

# Deepdene Care Limited

## Norton Street

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 29 and 30 November 2016 and was unannounced. Our last inspection took place on 26 July 2014 when we gave an overall rating of the service as 'Requires Improvement'. We found two breaches of the legal requirements in relation to safety and suitability of premises and records. At this inspection we found improvements had been made.

Norton Street is registered to provide personal care and accommodation for 20 adults with enduring mental health needs. Accommodation is provided in six terraced houses in the Old Trafford area of South Manchester. The service is situated close to local shops and transport networks into Manchester and surrounding areas. At the time of our inspection there were 18 people residing at Norton Street.

At the time of our inspection there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law, as does the registered provider.

There was a manager at the service who had recently been promoted within the service and was in the process of applying to CQC to be the registered manager. However, we noted no application to register the manager had yet been received. We will continue to monitor this.

The manager and staff understood their obligations under the Mental Capacity Act 2005 and Mental Health Act 1983 and worked within these legislative frameworks. Staff had received training in both subjects and were fully informed of any changes at team meetings to ensure they continued to provide care within the law.

At the last inspection we saw two properties that were in need of redecoration, refurbishment and repair. At this inspection we found improvements had been made to all six properties, ensuring they were at a satisfactory standard for people.

Staff were extremely caring and always ensured they treated people with dignity and respect. They had an excellent understanding of the care and support needs of every person receiving a service at Norton Street. People had developed very positive relationships with staff and there was a friendly and relaxed atmosphere.

We found that medication arrangements were safe. Some people told us they managed their own medication and these were securely stored in their bedrooms. Support plans included an assessment of the person's needs for support with any medicines they were prescribed.

Support plans showed that people had access to their GP and other health and social care professionals such as psychiatrists, a dietician, district nurses, social workers and community psychiatric nurses (CPN). This showed us that people were supported by staff to maintain their health and wellbeing.

The support staff we spoke with demonstrated an excellent knowledge of people's care needs, and significant events in their lives, and their daily routines and preferences.

Staff had received a range of training, which covered key courses such as fire safety, infection control and first aid as well as condition specific training such as working with people who had mental health disorders and the use of Mental Health Act 1983 (amended 2007).

People and the staff we spoke with told us that there were enough staff on duty. We found that on the whole there were sufficient staff on duty to meet people's needs.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. This meant staff hired were suitable to work with vulnerable people.

The manager also completed a monthly manager's audit. This audit looked at the following areas: care planning, recovery, key workers, activities, meetings, medication, environment, food menus, and training. We found these audits were detailed, comprehensive and followed up on any actions identified. This meant the provider had adequate oversight of the care and support provided to ensure people's care and support was safe and effective.

People were encouraged and supported to be as independent as possible, and the service had employed a recovery team to develop this area of practice. The service also devised goal orientated care plans to identify achievable targets which encouraged and motivated people to develop skills and abilities. Activities were in place to provide stimulation for people and people took part in activities in their chosen community activities.

We checked equipment and maintenance records relating to the fire alarm, fire extinguishers, gas installation, electrical wiring, portable appliance tests, water quality checks. All records were found to be in a satisfactory order.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from avoidable harm, and risks to individuals had been managed so they were supported and their freedom was respected.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

People's medicines were managed so they received them safely.

### Is the service effective?

Good ●

The service was effective.

People received care and support from a highly trained and motivated group of staff. Staff received an induction and training and were regularly supervised and supported to ensure they had the skills to meet the needs of the people at the service.

Staff fully understood their responsibilities under the Mental Capacity Act 2005 and the Mental Health Act 1983 and ensured the service worked in accordance with the legislation.

Staff involved other health care professionals and worked in collaboration with them to ensure the service was effective in meeting the health needs of the people using the service.

### Is the service caring?

Good ●

The service was caring.

There was clear emphasis on promoting people's independence and dignity and staff were respectful of people's wishes and preferences.

Staff knew people well as individuals and could describe their likes, dislikes and personalities.

### Is the service responsive?

Good ●

The service was responsive.

People were offered opportunities to take part in activities that interested them.

People's care was reviewed to ensure it met their needs and relatives, where appropriate were invited to attend reviews.

A complaints policy was in place and people said that staff were approachable.

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

The service was not always well-led.

At the time of our inspection, Norton Street did not have a registered manager in place. However a manager within the service had recently been promoted to provide leadership and direction.

There were systems in place to monitor the quality of the service and to drive further improvements.

**Requires Improvement** ●

# Norton Street

## 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.

This inspection took place on 29 and 30 November 2016 and was unannounced. The inspection was completed by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local authority commissioning and safeguarding teams as well as the local Healthwatch board. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

During the inspection we observed interactions between staff and people who used the service. We spoke with eight people, the manager, one assistant occupational therapist, two team leaders and two care workers. We looked at records relating to the service, including three care records, three staff recruitment files, daily record notes, medication administration records (MAR), audits completed to monitor the quality of the service, accidents and incidents and policies and procedures. Following our inspection we spoke with a community psychiatric nurse (CPN).

We looked at the six houses where people were accommodated including the kitchens, bathrooms and, with permission, people's bedrooms.

# Is the service safe?

## Our findings

All the people we spoke with said they felt safe supported by the Norton Street staff. One person said, "I feel safe living here; the staff are cool." Another person told us, "I do feel safe here; I've been living here many years now."

At the last inspection we identified a breach of Regulation 15 (Safety and suitability of premises). We found two of the properties were in a poor state of repair. For example, we saw a rear bedroom window was partially boarded on the inside. This had the potential, should the glass break, to cause harm to people in the room and/or in the yard below. We found carpets in two of the houses were very badly stained and sticky underfoot and there was a strong stale odour throughout both houses.

At this inspection, we noted all six properties had undergone a number of home improvements. New flooring had been installed replacing the badly stained carpets, along with new PVC windows and kitchen appliances. The manager undertook regular checks within the service to ensure the environment was safe. A maintenance log was kept and work was undertaken promptly in response to issues identified. Equipment checks were undertaken regularly and safety equipment, such as fire extinguishers and alarms, were also checked regularly. People told us that repairs were addressed quickly if they had any issues.

During the visit we saw no environmental hazards to put people's safety at risk from, for example, tripping and falling. Emergency procedures regarding essential services such as electricity, gas and water were in place for staff to refer to. Fire records showed that regular fire drills had taken place. A fire risk assessment was in place dated 2013, and the manager confirmed this was in the process of being reviewed. We saw evidence that fire equipment had been serviced, along with regular checks of emergency lighting and fire bells. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

Each person had an up to date Personal Emergency Evacuation Plans (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We saw that personal protective equipment (PPE) was available around the service and staff explained to us about when they needed to use protective equipment.

Through our observations and discussions with staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case. We saw that a team leader and two care workers were on duty during the day from 7.45am to 8pm and a two care workers provided waking night cover from 7.45pm to 8am. The manager worked during the week as an additional supernumerary staff member along with an additional team leader. We observed there was a calm atmosphere at the service and those who used the service received staff attention in a timely manner. We spoke with one care worker who told us, "We have enough staff; people here are fairly independent and sometimes just need some company from us" and another care worker told us, "There is always enough staff."

We checked the safeguarding records in place at Norton Street. We noted two safeguarding concerns had been raised since our last inspection. The manager was aware of their responsibilities to manage and report any safeguarding concerns via a first account report to the local authority. The service however had not developed an overview system of recording incidents of safeguarding, or the outcomes of these any actions taken or lessons learned. The manager confirmed this would be implemented after the inspection. We will view this at our next inspection.

We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it. One staff member said, "If I suspect any type of abuse I would ensure the manager was fully aware."

The CQC had received no whistleblowing concerns since the last inspection. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. We spoke to staff about the principles of the whistleblowing policy and it was clear they had a good understanding of the policy and who they would notify if they had concerns. Staff also knew to be vigilant about the possibility of poor practice by their colleagues and they knew how to use the home's whistleblowing policy. Staff told us they would be confident if they needed to report any concerns about poor practice taking place within the home.

Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place, which met the requirements of the current regulations.

We looked at a sample of three staff records for staff recently recruited. In all three files we found that there were application forms, references, medical statements, disclosure and barring service (DBS) checks and proofs of identity including photographs. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

A system was in place to ensure medicines were safely managed in the home. Medicines were kept securely and only administered by staff trained and assessed as being able to do this safely.

Some people told us they managed their own medication and we saw these were securely stored in their bedrooms. Support plans included an assessment of the person's needs for support with any medicines they were prescribed. We saw documentary evidence to show staff had been trained in the safe handling, administration and disposal of medicines. The manager told us they carried out an audit of the medication systems weekly and monthly. We reviewed the medicines audit that showed the manager and team leaders had checked supplies of medicines, storage and that people took their medicines as prescribed.

Where a person was prescribed PRN (as needed) medicines, a protocol was in place which guided staff as to when they should be offered these medicines.

Each person receiving a service had a care plan in place. The risks identified through the provision of care had been assessed. These assessments were carried out in the areas of cooking, finance, and deterioration of a person's mental health. These assessments described the risks and what action staff should take to minimise the risk of harm to the person or themselves. Staff we spoke with were familiar with the risks and how to deal appropriately with them. We saw that risks to people at the service were regularly assessed and reviewed. General environmental and specific risk assessments were completed. The service used evidence based standardised risk assessments such as the Malnutrition Universal Screening Tool (MUST) to assess people at risk of malnutrition. This is an objective screening tool to identify adults who are at risk of being



malnourished. As part of this screening we saw people were weighed at regular intervals and appropriate action taken to support people who had been assessed as being at risk of malnutrition. This ensured staff had all the guidance they needed to help people to remain safe.

## Is the service effective?

### Our findings

We asked people who used the service if they found the service provided at Norton Street to be effective. Comments received included: "The staff are good; they have helped me change my medication a few times because I wasn't happy with it", "If I have any health problems the staff will always support me to appointments."

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

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the manager. Discussion with the manager showed they had a clear understanding of the principles of the MCA and DoLS, and commented that this type of service would not be appropriate for people who lacked capacity, therefore DoLS were not required. The manager told us that people can access the community independently and that this type of service, at this moment in time, did not provide continual supervision of people's movements.

We viewed further evidence that the manager and staff involved advocate services when required to assist people in decision making, and to ensure people's best interest meetings were followed correctly by adhering to the principles of the MCA 2005.

We found that staff had a good understanding of the requirements of the Mental Health Act 1983 (Amended 2007) and they made sure the MCA Code of Practice was followed. They supported people who were subject to conditional discharges from sections and Community Treatment Orders (CTO) understand the conditions that were applied and to understand their right to appeal this section. A CTO is part 17A of the Mental Health Act, this allows people to leave hospital and be treated safely in the community rather than hospital. A CTO means that people have to keep to certain conditions in the community.

During our inspection, we found CTO documentation had been reviewed for accuracy and completeness by the management team at Norton Street. This person who was under a CTO clearly had it documented in their care plan that they were informed of their rights when restricted by a CTO. Furthermore, discussions with staff confirmed they understood the principles of the MHA and were clear about which people living at Norton Street had a CTO in place.

Staff told us they had an induction when they started working at Norton Street. This included training such as health and safety, moving and handling, and safeguarding. This should help to staff ensure they were supporting people safely. They told us they also shadowed experienced staff before working unsupervised. The provider encouraged new staff to obtain further qualifications associated with their role.

We looked at the induction process used by the service for new staff. The provider's documentation included the Care Certificate, which came into being in April 2015. The Care Certificate is a set of induction standards against which the competency of staff who are new to health and social care can be assessed. One staff member commented, "I have not been with service that long, but they been good with the training." Another staff member commented, "If anything we sometimes have too much training, but I suppose that's not a bad thing."

We saw evidence in written records that staff had worked with various agencies and made sure people accessed medical attention and other healthcare services in cases of emergency, or when people's needs had changed. This included GPs, hospital consultants, community nurses, social workers, opticians and dentists. We were told by management team the GP reviewed each person once a year and the consultant psychiatrist reviewed people once a year at the home or sooner if required.

People confirmed to us that they cooked meals for themselves and others, thereby giving the opportunity to be independent. Care plans we saw emphasised that people would be supported to develop living skills such as cooking and doing their own laundry. People could also have access to an evening meal that staff made. Two options were served daily to provide people with a choice. Staff also told us how they promoted people's independence by supporting them to develop living skills such as budgeting.

We found that the manager had ensured that the staff completed supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw that records for the recent months showed that staff had received an appraisal and at least three to four supervision sessions. Also we noted a plan was in place to help ensure staff continued to regularly received supervision.

## Is the service caring?

### Our findings

We asked the people using the service if they thought the support staff were caring. There was some very positive feedback such as, "The staff know what they are doing; they keep an eye out for me." Another person commented, "The staff a very caring here; if they wasn't I would report them."

Through our observations of staff interacting with people and from conversations with the staff, it was clear that they knew the people they provided care for well. They understood people's preferences, likes and dislikes. They also had a good understanding of people's past lives, which enabled them to participate in meaningful conversations with people.

People's personal histories were well known and understood by staff. Care workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff were able to identify possible triggers that caused people to become anxious. People's preferences were recorded in their care plans. The staff had discussed people's likes and dislikes in detail with relatives and healthcare professionals so they could make sure they provided care which met individual needs.

Keyworkers had been established at the home ensuring people had weekly one-to-one session with their named keyworker. During one-to-one sessions people were asked how they were or if they had any issues or problems and the conversation was documented. A member of care staff told us that if people raised issues that required a change in their care plan, then this would happen. The meant people were regularly given the opportunity to discuss and review their care needs.

During our inspection tour of the six properties we observed staff knocked on doors before entering people's rooms, demonstrating staff actively respected people's need for privacy.

People living at the service were at various stages in their recovery from a period of mental ill-health, sometimes of a relapsing and remitting nature. We found the atmosphere was calm, relaxed, and settled which had a positive effect on people who had identified problems with anxiety which could result in behaviours that challenged the service. We observed that staff skilfully contributed to the atmosphere as they spoke quietly and encouraged people to participate in conversations. We noted staff had time to sit and talk with people. For example, we saw staff sitting informally with people whilst they (the person) were having a cigarette. This showed us that care workers formed good relationships with the people they supported and knew their individual likes, dislikes and preferences.

Staff said that people were able to choose their own lifestyle such as when to get up and when to go to bed, choosing their own clothes, whether they wanted to take part in activities and being able to go out when they wanted. People confirmed this to us. We saw evidence of this when a person went out shopping. Another person went out to play badminton with a staff member. When we arrived at the service at 9.30am, we found only five people had got up. Other people got up when they chose. People confirmed it was their choice as to the time they got up and when they went to bed. This indicated that staff respected people's

rights to choose their lifestyle.

We asked the staff about the people at Norton Street. The staff members we spoke with could demonstrate how they made an effort to recognise people's diversity, including their gender, race, previous jobs, spiritual and religious beliefs, thoughts and opinions. For example, the manager confirmed one person had the opportunity to cook food which reflected their cultural background. These preferences were recorded in the person's care plans, so that staff were aware of their cultural preferences.

## Is the service responsive?

### Our findings

People told us the staff were very responsive to their needs and involved them in the care planning process. One person told us, "I can always review where I am up to with my keyworker; this helps me to focus."

At this inspection we found the service had established a recovery team that consisted of one occupational therapist (OT) and one occupational therapist assistant (OTA). People and staff commented on how much more there was going on. The recovery team focussed on providing group activities and one-to-one sessions for people. These sessions consisted of art and crafts drop in sessions, good mood food drop in sessions; baking group, coffee mornings, one to one cooking sessions and on average a monthly organised trip out in the community. We spoke with the OTA who also worked across other services connected to the registered provider, Deepdene Care Limited. The OTA commented, "Activities are continually improving here. The staff are on board and people who didn't previously engage are now becoming more involved in these activities." This meant that the service provided the people with opportunities to socialise and develop new skills.

During the first day of our inspection, we observed a baking class in the afternoon that five people participated in. We saw people were encouraged to follow the correct recipes and that they enjoyed this activity. The following day the service had a coffee morning and the cakes that had been baked the previous day were available for people to try. One person told us, "I love the cooking classes; I find them enjoyable." At the last inspection we found a breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 relating to records. We found two care plans did not accurately provide guidance to staff for people's long term conditions such as diabetes and chronic obstructive pulmonary disease (COPD).

At this inspection, we found improvements had been made to the service's care planning process. We saw that people's needs were assessed before they moved in. Care plans had been regularly reviewed and updated to demonstrate any changes to people's care. The staff told us they had access to the care records and they were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. Care plans and risk assessments had been regularly reviewed. Detailed information about each person's needs were recorded and how the staff should meet these. Indicators of deterioration in people's physical and mental health were set out in people's files and we saw that staff were monitoring the signs from the daily records we looked at. Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals.

Care plans and daily records of care given demonstrated that known circumstances which triggered bouts of anxiety or behaviours that challenged the service were documented in great detail. Records in care plans we looked at demonstrated that practical interventions were carried out by staff to ensure people were not distressed or subject to stressors which would have a detrimental effect on people's mental health. For example, one care plan described how potential triggers could give rise to verbal aggression. The care plan described how staff should approach the person and discuss what had led to the upset and frustration and try and find solutions to avoid a repetition in the future.

People at the service because of their mental health needs had their care coordinated under the Care

Programme Approach (CPA). This approach ensures a multidisciplinary involvement in assessing, planning and reviewing people's mental health care needs. We saw written evidence that CPA meetings took place with all relevant health and social care professional in attendance. We saw outcomes of CPA meetings had been translated into current care planning records.

We spoke with a health professional on the second day of our inspection. This person confirmed they visit the home regularly to review the progress of their patients. Comments received included, "The service is responsive and safe. I have found staff professional and courteous when it comes to people's needs. The manager has fully engaged in ward rounds when visiting people at the hospital, I have no concerns about this service."

People's plans also contained aspirational care plans, which set out their goals and ambitions in terms of rehabilitation and recovery or what the next step was in terms of accommodation and personal independence. We viewed three aspirational care plans and we found these were person centred and provided goals for what the person wanted to achieve. For example, one person's aspirational care plan stated they wanted to move back to their family home and find voluntary work. The care staff and recovery team worked closely with this person providing weekly one-to-one cooking sessions along with daily living skills support. The people we spoke with told us they found that the staff made sure the service worked to meet their individual needs.

We found that resident meetings were regularly held and we reviewed the minutes from the recent meetings. Within the minutes we saw that people were consistently asked for their views about the operation of the service and where improvements could be made, such as around activities. Action was taken to incorporate people's views into the plans.

The service had a complaints policy which was structured and encouraged lessons to be learnt. We saw there had been no recent complaints at the service since 2014. People told us they knew how to make a complaint if they needed to but they told us they had no recent complaints. One person said, "I would speak to the [manager's name] if I needed to complain, but I have no complaints." Our observations confirmed the home had a complaint system in place and people felt confident to approach staff if they were not happy with the service provided and that their concerns would be acted upon.

## Is the service well-led?

### Our findings

There was no registered manager in post since July 2016. The manager informed us that they had recently been promoted from a deputy level to become the manager of the service, and they were in the process of applying to CQC to become the registered manager of Norton Street. However, we noted no application to register the manager had yet been received. We will continue to monitor this.

The manager engaged positively in the inspection process and we observed staff referring to them by their first name. Staff we spoke with confirmed the manager was friendly, approachable and supportive. Comments from staff included, "We have had a change in managers, but this has not affected the service, [managers name] has been here for many years and (they) is very supportive" and "We do have good leadership here; the manager is approachable at all times."

From observing staff interacting with each other and the manager it was apparent there was an open culture. Staff spoke respectfully about people and supported each other. Staff understood their responsibilities in relation to their role.

During the inspection the manager discussed in detail how they had been working alongside a 'Care Management Consultancy', to make improvements within the service. During the inspection, we viewed a CQC mock inspection that had been undertaken by the care consultant, which highlighted areas that the registered provider was looking to develop. The consultancy team carried out these audits of the service every three months and provided the service with an overall rating; the last three ratings indicated the service was 'good'.

The manager also completed a monthly manager's audit. This audit looked at the following areas: care planning, key workers, activities, meetings, medication, environment, and recruitment and staff training. We found these audits were detailed, comprehensive and followed up on any actions identified. The provider had also introduced an individual care plan audit of people's care plans. This was undertaken by the staff at Norton Street to ensure the content in people's care plans was accurate and relevant. During the manager's monthly audit they checked the quality of the care plan audits carried out by the staff and they made comments on any areas of the care plans that needed to be updated. We found robust governance arrangements were in place and these helped to ensure the service was well-run and delivered safe and effective care and support.

We noted that systems were in place to seek feedback from people using the service. Surveys were distributed three to four times annually, with the last ones taking place in August 2016. The majority of feedback was positive from these surveys. The provider produced an easy ready poster that detailed the results received and the actions they had taken forward as a result. This meant that people had opportunities to feedback on their experience of the service.

Staff told us that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that they were encouraged to share their views. They found that their



suggestions were used to assist the manager to constantly review and improve the service.

Incidents and accidents were recorded monitored and investigated. This demonstrated that the provider learned from such incidents and took action to minimise the risk of them happening again.