

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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Deneside Court is a residential care home that was providing personal and nursing care to 33 people aged 18 and over at the time of the inspection. The service can support up to 40 people. The service provides care for people with complex needs including people with a learning disability. Care is provided over three floors in a single building.

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

Improvements had been made since the last inspection regarding the safe handling of medicines. The provider had sought external professional advice to drive improvements regarding this element of people's care. However, although improvements had been made, we did identify some areas regarding medicines which still required further improvement. We have made recommendations about the management of some medicines.

The service did not have a manager who was registered with the Care Quality Commission in post at the time of inspection

Staffing levels were suitable to care for people safely. Safe recruitment practices were in place. Individual and environmental risk assessments were completed and reviewed as necessary. The home was clean and well maintained and staff had access to adequate amounts of gloves and aprons. Accidents and incidents were reviewed and analysed to identify any themes or trends. Safeguarding policies were in place and staff were confident in their ability to identify and act upon any potential safeguarding issues.

People's needs were assessed prior to admission to the service. A regional manager told us the process of assessing people's needs had recently been reviewed which had led to a more robust assessment process. People had access to and were supported to have input from various external and internal healthcare professionals. The service had recently appointed a new head chef who was in the process of revamping all current menus. People told us they enjoyed their food and had a choice of meals on offer. The service had recently undergone some refurbishment which had led to a more welcoming and homely environment. Staff had received the necessary training to care for people safely and told us they felt supported in their role.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's ability to consent to their care and treatment was assessed. Where people lacked capacity to make a specific decision for themselves best interest's assessments had been completed.

People and their relatives told us staff were very caring in their role. People felt valued and staff were aware of the importance of promoting people's independence and maintaining people's dignity.

People's care plans were reviewed on a regular basis to ensure they were up-to-date. People had access to

activities both internal and external to the services. People were supported by staff to maintain relationship and friendships which were important to them. A complaints policy was in place. No one we spoke with had raised any complaints.

The provider had a range of quality assurance processes in place which were used to drive improvements within the service. The service worked in partnership with various external organisations. People, staff and relatives told us they felt involved with the service. One staff member told us, "Staff morale is good, I feel listened to and I feel valued in my role."

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

Rating at last inspection and update

The last rating for this service was inadequate (published 23 November 2019) and there were multiple breaches of regulations. This service has been in Special Measures since 23 November 2019. During this inspection the provider demonstrated that substantial improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions and the provider has achieved compliance with all regulations since the last inspection. Therefore, this service is no longer in Special Measures.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good 

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.

Inspection team

The inspection was carried out by two inspectors, an inspection manager, two medicine inspectors and a specialist advisor.

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 did not have a manager registered with the Care Quality Commission. A registered manager is someone who, along with 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. Due to technical problems, the provider was not able to complete a Provider Information Return. 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 contacted the local authority commissioning and safeguarding teams and the local Healthwatch.

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

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided along with six relatives. We spoke with 21 members of staff including the nominated individual, acting manager, regional managerial staff, carers, an on-site physiotherapist and an on-site occupational therapist. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with one visiting healthcare professional to find out their opinions of the care provided.

We reviewed a wide range of records. This included care records for four people along with a number of medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted 22 visiting health and social care professionals by phone to request feedback of their opinions of the care provided. Five professionals responded and provided feedback of their experiences.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

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

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

- Although the arrangements for medicines management within the home had improved there were areas which required further embedding to ensure people were kept safe.
- The home's process for managing medicines on home leave required review. The home's policy lacked detail and risk assessments were not in place for the handling of the medicines in this situation.
- Although topical medicines administration records were in place for the majority of people we looked at, the process for recording administration required further embedding to ensure an accurate record was kept
- A system was in place for the recording of thickener use in food and drinks to prevent aspiration. However this system was not audited effectively to ensure all staff were recording thickener use in the same way.
- Medicines which had specific administration requirements such as to be taken with food were not always adhered to. This meant that people were at risk of not getting their medicines as prescribed.

We recommend that the provider reviews the processes for the following: home leave to ensure systems are developed which follow national best practice and are risk assessed; documenting the use of topical preparations to ensure there is an accurate record of application; auditing the use of thickeners; peoples medicines which require administration with food to ensure that all staff are aware of requirements.

- Medicine administration records contained photos to assist with administering medicines to the right person. Where necessary records detailed people's allergy status.
- Cleaning records and temperature monitoring records were completed in line with the providers policy. Clinic rooms were visibly clean and tidy.
- Medicines related care plans and protocols for as and when required medicines were in place to support the safe administration of medicines.
- Records for those medicines administered as a patch application were in place and we could see that patches had been rotated in line with manufacturer's instructions.
- There were sufficient stocks of medicines and dates of opening were recorded to ensure medicines were used in line with local policies.

- Records for the administration of medicines were complete, where special instructions such as recording of blood pressure were required we could see this was routinely recorded and monitored. Where non-administration codes were being used further systems had been developed to support accurate recording.
- Audit processes were completed routinely and identified concerns. Action plans were in place to continue with improvements and timelines ensured this was closely monitored.

Staffing and recruitment

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

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

- The provider had a safe recruitment process in place. This ensured only suitable staff were employed to work within the home.
- Staffing levels were appropriate to meet the needs of people and levels were reviewed where a change in people's needs were identified. One staff member told us, "There are enough staff to keep service users safe. There have been recent changes which means staff are working on specific units which has improved care."

Preventing and controlling infection

At our last inspection infection control processes had not been maintained. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- People were protected from the risk of infection. Staff had received training in infection control which they applied in practice in their roles. Infection control procedures were in place.
- Staff had access to gloves and aprons to help prevent the spread of infection.
- The home was clean and free from unpleasant smells.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to notify the Care Quality Commission of certain incidents which is a requirement of their registration. This was a breach of Regulation 18 Regulation Care Quality Commission (Registration) Regulations 2009 - notification of incidents.

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

- People were protected from abuse. The provider had a safeguarding policy in place which was regularly reviewed. Safeguarding issues had been logged and notified to the local authority.
- Staff had received training in safeguarding. Staff told us they were confident to recognise and report any safeguarding issues.
- People and their relatives told us people received safe care, comments included, "I feel safe here" and, "I

know my relative is safe and the right things have been put in place."

Assessing risk, safety monitoring and management

- Risk to people's health, safety and wellbeing were assessed and managed. The provider had completed environmental risk assessments. These were reviewed and updated on a regular basis. Regular health and safety premises checks were completed, including regular fire testing and fire drills.
- Accidents and incidents were recorded and reviewed by the manager and also at a regional level. Any follow-on actions were updated in people's care plans to help prevent reoccurrence.
- People's care plans included appropriate risk assessments. These supported people to be as independent as possible and to ensure staff cared for them safely.

Learning lessons when things go wrong

- The provider shared with us how various changes had been made since the previous inspection, the main one being a change to the management structure within the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's and their relatives feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had the necessary skills and training to carry out their role safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff had the appropriate skills and experience to care for people.
- Staff told us they received regular training and could request additional training if they wished. They told us they felt both confident and competent in their role to care for people.
- Relatives told us staff had the right level of skills and experience to care for people safely. Comments included, "[Person's name] is non-verbal. The girls know if [person] is in pain, they know what [person] wants exactly."

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

- People needs were assessed prior to moving into the home. This was carried out in line with best practice guidance.
- People (where able) and their relatives had been involved in the development of care plans.
- Care plans included information regarding people's likes, dislikes, and their interests.

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

- People's various eating and drinking needs were catered for.
- The provider had recently employed a new chef. They shared with us how they intended to meet with people to discuss and seek ideas for a set of new menus which would include lots of healthy eating options.
- Where needed, people's weights were monitored. If any concerns were identified they were referred to the appropriate healthcare professionals for their input and guidance.

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

- The provider worked with various healthcare professionals to ensure people's care was consistent and appropriate to their needs. People had access to the providers own physiotherapy and occupational

therapists who were based on site. The majority of professional feedback was positive and comments included, "Staff are really good – [Staff's name] manages my client well. My client would not attend any medical appointments, but [staff's name] has managed to get them to go to hospital," and "Staff know my clients inside/out. They know the triggers. One client had gone downhill and it was picked up very quickly and a referral was made to my client's community psychiatric nurse."

- Staff knew people very well and were quick to recognise if people were poorly. They told us they would not hesitate to seek professional advice if needed.

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

- The service had undergone some minor refurbishments to create a more user-friendly and welcoming environment. This included new doors leading into garden areas, which allowed wheelchair users ease of access.
- People's bedrooms had been decorated with personal items to create a more homely and personal environment. One person told us, "My apartment is the best I have been in, I can decorate it how I want."
- The home had outside garden areas for people to access and enjoy.

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

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to have maximum choice and control of their lives. DoLS applications had been made when needed. Where DoLS included conditions, action had been taken to ensure those conditions were implemented.
- Where people lacked capacity, records showed capacity assessments had been completed and decisions had been made in people's best interests.
- Staff had a good understanding of the MCA and applied this in their work.

Is the service caring?

Our findings

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

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

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

- People were supported and were well treated by staff.
- All people and relatives we spoke with told us how well staff cared for people living in the home. Comments included, "Care is brilliant. We love how comfortable they make [person's name] feel. They make it feel like it is [person's name's] home and they are coming into their home. My relative has been here for a year – other services gave up on them," and "The staff are fabulous with [person's name], they are brilliant with [person's name]."
- Staff had received training in equality and diversity and recognised each person as an individual.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence were respected and promoted.
- Relatives and staff told us how one person's quality of life and independence had increased a great deal. Since coming to live at the service, this person had been supported to become verbal in their communication. They were now able to go out into the local and wider community to attend sporting activities. A relative told us, "Since coming here, [person's name] has done so well. We have asked if they can come to the family home which means they will be able to see family members they haven't seen for a long time."

Supporting people to express their views and be involved in making decisions about their care

- Relatives and people (where able) were involved their care. This included regular informal discussion as well as more formal reviews. One person told us, "[Staff name] sits with me to discuss my care plan and I can make changes. [Staff name] is a good woman – I can talk to her about anything."
- Care plans included information about people's likes and dislikes and what was important to people.
- Information regarding advocacy services was available for people or their relatives to access. Information and various documents were available in easy read format to meet people's needs.

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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the provider consider reviewing their programme of activities to ensure all people living at Deneside were supported to engage in a range of regular and meaningful activities which were appropriate to their needs. The provider had made improvements.

- People's social needs were met. People were supported to access the local and wider community. For those people unable to access the community, staff spent time with people in their rooms. One relative told us, "Yes staff sit and read to [person's name]. In the nice weather the staff will take [person's name] and sit outside in the garden with them."
- Care plans were person centred and were appropriate to each individual person.
- People's care plans were reviewed on a regular basis to ensure they were up-to-date. Care plans included information to evidence input from other professionals to ensure people's needs were met.
- People were supported to maintain and develop relationships which were important to them. Staff supported people to visit their relatives at their family home.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place. People told us they would be confident to raise complaints if they needed to.
- Relatives told us they had not raised any formal complaints but were confident in knowing who to raise concerns with if necessary.

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.

- Information was available in a variety of formats to meet people's individual needs. The service was complying with the requirements identified in the Accessible Information Standard.

End of life care and support

- People were supported at the end of their life to be as comfortable as possible. Care plans included information regarding people's end of life wishes.

- At the time of inspection, no one was receiving end of life care. Staff had received training in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to ensure there was a positive culture in place; manager and staff were not clear in their understanding of quality performance; there was a lack of evidence to support continuous learning and improving care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a manager employed at the service.
- Various auditing systems were in place to monitor the quality of care provided. These audits were completed at both local and regional level. Audits were used by the manager and the senior leadership team to drive improvements within the service. Audits showed lots of improvements had been made within the service.
- Actions plans included issues highlighted during these audits. Actions were reviewed each week at regional meetings. These meetings were also used to identify any emerging trends, which allowed further actions to be implemented.

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

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

- The manager had notified the Care Quality Commission of incidents and accidents which had happened in the service.
- The provider was keen to promote a culture which ensured people received person-centred care. One staff member told us how two people living at the service had improved their independence and living skills and achieved their goal of transitioning to another more independent living service.

- Incidents and accidents were used as a point of learning, and evidence was seen where improvements had been made to people's care. Staff told us they had seen improvements in the service and management of the service.
- The provider employed an in-house behaviour therapy team. Weekly analysis was completed of all behavioural incidents to see if lessons could be learned. This had led to improved outcomes for people.
- Staff told us they were encouraged by their manager to request additional training in order to improve their skills which in turn improved the level of care they provided.

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 manager and regional managers reviewed all incidents and were aware of their requirements to adhere to their duty of candour responsibilities.

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

- People and their relatives told us they felt listened to. One person told us, "The staff listen to me and they help me out a hell of a lot." A relative said, "These girls in here are like family to me. They listen to me and I can tell them anything."
- Staff told us morale had improved and they now felt more supported in their role by both the home manager, the deputy manager and regional managers. Comments included, "[Regional manager], is very approachable, so easy to talk to. I've never met somebody who cares about service users as much as they do, they are dead calm. I've got a lot of respect for them," and "As a service we have been through a rough patch. We have got better – it's taken a while, but we can see the light at the end of the tunnel. [Manager's name] and [deputy manager's name] are very visible in the service."

Working in partnership with others

- Since our last inspection, the provider had worked closely with the local authority, local clinical commissioning groups and local pharmacies to drive improvements within the service.
- Visiting professionals to the service told us how they worked closely with the managers and staff. One professional told us, "The staff have built up a good way of working with other healthcare professionals. I've never heard any staff say they can't cope with [person's name], they always look at ways to help them."