

# Careline Lifestyles (UK) Ltd

## Deneside Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 13 and 19 December 2017 and was unannounced. This meant the provider did not know we were coming.

Deneside Court 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 accommodated 40 people in a three storey building situated in its own grounds with an enclosed garden area.

We inspected Deneside Court in August 2016 and found the provider was not meeting six of the Regulations of the Health and Social Care Act 2008 (Regulated Activities).

We inspected the service again in January 2017 and found some improvements had been made, however the provider continued to breach four of the Regulations of the Health and Social Care Act 2008 (Regulated Activities).

We inspected the service again in April 2017 and found improvements continued to be made at the service. However, the provider continued to breach two of the Regulations of the Health and Social Care Act 2008 (Regulated Activities). At that inspection we found medicines were not being managed safely. People were not receiving their medicines as prescribed. Medicine administration records were not always accurately signed. Stock balances were not always correct. Care plans relating to medicine were not always up to date.

The provider had failed to implement and embed improvements to enable sustained and significant improvements in medicine management. As a result conditions were imposed on the registration of the provider, at this location, to help drive improvements in the safe management of medicines. We checked to see if the provider was meeting the conditions as part of this inspection.

At this inspection we found the provider continued to breach Regulation 12 and 17 of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines continued to not be managed safely. Medicine administration records (MARs) were not always completed correctly. Handwritten entries of prescribed medicines found on MARs were not accurate and had not been signed by two members of staff. People were not receiving their medicines at the correct time. Care plans relating to medicine were not always up to date.

The provider's quality assurance process in relation to medicine audits had failed to address the shortfalls regarding medicine management. This failure to appropriately audit this aspect of the service resulted in the provider not identifying the shortfalls that we identified during our inspection.

This meant the provider had failed to meet some of the conditions imposed on their registration. We will

deal with this outside the inspection process.

The provider gave assurances that the areas of concern found at this inspection would be discussed with the manager and clinical lead to address the shortfalls.

The registered manager had recently left the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was being managed by a new manager. At the time of the inspection the manager had commenced their application to become the registered manager of Deneside Court.

We found staff were aware of safeguarding processes and knew how to raise concerns if they felt people were at risk of abuse or poor practice. Where lessons could be learnt from safeguarding concerns these were used to improve the service. Accidents and incidents were recorded and monitored as part of the provider's audit process.

People received a holistic assessment prior to and on admission to the home. Information was used to work with people to develop care plans to support outcomes. Care plans were personalised to include people's likes, dislikes and preferences.

Risks to people and the environment were assessed and plans put in place to mitigate them. The provider had a business continuity plan in place for staff guidance in case of an emergency. People had Personal Emergency Evacuation Plans (PEEPS) in place which were updated regularly providing support and guidance for staff in case of an emergency.

The provider ensured appropriate health and safety checks were completed. We found up to date certificates were in place which reflected that fire inspections, gas safety checks and portable appliance tests (PAT) had taken place.

Staff training was up to date. Staff received regular supervision and an annual appraisal. Opportunities were available for staff to discuss performance and development. Some competency checks were out of date. The provider had plans in place to address this.

We found recruitment processes were in place with all necessary checks completed before staff commenced employment. Staff received an induction on commencement of their employment, which included shadowing experienced staff. The provider used a dependency tool to ascertain staffing levels. Appropriate levels of care staff were deployed to work on specific units. We found one nurse was responsible for the whole home.

We made a recommendation for the provider to review staffing levels in respect of nurses.

People's nutritional needs were assessed and we observed people enjoying a varied diet, with choices offered and alternatives available. Staff supported people with eating and drinking in a safe, dignified and respectful manner. People were supported to maintain good health and had access to healthcare professionals when necessary and were supported with health and well-being appointments.

People enjoyed a range of activities both inside and outside the home. The service had positive links with

the community with people accessing the theatre, local centres and shops.

The provider had a complaints process in place which was accessible to people in a pictorial format.

Staff were extremely positive about the manager. They confirmed they felt supported and were able to raise concerns. We observed the manager was visible in the service and found people interacted with them in an open manner. People and relatives felt the management approach in the home was positive.

The premises were well suited to people's needs, with ample dining and lounge space. The home was welcoming with a pleasant atmosphere. Bathrooms were designed to incorporate needs of the people living at the home. The corridors and reception area were spacious for people using mobility equipment.

This is the second consecutive time the service has been rated Requires Improvement.

## 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.

Medicines were not managed safely. People did not always receive their prescribed medicines. Records were not always completed correctly.

Risks to people were assessed with control measures in place to reduce risks.

Health and safety checks were completed on a regular basis.

**Requires Improvement** ●

### Is the service effective?

The service is effective.

Staff had a range of training to meet the needs of the people using the service.

Staff told us they felt supported and had regular supervision and an annual appraisal.

The provider was meeting the principles of the Mental Capacity Act.

**Good** ●

### Is the service caring?

The service is caring.

Relatives told us they felt the service was caring and spoke about the positive relationships between the staff and people living at the home.

Staff were aware of people's communicative needs and were able to meaningfully engage with people.

The provider provided information for people, relatives and visitors about advocacy services.

**Good** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

Care plans relating to medicine management were not updated when changes occurred.

People were supported to access a range of activities, enjoying visits to the theatre, local parks and cafes.

The provider had a policy and procedure to manage complaints.

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

The service was not always well led.

Medicine audits did not identify the issues highlighted at the inspection.

Relatives and people felt the manager was open and approachable.

The provider maintained links with external agencies.

**Requires Improvement** ●

# Deneside Court

## 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.

The inspection took place on 13 and 19 December 2017 and was unannounced. This meant the provider did not know we were coming.

The inspection was conducted by two adult social care inspectors, one pharmacy manager, one pharmacy specialist, a specialist advisor who is a Mental Health Nurse Specialist with the NHS (National Health Service) and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also gathered information from South Tyneside Healthwatch, South Tyneside Clinical Commissioning Group, South Tyneside Council Commissioners. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we observed staff interacting with people and looked around the premises. We spoke to the manager, Director of Operations; the provider's commissioning manager, one nurse, two members of the therapeutic services team, the administrator, the chef, six care staff and two team leaders.

We spoke with eight people who used the service and six relatives for their views on the service.

We viewed a range of records about people's care including 12 people's medicine administration records (MAR), four people's care records, and staff training records, quality audits and records relating to the health and safety of the home.

# Is the service safe?

## Our findings

We previously visited the home in April 2017 and found the home to be in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe medicine management. As part of enforcement procedures following the last inspection conditions were imposed on the registration of the provider and this location in an attempt to drive improvement within the safe management of medicines. During this inspection we reviewed if the provider had met these conditions.

At this inspection we looked at the systems in place for the safe management of medicines. We assessed 12 people's medication administration records (MARs) and looked at storage, handling and stock requirements. We found that the arrangements for managing medicines were not always safe. We have inspected Deneside Court four times over the last 18 months and on each inspection the provider has failed to meet Regulation 12 in terms of safe medicine management.

Waste medicines were not handled in line with guidance as they were not stored securely and the waste bins were overflowing. Date of opening was not recorded for all items that required a date and we found one medicine had been administered eight times after its expiry date. Equipment used to assist medicines administration was not clean. We identified that a tablet crusher had a white powder residue and this was not cleaned before use. The Provider confirmed the tablet crusher was only used for one medication for one resident however at the time of the inspection the tablet cutter was not labelled for the individual therefore we could not be assured it would not be used for someone else. We found some loose medicines, which could not be explained by staff.

The majority of MAR charts were printed by the community pharmacy. We found a handwritten entry which two nurses had not signed to say was accurate. This issue had been identified at previous inspections. We checked procedures for the safe handling of controlled drugs. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found that these were stored securely in a controlled drugs cupboard, access to them was restricted and the keys held securely. However, they were not always handled appropriately as the entries in the register were not always clear and administration was not effectively supervised. This meant knowledge of the processes and policies around the management of controlled drugs was not embedded in staff practices.

We checked the arrangements for medicines administration and saw that medicines were not always administered as prescribed. Medicines rounds were completed by the one nurse on duty which meant the medicines round was very long. One person's records indicated that they had received one breakfast medicine at 6.30pm and their bedtime medicine was not administered until 11pm. This is not safe practice. Another person's breakfast medicines were not signed as not administered until 2pm, the medicines were not administered as the person was asleep. The provider advised that the person sleeps late due to their living with dementia and often refuse their medicines. If the person had a history of sleeping late, it would have been appropriate to obtain a review of medicines to ascertain if a different administration time could be arranged.

Topical medicines administration records (T-Mars) were not always present and topical 'as required' plans were not always in place to guide staff in their safe use. Of the four prescribed topical medicines we checked only one had a T-Mar in place. We found this T-Mar did not contain detail regarding the areas where the topical medicine was to be administered. 'As and when required' medicines were not always recorded on the reverse of the MAR as per policy and outcomes were not always recorded. For one person who required medicines to protect their stomach in the event of using a pain medicine had not been administered this medicine as prescribed; this increased the risk of harm for that person. A second person who required seizure rescue therapy had received more doses than what was required. Records did not always enable staff to be clear when or why medicines had been administered or if they had been effective when administered.

For medicines with variable doses we found that in most cases they had been given at the right time intervals however the dose was not always recorded on the front of the chart. For one person an excessive amount of an inhaler had been used and although this was recorded by staff this information was not effectively acted upon. We requested the person's GP be contacted to review the person's medicines.

We checked medicines specific care plans and found that although reviews had been documented changes had not been recorded and so records were not always accurate. We found that plans lacked detail and for some people where medicines were for specific health condition the care plan for the condition did not detail their medicine needs. This meant people were at risk of not receiving safe, person centred care.

We reviewed the home's medicines audits. We found that the audits completed and submitted to CQC were not consistent with our findings. For week commencing 4 December 2017 the audit failed to identify missing 'as required' protocols, signatures and outcomes were not always recorded. The home submitted their weekly audit for the week we inspected and the audit findings were not consistent with our findings detailed in this report. This means the clinical oversight and audit process within the home was not fully effective.

These findings evidenced a continued breach of Regulation 12 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We observed that medicines currently in use were stored securely. Room and fridge temperatures were recorded in line with the home's policy.

We spoke to people and their relatives about the medicine management in the home. All reported that staff supported with their medicine administration. People told us staff watch them take their medicines. One person told us, "If I say I don't want to take it they will say ok but then explain to me what may happen or how unwell I will be if I miss my medication". Relatives all reported that medication is now managed well and ordered in advance. One relative said "Staff are always knowledgeable about medication and will always inform you whether there are any changes to this and why this has occurred". All relatives made positive references to the nursing staff employed within the home and reported that they feel medicine management and physical health support is more consistent.

People we spoke to told us they felt safe in the home and understood what being safe meant. Comments included, "There's always someone around if I need help", "The staff make me feel safe because they look after me" and "Staying safe is not being hurt by someone or having an accident". Relatives felt Deneside Court was a safe home for their family member. Comments included, "The staff are always around on the unit and watching what is happening" and "Generally a safe environment, staff levels are good".

We found each unit in the home was staffed with a dedicated team. Each unit had a team leader who was

supernumerary. This allowed time for care planning and reviews as well as the management of care workers, along with supervision and appraisal sessions. The provider employed a clinical lead who was responsible for the clinical aspect of people's support. Although each unit had a dedicated number of staff to provide continuity, we found only one nurse worked between the three units both on day and night duty.

We spoke to staff about the staffing levels in the home. There was an agreement by care staff that the current care staff to the ratio of people living in Deneside Court was good. The present numbers allowed staff to undertake training, and support people adequately within the home and also in community based activities.

However, on the day of the inspection we spoke with the nurse on duty who was providing cover for the whole service, both clinically and administratively. In discussion with the nurse they told us that this was quite stressful, and involved administering medicines across the service on separate floors. Although the current numbers of people (21) living at Deneside Court is not excessively high, people do present with a complex range of presentations, including acquired brain injury, post cerebral vascular accidents (CVA), mixed dementias with behavioural problems, and people with learning disabilities and associated problems. For example, some people required tracheostomy care or received nutrition by percutaneous endoscopic gastrostomy (PEG). A PEG is a tube which is passed into a person's stomach to provide a means of providing nutrition when oral intake is not adequate. A tracheostomy is an incision in the windpipe which allows a person to breath without the use of their mouth and nose.

Providing nursing input into a complex group requires a good range of knowledge and practical skills, and places a large responsibility on the individual nurse. At our last inspection in April 2017 there was a nurse allocated to individual floors, and this was felt to be a satisfactory arrangement. There are some nursing tasks and procedures that require time to complete, with one nurse on duty there is a risk involved that some may be rushed or overlooked, particularly as the nurse has to deal with visiting professionals and visitor's enquiries. We discussed this with the manager who advised that there were plans for the senior care staff to administer medicines to people who did not require nursing care, thereby relieving the work load of the nurse. They also advised, "If the home is busy then the clinical lead or I will support the nurse."

We recommend that the service reviews the staffing levels in the service in relation to the nurse's responsibilities.

People we spoke with felt the service was safe. One person told us, "I am very safe here, I have my own room, and a team to look out for me." Another told us, "With all the help I get I'm ok." A third told us, "[Staff member] helps me with my shower. They make sure it is not too hot." People told us that staff were always available and were highly visible on the units. We asked if they had to wait a long time for help. Comments included, "Not really, they [staff] are always about" and "Never, you only have to ask".

The service had a range of policies and procedures about keeping people safe, such as safeguarding and whistleblowing policies. The provider kept a log of all safeguarding incidents. We saw that appropriate action had been taken following safeguarding incidents. The provider used the local authority's policy and procedures in reporting concerns by completing consideration logs to the local safeguarding team as well as submitting the required notifications to the Care Quality Commission.

Staff had received training in safeguarding which was refreshed on a regular basis. Staff we spoke with understood the importance of reporting any concerns they may have and told us they felt the manager would take their concerns seriously and act in accordance with the policy and procedure. Staff knew the signs to look out for such as changes in people's demeanour. One care worker told us, "I would report

anything to [the manager] to take things further." We found lessons learnt from safeguarding concerns were discussed with staff during team meetings and supervisions. Information about how to report safeguarding concerns was on display around the building for people and visitors.

We checked the recruitment files of three new employees that had joined the service since our last inspection in April 2017. Files contained application forms, checks in employment gaps, interview documents and identity checks. New employees had also received clearance from the Disclosure and Barring Service (DBS) that they were able to work with vulnerable adults and that they could do so without restriction.

We found risk assessments were completed in a timely manner and this was evidenced by the records of one person admitted to the home a week prior to the inspection. Their records included a full range of assessments and support plans. We found risk assessments were completed with control measures in place for staff support and guidance where risk was identified. There was evidence of a multi-disciplinary review process which included health care professionals such as, physiotherapists, respiratory specialist nurse and tissue viability nurse. People were included in managing risk wherever possible. One person told us, "We talk about what I want to do and how. I can do so much now."

Environmental risks were assessed to ensure safe working practices for staff, for example, to prevent slips, trips and falls and kitchen safety. These were reviewed on a regular basis and were accessible for staff support and guidance. Regular audits were completed to cover areas of health and safety such as infection control, kitchen checks and emergency evacuation procedures.

We found up to date records to demonstrate the provider ensures the maintenance of equipment used by people and in the service was checked on a regular basis. Certificates were in place to reflect gas safety checks, portable appliance checks, and mobile hoist and sling checks.

The provider had systems and processes in place in case of emergencies. Staff had access to Personal Emergency Evacuation Plans for people (PEEPs) as well a grab bag in the reception area for easy access containing a torch and a list of people by name and contact numbers for their GPs and next of kin. This meant that staff had information and guidance in case of an emergency.

We observed the housekeeping staff kept Deneside Court clean and tidy with scheduled cleaning plans in place. There were no odours in the home and all furniture and furnishing were of a good standard. Infection control policies and procedures were in place. Staff received infection control training and had access to a supply of personal protective equipment.

We spent time in the kitchen and found systems and processes in place to ensure the kitchen and equipment used in the preparation of food was clean and well-maintained. We found records of fridge and freezer temperatures to demonstrate the provider followed food hygiene regulations.

## Is the service effective?

### Our findings

Care records demonstrated how a person's physical, mental and social needs were assessed on admission to the home and then on a regular basis. Care records contained information which took into account current legislation and national guidance when planning outcomes. For example, nutritional guidance from the NHS regarding nutrition was used in developing eating and drinking care plans with an outcome of providing a nutritionally safe diet. Best practice was also used with the provider working on a pilot programme using active support coaching for people in conjunction with Mencap. Active support coaching enables staff to learn the skills to give the right support to people to engage in all or part of meaningful activities or interactions.

People and relatives felt that staff were well trained. Comments included, "Oh heck yes, they are great" and "The staff take time to listen to find out what is happening in my life, and how to support me". One relative told us, "I would really worry because not all staff would understand my [family member] or how the feeding PEG needed to be managed." They reported that all of the staff have been trained to meet their family member's health needs and feels they can now go home and "not worry anymore".

The provider offered a comprehensive training and development programme called 'The Cloud' which staff could access remotely. The programme covered mandatory training which included moving and handling, fire safety, health and safety, safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs) and first aid. Staff also received training specifically to meet the needs of the people using the service such as MAPA. (MAPA is a special type of training used to assist people who have behaviour that challenges).

Staff told us they felt supported in their role and that the training provided gave them the skills they needed to care for people. One staff member told us, "We do a lot of training on-line but also together as a group." We found staff also took part in role play as part of their development. The deputy head of therapeutic services told us, "By mimicking behaviours in role play sessions it is a more effective way of supporting staff." They also explained staff had worked with other external professionals before a new admission. This had provided information and support enabling the staff to be ready to support the person on their admission.

The staff we spoke with were able to demonstrate a good understanding of the care and support needs of the people using the service and knew people well. We observed that staff had the necessary skills and knowledge to do their job effectively. Staff were supporting people with ease and confidence and they assisted people communication at the person's own pace. Staff knew when to use speech, gestures or body language to communicate with people, and at a level in which they could understand. Where behaviours were expressed, staff were able to support the person through this period enabling them to manage their behaviours resulting in a calmer persona.

We found staff had their competencies checked in relation to PEG and tracheostomy care. The PEG policy stated that checks should be done annually. We found some checks were out of date by up to three months. We checked with the manager who advised that the clinical lead was in the process of completing checks with staff to ensure all staff's competencies were up to date. At the time of the inspection the manager could

not locate a policy for tracheostomy care so we could see the frequency of competency checks for this procedure. The manager told us, "I would expect those competencies to be annual as well." Following the inspection the manager confirmed by email, "The trachy policy is not present but is being addressed." We found no reported concerns relating to the care of the PEG or tracheostomy care and found care plans detailed interventions consistent with best practice. For example, ensuring the correct position for the person and use of infection control procedures.

In order to provide effective support for people and staff, the provider employed a Therapeutic Services Team which consists of a Head of Therapeutic Services, a deputy Head of Therapeutic Services, therapy assistants, occupational therapists and a physiotherapist. The team supported staff with behavioural support plans and how to manage people's behaviours, looking for triggers and planning strategies to manage behaviours. The team also held formulation meetings (these are used to determine how to support people following a behavioural incident) with staff members following any incidents so staff could discuss the incident, how they felt and to look in detail of the situation prior to any incident. We observed staff engaging with the Therapeutic Services team during the inspection.

A program of appraisal and supervision sessions was in place for staff. Staff told us that they received good support from the management team both in relation to day to day guidance and individual supervision.

Care records confirmed people had access to external health and social professionals when required. Records detailing visits from district nurses, social workers, specialist nurses for PEG support and GPs. People also accessed the dentist, chiropody and opticians. Each care file we reviewed also contained a 'Hospital Passport' which contained a range of personal information regarding likes and dislikes and medical information for use should the person need to be admitted to hospital. The passport would accompany them for medical staff's support and guidance.

Care plans identified people's specific dietary needs. We found the chef had information about people's specific diets such a soft or diabetic diet. The chef told us, "We are piloting a new menu and are on week three at the moment." A rolling set menu was provided, however the chef was able to prepare other choices for people if they did not want or like what was on the menu. The chef said, "I can really make whatever they want." We asked about the provision of food and snacks once the kitchen staff had left for the day. The chef told us, "We stock each unit for evening and night time, things like crumpets, tinned soup, spaghetti, bread and biscuits."

People were offered a healthy, varied diet. We observed people having lunch in the dining room. We observed people were offered an alternative if they did not want the set menu. Staff were supportive when necessary.

During lunch we spoke to one person, who commented, "The food is really nice, and plenty of it, you can help yourself to breakfast and make toast and stuff." Another person told us, "The food is fine, I have no complaints".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with demonstrated a good knowledge of the rationale for DoLS. We found clear details of the MCA assessments and the decision-making process with people being fully involved. This was reflected in care plans with a clear rationale for action set out to inform both the person and staff. Staff understood the importance of supporting people to make as many of their own decisions as possible. We observed staff supporting people to make decisions regarding whether they wanted to join in activities and what they wanted for lunch.

People had access to communal areas. We found these were much improved, with lots of space for activities, storage systems were in place which contained items such as board games and books. Art work done by people using the service adorned the walls. Photographs showing people involved in various recreational activities were also on display. The home had a bright, welcoming atmosphere. People told us they liked how the home looked. One person told us, "It's much better now, more to do and see. I like the pictures." They showed us their own room and we found this to be personalised and decorated to their taste.

En-suite rooms were available with showers and toilets easily accessible for people. Specially designed baths were available for those who required support to access the bath along with spacious wet rooms. Facilities were large enough to accommodate wheelchairs and other mobility equipment. Signage was in place for orientation.

## Is the service caring?

### Our findings

People told us they liked the staff and that the staff were kind. Comments included, "Couldn't fault them", "The staff are nice and kind to me", "The staff keep popping in to check on me and make sure I'm alright" and "Staff always help me and take me to the shops when I want to go".

Relatives told us they felt the service was caring and spoke about the positive relationships between the staff and people living at the home. Comments included, "They give [family member] their undivided attention and nothing is too much", "The staff are always caring and respected, they are like an extended family" and "The staff really go out of their way to make our relative feel settled and supported".

During our inspection we saw many caring and respectful interactions between staff and the people living at Deneside Court. Staff also demonstrated a caring approach with relatives, taking time to have a chat. Staff had an understanding of people's needs and had developed positive relationships with them. They did not rush people to make decisions and were led by what the person wanted to do where ever possible. People appeared at ease with staff, looking comfortable and relaxed in their presence. Staff spent time with people and engaged in conversations and had a joke and a laugh together. We observed some gentle teasing around the pool table, with one person challenging staff to "play the winner".

We saw one person entered a communal area and was wary of us being present and that we were talking to another person. The person became concerned and asked a member of staff why a stranger was talking to people. The staff member was very reassuring and supportive towards the person whilst she explained our role and introduced them to us. The member of staff used a lot of eye contact with the person and guided them calmly to see us with gentle movements. The staff member then went on to be very encouraging and supportive towards the person to engage interaction with the other people around them.

We asked people how the staff preserved their privacy and dignity. One person said "They always knock when they come to my room. They always ask if they would like to help me with something like putting my clothes away or tidying my room". Another told us "The cleaner is lovely. She always comes to find me and ask if I would like my room cleaned and do I mind if she goes in to clean". A third person told us they liked that the staff helped them to keep their room tidy by reminding them of things they needed to do and asked if they can help rather than just being intrusive and doing things themselves.

People and relatives told us how privacy was encouraged when family members visited. One person said "When my dad visits I can sit in the unit or I can sit in my flat. Sometimes we go and play pool and the staff will come and speak to us or just let us talk on our own." One relative spoke about how staff give the family as much privacy as possible when they visit and are always polite when coming into a room when visitors are present. One relative told us, "My [family member] is on 30 minute checks and staff always come in and keep her busy. Sometimes they come and read or just speak to her, but other times they give hand massages or paint her nails."

Staff told us they promoted people's independence, respected their wishes and gave opportunities to

provide information. We found some people cleaned their own rooms, sorted their laundry and did their own shopping for personal items. One person told us how important it was that their flat was clean and tidy. They told us, "I keep it clean and always tidy, they [staff] tell me I do a good job." Two people who used the service showed us how staff had assisted them in organising their personal belongings so they could keep them tidy and find them. Another relative also spoke about the plans the manager had made to offer a flat over Christmas so the family could have increased privacy with their family member.

All staff we spoke with were aware of people's communicative needs and were able to meaningfully engage with people. We saw one person used non-verbal behavioural indicators such as facial expressions and gestures. Staff responded appropriately with a gentle stroke of the arm. Staff told us they had taken time to get to know the people they supported by reading care records and spending quality time with them.

Some people who used the service had access to advocacy services which was detailed in their care records. The provider had information available for people and relatives relating to advocacy. Advocates help to ensure that people's views and preferences are heard.

## Is the service responsive?

### Our findings

When we last inspected the home in April 2017 we found some medicine care plans did not reflect people's current medicine needs. At this inspection we found although medicine care plans had been reviewed, changes were not always recorded. This meant that there was still a risk of inconsistent care and people not receiving care and support with medicines as required. We discussed this with the provider who advised medicine care plans would be addressed.

People and relatives felt staff were very supportive to people's individual needs and focused on person-centred care. Comments included, "I have a great group here, they know me and I know them" and "Support is so much better".

At the last inspection we were told that staff from the behavioural team and 'Square Peg' were involved in reviewing all care plans and were working on making them more personalised. We found this work had been completed and care records were less bulky and easier to work through. (Square Peg are an organisation which works in partnership with Newcastle College in supporting people with disabilities including autism to develop their educational and employment potential.)

Care files contained evidence of comprehensive risk assessments which included absconding, sexual health and exploitation. We found people had care plans which were personal to them, that included information on maintaining people's health, likes, dislikes and their daily routines. The plans set out what people's needs were and how they should be met.

We found where people had complex needs care plans were very detailed, for example to ensure the correct position for the person when administering PEG feeds. In addition we saw staff completed individual daily care records, food and fluid intake records, personal care records and health care professional's visiting records.

Care files included positive behavioural support plans which contained a personalised summary of care requirements including, 'Things I like', 'How to communicate with me' and 'If I reach crisis point'. This meant staff had access to strategies to support people when presented with behaviours that may challenge.

Care records were reviewed and up to date and there was evidence of regular review including family members. The redesign of care records now included a question section, 'How has the person been since the last review?' This required a response other than "care plan remains in place" which had been seen previously. We found more detailed responses from staff when reviews took place.

We found the provider had introduced a shift handover document which included a mini- summary of the person's underlying needs such as mental health or physical needs. The record also contained the day and night care and support requirements and any particular risk areas. These were particularly useful for new staff or agency staff.

People attended a range of activities both out in the community and inside the home. A great addition to the home was the pool table. We saw people having a game and enjoying the social aspect of this with other people and staff. Communal lounge areas had board games to encourage people to play. One person told us, "I spend time in here and enjoy having all of this." They pointed out the shelves containing games and books.

During the inspection we found several people were getting ready to attend the local pantomime. One person told us, "I am looking forward to going and we are having a packed lunch." People told us that they leave the unit often with staff on visits to the community. One person with mobility needs told us, "Staff always help me and take me to the shops whenever I need to go." Another told us they liked to go for a walk daily and the staff on the unit encouraged this. Other trips out included visiting local parks, coastal areas and going to the bingo.

We saw one person getting ready to leave the unit with two members of staff. They informed us they were going to visit family members and was very much looking forward to it. The person's family can't always visit so the staff supported family contact and encouraged social interaction through supported visits to see family.

The home used both a communal car and public transport to assist people to access the community. One relative told us, "Lots happens on the unit. My [relative] can't go out now but previously they used to visit the beach and the shops. They [staff] knew the things they liked and they would make sure she still did them."

The provider had a complaints policy which outlined how people could make a complaint as well as information posters around the service in easy-read format so people had information about what to do if they were unhappy with the service. The service had not received any formal complaints.

Although no person was in receipt of end of life care at the time of the inspection we found staff had discussed potential end of life care with the families of two people. Staff had received training in supporting people at the end of their lives. One member of staff was the designated end of life champion with the responsibility to keep themselves and the staff team up to date with best practice and information.

## Is the service well-led?

### Our findings

When we last inspected the service we found the home was not well-led and the provider had continued to breach regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider had failed to implement and embed improvements to enable sustained and significant improvements.

At this inspection we found improvements had been made but not fully embedded. For example some people's care plans relating to medicines had not been updated with changes. This failure to meet regulations had been identified at the three previous inspections.

The recent audits submitted to CQC as part of the conditions placed on the provider's registration indicated that there were no concerns with medicine management. However we saw the provider's medicine audits for the timescale of the inspection failed to identify medicine concerns found at the inspection. The findings listed in the audit were not consistent with the MAR charts we looked at. N/A (not applicable) had been recorded for some questions when the answer should have been Y (yes) or N (no). 'As and when' protocols documented as Y in audit where not available in the MAR folder. The audit states Y for outcomes being recorded when a medicine prescribed as 'as and when' has been given however when reviewed the outcome was not recorded. Gaps in administration marked as Y however, a gap was present. Therefore, these audits were not consistent with what we found for the same week. The audit also shows that improvements had been made concerning signatures however; we looked at the charts for this week and found multiple missed signatures. Which is not consistent with the last month's audits submitted which state all signatures on all charts are present. This meant we could not be assured that the oversight of the providers systems and processes was effective at identifying issues. The provider gave assurances that the medicine audit process would be reviewed with the clinical lead in order to address our concerns.

This demonstrates a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The previous registered manager had recently left the service. The new manager was a registered learning disability nurse with extensive experience in supporting people with neurological needs. We found they had commenced their application to become the registered manager of Deneside Court. We saw evidence of their DBS check being validated by CQC. The manager had received a robust induction period with the previous manager over a three week period.

We asked what plans were in place for the future of the home. They told us, "I am making sure I am making use of my skills and experiences to support with people's behaviours. For me, it's about taking those extra steps." They went on to explain, "Staff are taking ownership in supporting service users to recognise that they also have ownership to improve things, there are good staff here."

We found quality audits were completed on a regular basis. We saw the manager held an overall action plan which also included actions required to meet compliance with the local authority commissioning team.

Incidents and accidents were analysed to monitor for patterns or trends. The manager kept a log of all safeguarding incidents, recording action taken by staff and any lessons learnt disseminated to staff through team meetings, supervision or formulation meetings.

People felt the manager was open and approachable. One person told us, "He's a lovely man, always has time for a word."

Staff also told us they felt the new manager was supportive and honest. Comments included, "We have stable leadership now", "[Manager] is a good manager, I look forward to coming into work" and "We work as a team, [manager] is part of the team".

People told us they felt the home was well managed. One person said, "It is now things have changed with the new managers [team leaders] it's great. They [staff] seem like they know what they are doing. There are some good changes." Everyone we spoke with commented positively on the management decision to restructure the units in the home and said they felt it was better managed and organised now that the staff stay on one unit and there's leadership from the team leaders. One relative told us, "At one time you didn't know who was working here because they were all over the home and there was no real manager so everything seemed unorganised. Now it's great. You have [team leader] running it [the unit] and the staff here are always on this unit. They get to know your relative better and you can build up trust in them."

People who used the service, relatives and staff told us they had regular meetings with management. Family and friends meetings were held regularly. Meetings were not held in the home but in a local community centre. This gave the opportunity to discuss, raise or give ideas regarding the home in a neutral place with a less formal feeling.

We found regular 'My say' meetings took place with people who used the service. Minutes demonstrated staff encouraged people's involvement in the service, including the planning of activities, menus and general aspects of the home.

Staff meetings had a set agenda which included 'Open house – a change to bring forward your idea and concerns'. We reviewed the minutes and found staff members made full use of this and records indicated what action the manager had agreed to take forward.

We found the provider worked in partnership with other agencies, such as the local authority, local clinical commissioning group and charities. Links with the local community were in place with people attending the theatre, nearby shops and visiting the provider's other locations for events.

We found statutory notifications were submitted to CQC in a timely manner. People's personal records were stored in line with the Data Protection Act.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to provide safe and proper management of medicines. Regulation 12 (2) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	The provider was not able to demonstrate effective governance arrangements in relation to medicine management. Regulation 17 (2) (a)