

Mr & Mrs A J Bradshaw

# Derwent House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Derwent House is a residential care home providing personal care for people who have a learning disability.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 15 people but only 12 people were being supported at the time of our inspection. This is larger than current best practice guidance detailed in Registering the Right Support. The provider had started to work towards meeting best practice guidance and staff were encouraging people to be more independent and more involved in the service.

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

The provider's legal entity was registered with us as a partnership and remained inappropriate at this inspection due to concerns that had been raised about the partnership. Action still needed to be followed to ensure the new company registration continued. The oversight of the service needed improving to ensure areas of concern and areas to improve were identified and acted upon.

Staff required further training to ensure their knowledge was fully effective at ensuring people received the best support possible. People were not always supported to have maximum choice and control of their lives and although staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support ensuring decisions made were in people's best interest.

Medicines management required improving to ensure people had access to effective medicines and staff had sufficient guidance to know when to administer medicines. Staff understood their safeguarding responsibilities. People had risks to their health and well-being assessed and planned for. People were protected from the risk of cross infection and improvements were still being made. People were supported by enough safely recruited staff.

No one was receiving end of life care, we made a recommendation about ensuring people's end of life preferences were planned for. No complaints had been received but the registered manager was aware of their responsibilities. We made a recommendation to ensure the complaints procedure on display was correct. People were supported in line with their communication needs. People had care plans in place which explored their preferences about how they liked to be supported. Activities were available for people to partake in.

The service applied 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.

The outcomes for people using the service had started to reflect the principles and values of Registering the

Right Support by promoting choice and control, independence and inclusion. People's support focused on them having opportunities for them to gain new skills and become more independent.

People were involved in meal planning and could access food and drinks of their choice when they wanted them. People were supported to access other health professionals and were encouraged to remain healthy and had their needs assessed.

People were treated with kindness and respect by a caring staff team. People had their independence promoted and were encouraged to partake in decisions about their care.

People and staff felt positively about the registered manager and felt supported in their role.

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 and update

The last rating for this service was requires improvement (published 11 July 2019) and there were multiple breaches of regulation; and was rated inadequate in well-led. At this inspection the service had made some improvements and there was one remaining breach of regulation. The service remains rated requires improvement.

This service has been in Special Measures since 06 November 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was planned to follow up on the concerns at the last inspection in line with our 'special measures' procedures. We needed to check that people were supported safely and whether the provider was meeting the Regulations.

We found improvements had been made. However, there were still improvements needed to ensure people received good support in relation to all key questions. We rated the key questions of safe, effective and well led as requires improvement. The overall rating is requires improvement.

#### Enforcement

We have identified a breach in relation to ensuring directors are fit and proper persons at this inspection. Please see the action we have told the provider to take at the end of this report.

#### 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Derwent House

## 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 one inspector, an assistant inspector and a specialist advisor. The specialist advisor had specialist knowledge of learning disabilities.

#### Service and service type

Derwent House 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. The registered manager was unavailable at the time of the inspection and we spoke with the acting manager at the time of the inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the

service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the provider, the registered manager, the deputy, senior care workers and care workers.

We reviewed a range of records. This included five people's care records, daily records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including quality audits, incidents and safeguarding.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and analysis of accidents and incidents.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely.
- One person had paracetamol on an 'when required' basis, also known as PRN. The person was not able to verbally communicate when they may have needed their pain relief. Their PRN protocol lacked detail as to how staff would recognise when they needed their medicine which put the person at risk of not getting pain relief when needed. When we spoke with staff, staff knew the person well.
- One person had medicines in place to be used in an emergency. These medicines had gone out of date but were still in use as they were in the person's medicines bag when they went out in the community and were in the medicines trolley. This meant the medicines could have been less effective at helping the person during an emergency. The person had not had any of this medicine administered, but there was a risk they could have received this.
- Medication Administration Records (MARs) were not always an accurate record of medicines being given. For example, one person had paracetamol recorded as being given on two separate days. It did not record how many were administered, either one or two tablets. The count sheet also indicated more had been dispensed than documented; there were 12 at the start of the month and only four left indicating eight had been administered, but it was only recorded on two occasions. This meant an accurate record was not always being kept.
- Despite this, people told us they were helped with their medicines, one person said, "Yes, staff help me with that [medicines]."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong  
At our last inspection the provider had failed to safeguard people from suspected abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper 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 13.

- All staff we spoke with knew about the different types of abuse, how to recognise abuse and the action to take such as reporting it. Staff had a basic understanding of institutional abuse but felt they could be supported to understand this more. Despite this, we found no set routines for people such as set bed times or meals times, people were free to choose.
- There was an analysis of accidents and incidents which included the people involved, dates and type of incident. However, this had not been completed since August 2019, so was not up to date.
- All people we spoke with confirmed they were treated nicely by staff. A relative confirmed this, they said, "Never heard anyone shout at anyone. They [staff] always seem very patient."

#### Assessing risk, safety monitoring and management

- People had their risks assessed and planned for and staff knew people's needs. People told us they felt safe, one person said, "I feel safe because we have night staff here." Another person said, "I feel safe here, in the house with the carers."
- A relative said, "Here staff know how to cope with my relative."
- Staff knew about risks to people and supported them with these. Risk assessments and plans were in place for people.

#### Staffing and recruitment

- People were supported by enough staff. We saw people did not have to wait for support when needed. People told us they could access staff when needed. Staffing levels were flexible to accommodate appointments and visits out into the community, in line with Registering the Right Support guidance.
- Staff had checks on their suitability to work with people who used the service to ensure they were appropriate.

#### Preventing and controlling infection

- The home was clean and free from odour and had been kept clean.
- Staff told us and we saw, they used Personal Protective Equipment (PPE) to ensure the risk of infection was minimised.
- The provider had an action plan in place which covered improvements needed, and many actions had been completed, to ensure the home remained free from infection, such as supplying glove and apron dispensers. Further improvements were planned for bathrooms to ensure flooring was safe and intact to reduce the risk of infection.

# 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 now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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. 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.

At our last inspection the provider had failed to follow the requirements of the MCA. This as a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection and the provider was no longer in breach of regulation 11. However, some further improvements were needed.

- People were not having their decision-specific mental capacity assessed. Work had started to develop a form for use, however progress on this had been slow since the last inspection.
- Some people had DoLS applications made to the local authority. However, as their mental capacity had not been fully assessed, it was not clear how the registered manager had determined they needed a DoLS.
- When we discussed this with the registered manager, they explained about the MCA and why they felt some people needed a DoLS. Upon review of these, we found one DoLS had expired and a re-application had not been made.
- Staff we spoke with had a good understanding of the MCA and how they supported people to make their own decisions. People were supported in the least restrictive way.

Staff support: induction, training, skills and experience

- At the last inspection improvements were needed to ensure the training staff received was effective.
- Staff training had improved around safeguarding as all staff could identify different types of abuse and the action they needed to take. Staff knowledge of MCA had improved.
- However, the registered manager had failed to undertake additional training about learning disabilities and the MCA, despite these being recognised as an area that needed to improve. Staff had not received specific learning disability training.

- One person's plan used inappropriate language to describe a person's behaviours that may challenge services. This did not promote the person to have a positive view of themselves and may cause staff and others to have a negative view of the person. The provider explained it was due to poor training which had caused the plan to be written in a certain way, however action had not been taken to improve training in relation to this.
- Staff indicated they would feel more confident if they had more training to support people effectively during periods of behaviours that may challenge. A person using the service had recently had a change in their behaviour and staff had not always felt confident in responding.
- Staff told us they were being supported to get their training up to date; one staff member said, "We've been given two [subjects] to do a month. We have a work booklet, they go through it with us, we've got each other for support."

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

- The physical appearance and décor of the home needed improving and improvements were needed to ensure people's dignity was always supported. Staff told us they felt the decoration needed improving.
- In the communal area there were large noticeboards on the wall which indicated if people were in or out in the community. When we discussed this with the registered manager, they explained it had always been there and people were engaged in using it. However, other options had not been explored.
- Water temperatures were recorded on a sheet on the bathroom wall which did not promote people's dignity as others can see when people have, or have not, had a shower or bath.
- People were able to decorate their rooms as they chose, people showed us their new carpet and painted walls and told us they had chosen the colours.

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

- People's had their needs assessed. Plans were put in place for people's conditions and to cater for people's preferences, such as how they wanted to be supported with maintaining a safe home environment, hobbies and interests and personal care.
- The registered manager and staff had made improvements and started embedding the principles of Registering the Right Support. People were more supported to do things for themselves and increase their independence.

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

- People were involved in the planning and preparation of their meals. One person said, "We have weekly meetings to decide on food. The carers cook. Sometimes I cook." Another person said, "The food is nice. We pick from the menu. I make my own food sometimes. I've learnt how to do spaghetti on toast. It's in my care plan. I like to go out for dinner sometimes."
- People had access to food and drinks throughout the day and could help themselves when they chose to.
- People told us about a dieters club called 'Derwent Dieters' which people chose to partake in and they were weighed regularly in order to eat more healthily and lose weight if they wanted to. One person said, "I go on the scales, I've lost loads [of weight]."

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

- People were supported to access other health professionals. There was a hospital passport in place for people so pertinent information could be easily shared with clinical staff to assist people's support.
- Staff knew about people's health conditions and what support they needed to remain healthy. One person confirmed, "Staff know what to do about with [my health condition]. Staff know what to do if I'm poorly." Some people were able to tell us about their health conditions and they knew when their medical appointments were.

- A new handover folder had been implemented which was to be read by all staff to ensure they were kept up to date about changes to people's needs.

# 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 now 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 told us they liked the staff and were treated well. One person said, "I do like the staff. They are nice and they are friendly with me."
- There were positive interactions between people and staff and people clearly felt comfortable approaching staff and spending time in each other company. We saw people making plans to go out into the community together.
- People were supported to maintain relationships where they chose to; one person told us of a partner they had met who lived nearby. They met up regularly and were able to keep in touch by phone.

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

- People were able to make decisions about their care, such as how and where to spend their time. One person said, "Staff don't tell me. I go myself when I want." Another person said, "I decide what time I go to bed and what time I get up."
- A relative confirmed people had their decisions respected, they said, "My relative has freedom of choice and they [staff] honour that. You can't insist my relative does something."
- People could personalise their rooms and choose the decoration. One relative said, "My relative can personalise their room, put posters on the wall, have CDs and DVDs." Some people showed us their room which confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and helped to be independent. One person told us, "I bring my washing downstairs and the carers do it for me. It was on my care plan to learn to do it myself, but it didn't work. I just didn't get it. But I've learnt how to do my own bin. I do my own dusting." Another person said, "Staff encourage me to do things."
- A staff member explained how they were supporting a person with their goal to go to the local shop independently, they explained the steps they were taking and not rushing the person so they could learn at their own pace; "One person wants to go to the shop on their own. It's little baby steps."
- Staff told us how their practice had improved in relation to how they spoke about people and ensuring this was done in the most dignified way, they said, "I think we've knuckled down a lot more. It's simple things like how we speak. We've got to remember we are talking about a person and to be a lot more aware of ourselves."
- Staff were able to tell us about how they supported people to retain their dignity and gave us examples.

# 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 now improved to Good. This meant people's needs were met through good organisation and delivery.

### End of life care and support

- Some people had no end of life plans in place, so the provider may not know how to support people in the event of them coming to the end of their life whilst living there.
- However, no one was receiving end of life care at the time of our inspection and no one was imminently nearing the end of their life.

We recommend that the provider seeks guidance to ensure people's end of life preferences are considered and planned for.

### Improving care quality in response to complaints or concerns

- People told us they felt able to raise concerns if they needed to. One person said, "If I'm upset about anything I go to my key worker."
- Relatives told us they felt able to raise concerns; one relative said, "I would complain at the home first, I'd have a word with the registered manager. Sometimes I have had to, and it gets sorted. There's a complaint process in home. Things have been sorted."
- The registered manager explained there had been no complaints but was aware of how to respond to a complaint. The complaints process on display in the home was not completely correct as it signposted people to the CQC first, rather than to report it first to the staff within the home or the Local Government Ombudsman. People we spoke with, however, did not have any complaints.

We recommend the complaint process be improved to ensure it is fully accurate.

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

- People were supported to plan for their care in line with their preferences. People were supported to decide on the goals they wanted to achieve. One person told us, "I can do my own cleaning sometimes, staff do my washing. My goal is to learn to do my own washing."
- People had key workers who supported them and worked with people to plan and achieve their goals. Goals were broken down into stages to make them more manageable for people.

### 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.

- Staff interacted with people in a way that worked for them. Not everyone was able to communicate verbally and we saw staff interact with them in a way that was appropriate for them.
- People's care plans were in easy read format and some people had written their own plans in a way that suited them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were enthusiastic about the activities they engaged in and told us about events in the service. People showed us photos of themed nights involving foods from different countries and people got involved in preparing these meals. One person said, "I feel happy here. I can't wait for the next party."
- People told us they were involved in planning activities and these were discussed at resident's meetings.
- People told us they could choose what they did. One person said, "On weekends, I go out on the bus on my own. I like doing puzzles, I like doing my own thing in my bedroom. I like watching TV."
- Some people also had jobs and went to work each week. One person said, "I get up at early because I have got to go to work in the morning."

## 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 now improved 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

At our last inspection the provider did not have effective governance systems in place to mitigate risks to people and to ensure there was a clear plan to improve people's support in line with the principles of Registering the Right Support. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had made some improvements and they were no longer in breach of regulation 17. However, further improvements were still needed.

- At the time of the inspection the provider company still consisted of a partner that had been named in a substantiated safeguarding against a person who uses the service.
- Following the concerns raised after our inspection on 06 November 2018 actions were taken by the registered partnership to ensure this partner was no longer involved in the carrying on of the regulated activity.
- However, at the time of this inspection the new business entity and registration of the new company had not been finalised and the partner remained as part of the provider's company registered with us.

This above evidence demonstrates that the provider was not meeting the requirements of Regulation 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems had been introduced to monitor the service, such as spreadsheets recording accidents and incidents and checks on medicines. However, these were not always up to date or were not always effective at spotting areas for improvement. For example, one emergency medicine was out of date and this had not been identified and stock levels were not always being accurately recorded.
- The monitoring of DoLS was not always effective as one person's had expired and no re-application had been submitted.
- There was no overarching action plan in place for the service, so it was not possible to see how the registered manager and provider were monitoring progress on improvements and sustaining of these.
- The provider had minimal oversight of the service and did not carry out any monitoring or spot checks directly, so they could not assure themselves improvements were being made.
- We will assess the effectiveness and sustainability of the improvements made at our next inspection.
- Staff told us things had been put in place to improve the service. One person said, "A lot more has been put in place for management. There's been a lot more paperwork put in place. I agree with it, it should be."

### Continuous learning and improving care

- Whilst training was being updated, the registered manager had not completed any additional training regarding learning disabilities or mental capacity. Whilst the registered manager had worked at the service for a long time and had experience of supporting people with learning disabilities, new practices and approaches have developed during that time and it is important to keep up to date with the latest best practice.
- One person's care plan did not refer to the person in an appropriate manner and terminology used was not caring. This was indicative of training not being updated sufficiently and practice not always moving on to ensure personalised plans were fully embedded.
- Staff told us they had supervisions which covered how they were performing and feeling about work. They felt these were useful to help them feel supported at work and to discuss people's needs.

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

- Staff told us they realised things had needed to change and felt the service had improved, one staff member said, "We needed that encouragement, it's good, we needed to check ourselves."
- Staff told us about the developments of people's goals which they were supporting them to work towards, such as managing money and going to the shops so people could become more independent. One staff member said, "We try promote it [independence]. If that's what they want to do then do it, we encourage them." The staff member went on to give us examples of people's achievements.

### 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 was aware of their duty of candour responsibilities, they told us, "It's about being open.... I'd tell the person and we'd say sorry."
- The last rating inspection was being displayed, as necessary.
- Notification were being submitted, as required, which showed the registered manager was being open with the CQC.

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

- People were engaged in the service; they were involved in deciding weekly menus, activities and decorating their rooms. People told us they felt happy in the service and there were occasional meetings people could attend.
- Staff told us they were involved in the service. One staff member said, "We have a meeting every Monday and Friday, the meetings have been really good, they help. We discuss people, how we feel, how we're coping."

### Working in partnership with others

- The service worked in partnership with other agencies and health professionals to ensure people's needs were met.