handled properly and systems were safe. They had identified some of the issues found during our visit.

The failure to manage medicines safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the provider told us the deputy manager had taken action to improve the supply of medicines from the pharmacy.

### Assessing risk, safety monitoring and management

- Individual risks had not always been identified by the service. For example, some people were unable to use the nurse call bell and two people who required them did not have footplates on their wheelchairs. When risks had been identified there was little detail for staff to follow to support the person to remain safe.
- Areas of the service were in need of repair. We noted a handrail had been pulled from the wall exposing rough plaster and flooring had tape covering the joins. The registered manager advised that issues had been logged in January 2019 and as yet had not been addressed as the whole area was to be refurbished.

The failure to manage risks to people's health and welfare was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular checks were conducted of the premises and equipment including fire equipment such as alarms, door, lighting and fire extinguishers.

- The service had not completed night-time fire drills in line with the fire risk assessment. We raised this matter with the registered manager who advised the issue would be addressed immediately.

#### Staffing and recruitment

- People and relatives gave mixed views when we asked about staffing levels. The majority told us there were enough staff available. Although one person said, "No, some days there's too many it's mainly on a night there's barely anyone." Whilst the provider had in place sufficient staffing in line with their dependency assessments, the reliance on agency staff meant staff were often under more time pressure.
- Staffing levels were determined by the needs of people who used the service. The service used agency staff on a regular basis. We observed that agency staff were not confident with the provider's electronic systems. For example, one agency nurse took five hours to administer morning medicines. The registered manager advised that the service had recently completed the recruitment process for two permanent nurse positions to help reduce the need for agency staff usage and staff being less familiar with service users.
- The provider followed effective recruitment procedures, including completing pre-employment checks to ensure new staff were suitable to work at the service.

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

- Staff had received safeguarding training. Staff we spoke with had a good knowledge of the abuse people could face and what action to take.
- The registered manager understood their responsibility to report any safeguarding issues. The service had systems in place to investigate any safeguarding concerns and these were referred to the appropriate agencies. Following safeguarding concerns identified during the inspection the registered manager took immediate action and made alerts to the appropriate authorities.

#### Preventing and controlling infection

- Staff had access to protective personal equipment such as disposable gloves and aprons.
- The registered manager completed a monthly infection control audit ensuring standards remained constant.

#### Learning lessons when things go wrong

- Accidents and incidents, safeguarding and health and safety issues were analysed for trends or patterns.
- The provider had introduced weekly governance meetings involving all the provider's services. As these were new we could not see how successful these had been.
- The therapeutic team reviewed information when people expressed themselves through behaviours that may challenge. The team looked at actions before, during and after situations to see if they could support the person in a better way.



# 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 good. At this inspection the key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans did not always reflect people's current needs. For example, within one person's 'current situation' it stated, '[person] is unable to independently mobilise', however we observed and staff confirmed the person could mobilise independently. Another person had returned to the service following deterioration in their health. The service continued to have the old care plan in place which did not reflect the person's current needs.
- Care plans were not always accurate. Within one person's care plan it detailed that the person may use an object as a weapon. We were told following the inspection this was no longer the situation and should have been removed from the person's care plan.
- Care plans lacked detail about people's preferences and how they preferred their care to be provided. One person's mobility plan referred to a specialist piece of equipment and stated, 'staff to use.' There were no further directions for staff to follow to support the person safely.
- The pre-assessments did not ask questions to support all the protected characteristics of the Equality Act.

Care plans were not person centred and some contained conflicting information. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received mixed views about activities at the service. When asked about activities one person told us, "They seem good but I prefer to watch TV in my room." Another person said, "I go to the cinema, swimming and shopping there's other stuff it depends.... I'm bored every day in here." We advised the registered manager of the comments we received.
- People were encouraged to pursue their interests or try new things. Art therapists also supported people, using the creative process of making art to improve a person's physical, mental, and emotional well-being. One person told us how much they enjoyed painting and showed us their artwork.
- The provider had a therapeutic service team which consisted of a range of healthcare professionals including physiotherapists and occupational therapists. This meant that people had quick access to professional guidance and specialist equipment. One person had expressed that they wished to improve their confidence in the kitchen. An occupational therapist was working with the person in developing a programme to achieve a positive outcome.
- People were supported to access the local community. The registered manager told us how people were part of village life and welcomed into the community, using local shops and taking part in events at the local church.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. This was displayed in an easy read format and discussed

at 'residents' meetings' and at one to ones with people.

- The registered manager explained that whenever possible concerns were resolved immediately. There had been no formal complaints received to the service since our last inspection.

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. The registered manager was aware of, and acted in line with, the Accessible Information Standard (AIS).

- People's communication needs had been gathered during pre-assessments. One person was supported in using information technology to aid with communication, using written word and speak aloud functions.
- The registered manager advised that documentation relating to the service was available in a range of accessible formats including large print and easy read.

End of life care and support

- At the time of our inspection no one living at the service was receiving end of life care. The registered manager told us the service had recognised it as an area for improvement and acknowledged that some people found it a difficult conversation to have.
- Staff were involved in reflective discussions following a recent death to see if any areas of care and support could be improved. Staff told us how the management team had supported them through this emotional time.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality assurance systems failed to identify the issues we found during our inspection. For example, care plans contained conflicting information, risks to people had not been recognised and medicine management was unsafe.

The failure to have effective governance systems and keep appropriate records is a breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood their roles and responsibilities. The staff team were passionate about making a positive difference to people's lives.
- The provider had a range of quality assurance checks in place. The registered manager completed monthly audits, action plans were generated if an issue was identified.
- Senior management had additional oversight of the quality assurance system. Weekly management meetings were held where lessons learnt and best practise were discussed.

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

- The registered manager had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.
- People's confidential information was not always kept safe. We observed an agency staff member had failed to follow IT security. They had passwords which accessed people's confidential information written down on pieces of paper.
- The registered manager fully engaged with the inspection, was open to our feedback and keen to learn.

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

- Relatives and people were complimentary about the registered manager and management team. One relative said, "I think they're doing a good job. She really is good to us and she listens." Another relative told us, "I think they do a really good job. I respect them for doing what they do, caring for people who need help, young and old, if it wasn't for them where would I be?"
- Staff told us they were happy working at the service. Staff we spoke with told us they were supported by the

management team. Staff gave examples of when they had experienced non-work-related difficulties and the registered manager had been understanding.

- The registered manager told us that they felt supported by the provider and described how all the provider's managers supported each other, sharing best practise and ideas.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff we spoke with told us they had opportunities to discuss the service in team meetings, supervisions and via an annual survey.
- The registered manager told us people were regularly consulted and asked for feedback, including day to day communication, one to ones and residents' meetings.

Continuous learning and improving care

- The provider had introduced weekly meetings involving all its services where health and safety, accidents and incidents and safeguarding matters were discussed.
- The provider was responsive to staff and carried out reflective practice and identified areas of improvement across its management structure.
- The registered manager and deputy manager told us how they had recently attended a dementia conference and experienced the dementia bus. The dementia bus gives people an experience of what dementia might be like by using specialist equipment and creating a simulated environment.

Working in partnership with others

- The service worked with other organisations and stakeholders such as the local authority and health and social care professionals to ensure people received joined up care.

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 9 HSCA RA Regulations 2014 Person-centred care  Care plans were not person centred and some contained conflicting information. 9(1)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to identify, assess and manage risks to the health and safety of people of using the service. Medicines were not managed safely. 12(2)(a), 12(2)(g)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems and processes to assess, monitor and improve the quality and safety of the service. 17(2)(a)