

# Durham Care Line Limited

# St Aiden's Cottage

## Inspection report

St Aiden's Cottage, Auton Style  
Bearpark  
Durham  
County Durham  
DH7 7AA

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## Ratings

Overall rating for this service	Requires Improvement ●
Is the service effective?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 17 January 2017 and was unannounced. This meant the staff and provider did not know we were visiting.

St Aiden's Cottage is a care home that provides accommodation and nursing care for people who require nursing care. The home is based in Bearpark, County Durham and provides care for older people with learning disabilities and people living with acquired brain injury or dementia. The home is registered to provide accommodation and nursing care for up to 41 people. On the day of our inspection there were 30 people using the service.

The home does not currently have a registered manager. 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.

Although there was no registered manager in post at the home we met the manager who was intending to register with CQC. They had been at the service for seven weeks.

At the previous inspection on 15, 16 November and 1 December 2016 we found that supervisions and appraisals had not been completed or adequately planned. During this inspection we found the new manager had ensured a significant majority of staff had received supervision and, where required, appraisal meetings. They had also planned all supervision and appraisal meetings for the forthcoming year.

All staff we spoke with commented on the noticeable impact of feeling more supported in the workplace and confirmed supervision and appraisal meetings were meaningful two-way discussions about any concerns they might have, and what further training may be beneficial.

We saw where further training had been identified at these meetings, it had been booked by the manager.

At the previous inspection we found staff training had not been renewed in line with the provider's policy, particularly with regard to MAPA training (Management of Actual or Potential Aggression). At this inspection we found all but four staff were yet to receive MAPA refresher training, and these staff had the training booked. The new manager had worked with the administration assistant to ensure the training matrix was up to date.

To address the concerns we raised regarding the timeliness of care planning the new manager had ensured senior care staff were accountable for the regular review of five people's care files. Staff we spoke with demonstrated a good understanding of this new approach.

The new manager had ensured staff awareness and understanding of the importance of maintaining

people's privacy and dignity had been improved, through individual supervision, staff and senior meetings.

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

We always ask the following five questions of services.

### Is the service effective?

Good ●

The service was effective.

Staff training regarding the Management of Actual and Potential Aggression (MAPA) and Positive Behavioural Support (PBS) had been delivered.

Staff had received recent supervision and appraisal meetings to ensure they received the appropriate support and training.

Staff and senior meetings had been held to ensure there was a consistent understanding of staff responsibilities.

# St Aiden's Cottage

## 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.

We visited the service in response to documentation received from the registered provider, which was in response to the concerns raised by CQC following the inspection on 15, 16 November and 1 December 2016. The registered provider provided specific information which indicated they had addressed our concerns with regard to supervisions and appraisals, training delivery and planning (including Managing Actual and Potential Aggression [MAPA], dignity and challenging behaviours), and timely care planning. This visit was unannounced which meant the staff and provider did not know we were visiting. The inspection team consisted of two adult social care inspectors.

Before we visited the service we checked the information we held about this location and the service provider. This included the inspection history, safeguarding notifications and feedback. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection as this inspection was a focused inspection in response to specific information received by CQC from the provider. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked for this information during our inspection and reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales.

Prior to the inspection we contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During the inspection we spoke with eleven members of staff: the manager, the training manager, the administrator and eight members of care staff. We looked at training, supervision and appraisal records, as well as the minutes of staff and senior meetings.

# Is the service effective?

## Our findings

During the last inspection we found several training courses were out of date or not completed and had particular concerns about the lack of Management of Actual or Potential Aggression (MAPA) and Positive Behavioural Support (PBS) training. PBS is an approach used to support people with learning disabilities who become anxious or frustrated and display behaviour that can challenge the service. PBS is a means of positively encouraging people to engage in meaningful activities rather than relying on methods such as restraint. During this inspection we found the significant majority of staff had been trained on both these areas, with the remaining members of staff having training booked. Staff members we spoke with displayed a good knowledge of the course content and how they would be better able to support people who displayed behaviours that could they could find challenging. We spoke with the training manager who had delivered the training and they underwent an initial four-day training course and annual one day refresher courses to assure their competence. We found they had a sound knowledge of the course content.

During the last inspection we also found that staff supervision and appraisals were out of date and not adequately planned. Supervisions are one to one meetings between a member of staff and their manager whereby staff training and other development needs can be discussed. Appraisals are an annual review of a staff member's performance over the year and their competence in the role. At the previous inspection we found only 6 out of 39 staff had received an appraisal whereas at this inspection we found only four staff were yet to receive an appraisal. We saw these remaining appraisals had been planned. Likewise, at the last inspection we had concerns that staff supervisions had not occurred regularly, whereas the provider's policy stated staff would received six supervisions per year. At this inspection we found the significant majority of staff had taken part in a supervision meeting. The new manager was able to show us the planned supervision and appraisal dates for 2017. We found they has successfully reviewed and made prompt improvements to the provision of supervision and appraisals.

We reviewed appraisal and supervision documentation and found it to be detailed, covering staff training requirements and any concerns staff may have. When we spoke with a number of staff they confirmed the supervisions and appraisals were open, two-way discussions and supportive in nature. One said, "I was asked how things were going and what training I needed, as well as whether I was happy with the shifts." Another member of staff said, "I had my management supervision last month. [New manager] went through all my training – I needed tracheotomy and taking blood refresher training as I'm deemed not competent – it was done over a year ago." We saw, where staff training needed refreshing, this had been identified by the new manager and training booked. This demonstrated that the new manager had assessed the competence of staff and, where required, put in place additional training.

Alongside identifying current training needs, we saw evidence the new manager had encouraged staff to discuss longer-term career plans and we saw evidence of two staff members being booked onto non-mandatory training courses that would increase their knowledge and skills. For example, two members of staff we spoke with were looking forward to completing an advanced medication course.

With regard to the concerns we identified at the last inspection regarding the timeliness and effectiveness of

care planning, we saw the new manager had made changes in this regard. They had delegated the responsibility of reviewing five people's care files, every three months, to each senior carer. This meant there was clear accountability for the timely review and update of care files and, if necessary, involvement of external healthcare professionals.

At the previous inspection we identified specific concerns regarding a lack of staff knowledge regarding how to maintain people's dignity and privacy. At this inspection we saw the new manager had addressed this via a range of means. They had held individual supervisions with staff and reiterated the need to, for example, not discuss people's personal sensitive information in front of other people, or to knock on people's doors and await a response before entering. We also saw this topic had been discussed at the staff and senior meetings held since the last inspection. Staff we spoke with all confirmed they had had the importance of maintaining people's dignity, and how to do so, reiterated to them. Staff we spoke with also confirmed they had been reminded of the 'Six Cs'. The Six Cs are a set of values (Care, Compassion, Competence, Communication, Courage, Commitment) intended to underpin how to ensure compassion is part of practice in health and social care. We found staff were able to recall these values. This demonstrated the new manager had used a range of means to ensure staff had the appropriate knowledge to help maintain people's dignity and privacy.