

Deepdene Care Limited

Norton Street

Inspection report

28 Norton Street
Old Trafford
Manchester
Lancashire
M16 7GQ

Tel: 01612262979
Website: www.deepdenecare.org

Date of inspection visit:
12 June 2019

Date of publication:
25 July 2019

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

Norton Street is a residential care home registered to provide personal care for up to 25 people. The service consisted of six separate terraced houses on residential streets close to the registered office address. The provider had opened an additional house as part of this location since the last inspection; CQC had accepted the provider's application to increase the maximum number of people they could provide support to from 20 to 25 people. There were 17 people using the service at the time of our inspection, whose primary support needs related to their mental health.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided. One person was receiving support with personal care at the time of our inspection.

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

We found the service needed to improve how they managed risks relating to the safety of the houses where people lived. The registered manager sent us evidence that action had been taken or was planned to address the shortfalls we found. Although we did not identify concerns about the staff recruited, the provider needed to strengthen their recruitment processes in relation to the records they kept. We recommended the provider reviews their recruitment procedures.

Staff assessed people's care needs and developed detailed plans to help staff meet those needs. Staff involved other health professionals in people's care as needed and encouraged and supported people to live healthy lifestyles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received support from staff who knew them and understood their needs and preferences. The person we spoke with told us they felt comfortable discussing their care with staff and felt involved in any decisions about their support.

Care plans were detailed and person-centred. Staff provided people with support to take part in activities and helped prevent people becoming socially isolated. The service had not received any complaints. Whilst people told us they would feel comfortable raising a complaint, we made a recommendation that the provider reviews their complaints policy/procedure to ensure it contained all required information.

Since our last inspection, the manager had registered with the CQC as is a requirement of the provider's registration with us. Staff told us they were well supported and felt listened to. The registered manager had

identified areas of the service that could be improved, including the decoration in some people's houses. They told us they were confident the provider would give them the resources to do this.

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

Rating at last inspection

The last rating for this service was good (report published 22 December 2016)

Why we inspected

This was a planned inspection, scheduled based on the previous rating.

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 ●

Norton Street

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.

Service and service type

Norton Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information we had received about the service since our last inspection. We reviewed the last inspection report and sought feedback from a local authority commissioner who had visited the service.

The provider had not returned the required Provider Information Return to us. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We were satisfied that they had attempted to send us this information and we saw evidence the forms had been completed.

We used all of this information to plan our inspection.

During the inspection

We spoke with the one person using the service who was receiving support with a regulated activity. We spoke with five members of staff, which included; the registered manager, two support workers and two activities staff.

We reviewed a range of records relating to the care people were receiving and the management of the service. This included; one person's care plans and medication administration records (MARs), three staff personnel files, training records and a sample of audits.

After the inspection

We sought and received evidence from the registered manager in relation to actions taken to improve the safety of the environment. This included the fitting of missing window restrictors and repairing a cracked pane of glass.

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

Assessing risk, safety monitoring and management

- We found some improvements were needed in relation to how the provider ensured the premises were safe. When looking round people's homes, we found some windows on the first floors were not restricted. We discussed this with the registered manager who told us they did not believe anyone using the service would be at risk of either deliberately or accidentally falling from the windows. We received evidence shortly after the inspection that window restrictors had been fitted where they were previously not in place.
- An independent company had carried out a fire risk assessment on the provider's behalf. Whilst we saw the provider had addressed some actions identified in the risk assessment, one action was ticked as complete when this was not in fact the case. The registered manager agreed to re-look at this action, which related to the provision of emergency lighting.
- Risk assessments were built into the care plan we reviewed. The care plan gave staff clear information about how to keep that person safe in relation to identified potential risks. Assessments including consideration of potential risks relating to health conditions (including mental health), medicines, smoking, falls and emergency evacuation.

Staffing and recruitment

- The service had carried out required checks such as a criminal record check, seeking proof of identity and evidence of employees conduct in previous employment. However, we found some short-falls in recruitment processes. There was not a record of a full employment history for two staff members, and it was not always clear who had provided professional references or what date they covered.

We recommend the provider reviews their processes for checking the required pre-employment information is received prior to appointing members of staff.

- The person we spoke with told us they felt there were enough staff on duty to provide the support they needed. The individual houses making up the service were linked by a call bell system. However, they told us they did not use this as they would rather walk to the office if they needed anything.
- Staff told us they were able to meet people's needs with the current staffing levels. However, they said additional staff would ease pressures on busy days, and ensure they were able to spend time interacting with people. One staff member said, "Sometimes it gets a bit busy. Not all days are the same, some days can be heavy with appointments and we will sometimes call in an extra staff to help if needed. Busier days, we find ourselves unable to do what we could have done, such as having a little chat; this is when we get to know how people are feeling."
- The registered manager told us they had used a dependency tool to help them work out how many staff

they needed on duty. This had indicated more staff were required due to the time care staff spent helping people prepare meals for example. They told us they were currently recruiting an additional part-time member of staff to address this shortfall.

Using medicines safely

- People's medicines were stored in locked cabinets in their bedrooms. Staff monitored the temperature people's medicines were stored at to help ensure this was in line with the manufacturer's guidance.
- Staff recorded the administration of people's medicines on medication administration records (MARs). We saw there was guidance in place to ensure staff were aware when they might need to administer any 'when required' (PRN) medicines.
- We checked the stocks of one person's medicines, which accurately reflected what was recorded as having been administered on their MAR. We noted one of their 'when required' medicines was not listed on their MAR. The registered manager told us this medicine had not been required that cycle and assured us the issue would have been identified during the next audit or if the person had required that medicine.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of how to identify and report any potential safeguarding concerns. One staff member told us, "I would report if I saw any abuse. Abuse could be verbal, sexual or also issues between residents. I would go to [registered manager] or head office. We have the head office number and CQC number too."
- Since our last inspection, the registered manager had introduced a log that provided an overview of any identified safeguarding concerns. The registered manager took appropriate action to help keep people safe following identification of any safeguarding concerns. This included taking disciplinary action against staff and reviewing the service's systems and procedures.
- The person we spoke with told us they felt safe in their home and with the staff who provided their support.

Preventing and controlling infection

- The homes we visited were visibly clean. The service employed domestic staff who helped people maintain their home environments. One person told us, "My house is always clean and tidy."
- Staff received training in infection prevention and control. The registered manager carried out a monthly infection control audit to help ensure good practice was being followed in this area.

Learning lessons when things go wrong

- There was evidence that the service learned from past accidents and safeguarding. There was reference in people's care plans to previous incidents and plans recorded to help reduce the likelihood of a similar incident occurring in the future.
- Staff completed accident/incident report when needed. The registered manager followed-up any reported incidents and made recommendations if needed to help ensure the person affected was kept safe. Incidents were recorded on an electronic system that helped the registered manager check for any potential trends or patterns.

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 good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The assessments staff had completed were detailed and covered the person's needs, abilities and preferences in relation to a wide range of areas. This included the support they needed in relation to their mental health, physical health, mobility, nutrition and social support needs. Care plans and assessments were recorded on an electronic care management system.
- The registered manager told us they followed good practice guidance shared with them by the local authority, such as guidance in relation to meeting people's nutritional needs. They told us they also used other sources such as CQC's website and newsletters and guidance issued by the National Institute for Health and Care Excellence (NICE) to keep up to date with developments in good practice.

Staff support: induction, training, skills and experience

- Staff told us they received enough training to enable them to provide effective support to people using the service. Training care staff had completed included courses in mental health, safeguarding and fire awareness.
- Staff said they felt well supported and they received regular supervision and an annual appraisal. One staff member commented, "Yes [supervisions] are useful as this is the time when some weaknesses can be highlighted as no-one is perfect. You can also point out anywhere where you may need more support."
- Staff who were new to working in care completed the care certificate. The care certificate sets out standards that all staff new to health and social care are expected to meet as part of their induction. It helps ensure they have the required skills, knowledge and behaviours to provide safe and effective care.
- The manager told us any agency staff used by the service were given an induction pack, which was signed off once completed. For consistency, the service tried to use regular bank staff, or agency staff who had previously worked at the service if needed.

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

- The person we spoke with told us they liked the food, could choose what they ate and said they always had enough to eat and drink. There were detailed care plans in place in relation to their dietary requirements, which staff were aware of.
- Staff either prepared meals for people or supported them to prepare their own meals or meals for the household if they wished. We saw a printed menu with two meal choices presented. The registered manager told us people using the service were consulted about menu choices in weekly meetings.
- Staff told us they would support and encourage people to eat healthier diets by ensuring they had access to healthy alternatives in the home. This practice was also reflected in the care plan we reviewed.

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

- Staff worked with a range of other health and social care professionals to meet the needs of people using the service. Staff we spoke with had a good understanding of the person's care records we reviewed, including any support they needed in relation to specific conditions.
- The care plan we looked at detailed the person's healthcare needs and how staff should support that person to meet those needs. This including when they should make referrals to other professionals.
- The person we spoke with told us staff would support them to make an appointment to see their GP or another health professional if they were unwell.

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

- Although this service is registered as a 'care home', the accommodation was provided in six separate individual terraced houses. Each house had its' own facilities including bathrooms, lounges and a kitchen. All were within a short walk of the registered office.
- The houses were decorated to variable standards. The registered manager recognised that some of the houses needed refurbishment, and they had reflected this within their audits of the service. They told us they were confident the provider would make the required resources available to make improvements.
- The person we spoke with told us they were happy with the standard of decoration in their home and told us they were comfortable there.
- The registered manager recognised that due to the set-up of the service and the premises accommodation was provided in, that the service was only suitable for people who were considered 'low risk' and had good mobility. For example, the stairs in people's houses were steep, and there was no lift access between floors.

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.

- No-one living at the service had an authorised DoLS, or application for a DoLS in place. The registered manager told us that due to the physical environment, the service would not be able to meet the needs of people requiring restrictions authorised under DoLS.
- Staff understood the principles of the MCA. The registered manager told us they would consider that most people using the service would usually have capacity to make the majority of day to day decisions in relation to their care.
- We saw the service kept records of people's signed consent to receive care and support and in relation to other areas, such as keeping records.

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 good. At this inspection this key question has remained 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

- The person we spoke with told us staff were kind and listened to them. They said they felt comfortable discussing any of their needs or concerns with the staff members who they knew well.
- There was a stable staff team in place. The registered manager told us they had used agency staff for three or four shifts over the previous month, and said they were recreating an additional member of permanent staff.
- Both member of care staff we asked told us they would be happy for a loved one to receive care at the service if they needed such support. One staff member said, "Yes of course, because I can see what we support the service users to achieve."
- People's care plans considered any support needs they had in relation to areas including religion and sexuality. The registered manager told us, "We support people from varied backgrounds and anyone is welcome."

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

- The person we spoke with told us staff involved them in making decisions about their care.
- We saw records of weekly one to one meetings this person had with their keyworker. These showed staff had involved them in a review of their care, given them information relating to their care needs and had asked for their feedback.

Respecting and promoting people's privacy, dignity and independence

- The person we spoke with told us staff respected their privacy. Staff we spoke with told us they would help uphold people's privacy and dignity by asking for permission before providing any support, allowing people to do what they could themselves and ensuring any personal care was provided in a way that respected people's privacy.
- The registered manager spoke about how the service had supported some people to move onto more independent settings since our last inspection. Staff from the provider's activity team spoke about developing opportunities for people to increase their skills and progress toward independent living. This included exploring opportunities around voluntary work.
- The care plan we reviewed outlined the goals that person wanted to achieve. Staff had also recorded what that person was able to do independently without staff support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- The care plan we reviewed was detailed and contained information including the person's social history, likes, dislikes and preferences in relation to how they received their care. This would help staff get to know them and provide care in a person-centred way.
- The provider used an electronic care management system. The system had built in alerts to help the manager monitor when any actions were due, including reviews of people's care.

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.

- The registered manager was not aware of the AIS. However, they told us that any communication support needs would be identified as part of the assessment process, and a plan of care put in place if needed. The person's care we reviewed did not have any specific support needs in relation to their communication.

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

- Since our last inspection the provider had employed an additional activity/recovery worker to provide activities across their services in Greater Manchester. The activity staff worked three days per week at Norton Street, and this was due to increase once the newly recruited staff member had completed their induction.
- The person we spoke with told us they had plenty to keep them occupied, and said, "I go shopping with staff. I'm going next week. I can say when I want to go."
- Staff told us they would support people to take part in activities, hobbies or interests between the visits from the dedicated activity staff. Records showed activities included supporting people to access community amenities, cooking, arts and crafts sessions.
- Care plans noted any important relationships people had, either past or present and any support needed to help people maintain these relationships. The service arranged coffee mornings for people who lived at the service, which would also help prevent people from becoming socially isolated.

Improving care quality in response to complaints or concerns

- The person we spoke with told us they would talk to staff if they had any complaints, and added, "I would definitely say if I wasn't happy."

- The registered manager told us there had been no complaints received since our last inspection. We found no evidence to suggest there had been any concerns raised that should have been handled as a complaint.
- The provider had a complaints policy, including an easy read version. The easy read version informed people they could escalate their complaint to the local authority if they were not satisfied with the outcome. However, neither version made people aware of the local government ombudsman's role in the complaints process.

We recommend the provider reviews their complaints policy and procedure to ensure it accurately signposts people to relevant organisations with a role in handling complaints about people's care.

End of life care and support

- No-one was receiving end of life care at the time of our inspection.
- The registered manager showed us that they were in the process of exploring people's preferences in relation to end of life care at the time of our inspection. However, there was nothing recorded in the care plan we reviewed. The registered manager told us they had to be mindful about how they approached the topic sensitively with people using the service.

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 requires improvement. At this inspection this key question has now 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

- It is a condition of the provider's registration with the CQC that they have a registered manager in post to manage Norton Street. Since our last inspection in November 2016, the manager had registered with the CQC. They had worked at the home for around six years, having initially been employed as the deputy manager.
- The provider was displaying the performance rating from their last CQC inspection on their website and in the office as required.
- The registered manager had identified where improvements could be made to the service. They told us they were supported by the provider and were confident they would provide any required resource. An additional member of staff was in the process of being recruited.

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

- Staff told us they felt valued by the registered manager and provider for the work they did. They told us there was an open culture, that they would feel comfortable raising any concerns, and that they felt they would be treated fairly if they made a mistake. One staff member said, "When I started [working for the provider] it was re-iterated to me that any safeguarding or whistleblowing, you can raise, including to CQC and that you should do that, don't hold back."
- Staff were clear about the purpose of their roles, which they talked about being to provide person-centred support to people. When asked about the values of the service, one staff member told us, "They are to treat residents as individuals, respect them and support them to make choices and achieve their goals, such as becoming more independent. I think we do manage to do this." When we asked a newer member of staff about their first impressions of the service, they told us, "I feel staff team are motivated, are able to speak openly and honestly; people always feel they can speak to someone."
- The registered manager told us it could be a challenge to manage their workload at times. However, since the last inspection, a member of administrative staff had been employed, which the registered manager told us had eased pressures. They also expected the additional member of staff being recruited to help free up some of their time to focus on the management of the service.

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

- There were regular meetings held for people using the service where they received updates about any developments and could provide feedback. The person we spoke with told us they attended these meetings and said there was nothing they would want to change about the service.
- The service sent questionnaires out to people using the service to get their opinions on what they did well and anything they could improve. We saw the results of surveys were displayed on a wall in the office. The registered manager had produced an action plan to improve the service based on the findings of the survey.
- Meetings were held for the staff team. Staff told us they found these useful and they felt they were able to provide feedback that was listened to.

Continuous learning and improving care

- The registered manager completed a range of checks and audits to help them monitor the quality and safety of the service. This included checks of the environment, infection control, medicines and care plans. The service had started using an electronic care management system that helped them monitor any potential trends in accidents and incidents.
- The provider arranged for external organisations to carry out reviews of the service. This included checks relating to the service's quality and compliance with the regulations, fire safety and health and safety. This helped provide an additional level of assurance to the provider.
- We found some concerns we found in relation to the safety of the environment and staff recruitment had not been identified in the registered manager's audits. These concerns were brought to the attention of the registered manager and they assured us action would be taken to address our concerns. Shortly after the inspection the registered manager sent us evidence that actions had been completed or were underway to improve the safety of the environment.

Working in partnership with others

- The service worked in partnership with other health and social care professionals to meet people's needs. We received positive feedback from a local authority commissioning officer who had recently visited the service.