

D3 Care Ltd

The Elms @ Kimblesworth

Inspection report

Elm Crescent
Kimblesworth
Chester Le Street
DH2 3QJ

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19 February 2019
20 February 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: The Elms@Kimblesworth is a care home which provides accommodation for people who require nursing and personal care. The service can provide care for up to 19 people. At the time of our inspection 17 people with mental health needs, learning disabilities or autism were using the service. People with learning disabilities were therefore living in a home larger than current best practice guidance recommends.

People's experience of using this service: The outcomes for people with learning disabilities did not fully reflect the principles and values of Registering the Right Support for the following reasons: lack of choice and control, limited independence and limited inclusion. Practices in the home were under developed to consider risks and support people to reach any personal goals in line with best practice guidelines.

Pre-employment checks were carried out to ensure staff were suitable to work in the home. Insufficient staff were employed in the service to support people to leave the home and engage in community activities. Consequently, people spent their days within the confines of the perimeter of the home. A staff training matrix showed staff had received training in a variety of topics. Not all staff had received training in autism.

New nursing staff had been recruited to the service to provide people with consistent nursing care. However, agency nurses had been employed in the service and the provider had failed to carry out checks on them before they began working in the service.

People's oral medicines were administered in a safe manner. There were deficits in the administration of topical medicines. There were also some gaps in the guidance given to staff for medicines required on an 'as and when' basis.

People were protected by staff who had received training in safeguarding and understood how to raise concerns with their manager.

People's diets were compromised through a lack of choice; kitchen staff were not always aware of people's dietary needs. Advice from professionals was not documented within a care plan. Food and fluid charts were not completed.

Staff engaged people in making decisions about their care during the day. Systems were in place to obtain people's consent. When the Mental Capacity Act principles and code of practice had been applied, and people were found not to have capacity to make decisions, these did not result in best interests' decisions.

The provider had a procedure for complaints. Information was not on display in an easy read format to help people with additional learning needs.

People confirmed that staff treated them with kindness and respected their wishes. Opportunities for people

to influence their service were limited. Resident's meetings were infrequent.

A new manager began working in the service the day before our inspection began. Governance improvements were required in the service to ensure audits were effective, records were up to date and accurate, and people's voice about their experiences using the service were heard.

Rating at last inspection: This service was registered with CQC in November 2018 as the provider D3 Care Limited. Before that the provider was known as Jigsaw Care Limited. There have been no changes in the directors or the name of the service, but the name of the company providing the service has changed.

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

Why we inspected: We inspected this service as concerns had been raised with us by the local authority.

Improvement Action:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We will continue to monitor the service through the information we receive and discussions with partner agencies. We will be speaking to the provider about their next steps to improve the service to an overall rating of Good. We have rated the effective key question inadequate. This means we will inspect the service within the next six months.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not effective.

Details are in our Effective findings below.

Inadequate ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

The Elms @ Kimblesworth

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by the concerns which were raised by the local authority.

Inspection team:

Two inspectors carried out the inspection.

Service and service type:

The Elms@Kimblesworth 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 did not have a registered manager registered with the Care Quality Commission. A new manager had been appointed and expressed to us their intention to register. A registered manager 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 was an unannounced inspection.

What we did:

We reviewed the information we held on the service. We also contacted professionals involved in caring for people who used the service; including local authority commissioners and the local authority safeguarding team.

During inspection:

We spoke with four people who used the service. We also spoke with seven staff including the regional

manager, the manager, nursing staff, senior care staff, care staff, kitchen staff and the activities coordinator.

We reviewed six people's care documents and gathered information from other records held by the provider. These included records about medicines, complaints, audits and accidents and incidents.

After inspection:

We reviewed the evidence provided to us during the inspection and asked the regional manager for further information. We also attended a meeting arranged by the local authority which involved the provider and multi-agency professionals to review the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management.

- The practices in the home were insufficiently developed to assess the risks to people with additional learning requirements.
- One person was prescribed two medicines with a similar intended outcome. Taking a combination of these medicines put the person at risk of serious harm. The service had not reviewed the person's medicines. Following the inspection, we passed this information onto the service who agreed to seek a medicines' review for the person.
- People who used the service had been prescribed topical medicines. Some people could apply their topical medicines independently. For other people, staff could not provide us with records to show people received their prescribed treatment.
- Medicines prescribed to people on an 'as and when basis' did not always have protocols in place to guide staff on when they should be administered.
- Actions had not been taken to reduce the risks to people due to their dietary requirements.

These findings evidenced a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Nurses, no longer administered everyone's medicines who were receiving only personal care. Senior care staff who had been trained in medicines and assessed as competent to do so administered medicines for people who did not require nursing care
- Daily stock counts of medicines and temperature checks were carried out; this showed people's medicines were stored at the correct temperatures.
- Regular checks were carried out in the building to ensure people lived in a safe environment.
- Incidents and accidents had been monitored by the manager. Actions had been identified and taken to prevent reoccurrences.

Staffing and recruitment.

- Agency nurses were employed in the service. The regional manager was unable to provide us with evidence that they had assured themselves agency staff had the necessary backgrounds including knowledge, skills and experience to meet the needs of people using the service.

These findings evidenced a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt the need for agency nurses would be reduced as there were more nurses employed in the service.
- The provider had a system in place to carry out checks on staff before they began working in the service. The system had not been followed for one staff member. The regional manager agreed to address this issue and sent us further information to demonstrate this.
- People required additional staff support to be able to go out. No one using the service was being provided with staff support to access the community; this meant there was not enough staff available to meet people's needs. Following the inspection, the provider discussed in a meeting with the local authority how they intended to rectify this situation.

These findings evidenced a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse.

- Staff had received training in safeguarding vulnerable people. They understood they needed to alert their manager if they had any concerns.
- Safeguarding concerns had been referred by the staff to the local authority safeguarding team.

Preventing and controlling infection.

- Cleaning was ongoing throughout our inspection. The home was clean and tidy.
- Staff used disposable gloves and aprons to reduce the risks of cross infection.

Learning lessons when things go wrong.

- We discussed lessons learnt with the regional manager and new manager. They felt that although there were no major lessons they had learnt they were continuing to learn lessons every day about the people for who they provided care.

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

There were widespread and significant shortfalls in people's care, support and outcomes. Some regulations were not met.

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 with appropriate legal authority. 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. The service had made applications to the local authority to deprive some people of their liberty. However, we found an application had not been made for one person for whom the service was providing 24-hour care. Following the inspection the provider told us they had made this application to the local authority.

- MCA capacity assessments had been carried out. These did not lead to decisions being made in people's best interests.
- People had been requested to sign consent forms when it was not clearly understood if they had capacity to consent.

These findings evidenced a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience.

- Staff had received training in a variety of topics. However, staff had not received training in psychosis, diabetes and autism. Most staff had not received training in learning disabilities; this showed staff had not been trained to meet the needs of people who used the service.

These findings evidenced a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One member of staff told us they had done 'loads of training recently' including MCA and DoLS.
- Staff had been supported through the use of supervision.

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

- Arrangements were not in place to help one person understand a healthy diet.
- People had been diagnosed with diabetes. There were no diabetic options on the menu. Kitchen staff had run out of a sugar substitute.
- Kitchen staff were not aware of one person's food allergies.
- The service was not monitoring one person's intake when specific advice had been given about their needs.
- It was possible for people who did not like the main meal of the day to have a carbohydrate based diet. There was not a choice of main meals. .

These findings evidenced a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us after our site visits they now had a menu suitable for people with diabetes.
- Kitchen staff were asked by one person for eggs on toast for lunch and they were happy to provide their preferred meal.
- A trolley with drinks and snacks was available mid-morning and mid-afternoon.
- The mealtimes were relaxed and unhurried. Staff were attentive and responsive to people's needs during mealtimes.

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

- The National Institute for Health and Care Excellence (NICE) published the guidance 'Mental health problems in people with learning disabilities: prevention, assessment and management' in September 2016. The provider had not got sufficient systems and processes in place to demonstrate they were following this guidance.
- People were waiting at 8am for their breakfast in the dining room. Breakfast was at 8.30am. One person told us they had been up early and they were hungry. We drew this to the attention of staff who felt food could be provided by the night staff to address people's personal preferences. Following our inspection the provider told us people could have beverages, toast and cereals at any time and hot breakfast options were now available from 8 am.
- Handover meetings took place between shifts. Staff communicated assessments of people's needs and their wishes to the staff coming on duty.
- Pre-admission assessments were carried out to look at people's needs and wishes before they began living in the home.

Staff working with other agencies to provide consistent, effective, timely care.

- The previous registered manager had worked alongside other agencies to assess and put actions in place which ensured some people received timely care. The expert views of the manager had been accepted and acted upon by other mental health professionals.
- It had been recognised in a staff meeting that hospital passports to provide medical staff with relevant information were required should people need to access medical care.
- Staff worked with hospital staff to transfer people back to the home in an effective manner.

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

- The home had recently been decorated and refurbished.
- People were familiar with their environment and did not need additional assistance to find their way around.

Supporting people to live healthier lives, access healthcare services and support.

- People were not routinely supported by staff to spend time away from the home to improve or support

their wellbeing.

- Staff supported people to attend appointments when necessary. Night staff raised issues for day staff to follow up when there were concerns about people's healthcare needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; equality and diversity.

- People told us they found the staff were helpful. However, deficits in the service showed the provider was not ensuring the service was caring. The standards of care were undermined by the lack of staff training. Without suitable training staff were failing to support people with learning disabilities to reach their potential.
- Staff used humour to engage people to good effect; they had a good rapport with people who used the service. They treated people with kindness and respect.
- Staff had supported people to have contact with their families to promote their well-being.
- We observed staff help people pay for their drinks from a vending machine in the dining room to prevent them from becoming frustrated. They also offered to get sweets from the local shops for people.

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

- Meetings for people who use the service were infrequent. This meant people's views were not routinely gathered to influence the direction of the service.
- Staff gave people choices throughout the day including what they wanted to eat and drink. However, people's preferences for mealtimes had not been addressed.
- Insufficient staff were available to respond to people's wishes to go out into the community.

Respecting and promoting people's privacy, dignity and independence.

- Work was underway to develop a kitchen where people develop independence skills.
- Staff were required to implement a daily structure to support one person's independence; records were not available to confirm this had taken place.
- A process was in place for staff to ask people if they wanted staff to check on them during the night. Their wishes were documented and staff acted accordingly to protect their privacy.

Is the service responsive?

Our findings

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

People's needs were not always met. Some regulations were not met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People with learning disabilities who used the service did not have care plans in place which reflected good practice.
- Daily records did not demonstrate staff were supporting people with learning disabilities to engage in community activities.
- Newly revised care plans contained information about people's needs and conditions; further work was required to provide additional guidance to staff.
- A newly appointed activities coordinator was in post. An activities board was available in the dining room. Advertised activities were not taking place. There was no budget available for activities. We drew this to the attention of the regional manager who told us previous activity coordinators had spent the budget and the provider had left £35 for activities.
- Staff understood people's ways of communicating. However, we did not see sufficient evidence of how the Accessible Information Standard had been applied through identifying, recording and highlighting people's individual information and communication needs in their care plans.

These findings evidenced a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. No complaints had been made about the service since it was registered in 2018. The policy and how to make a complaint was not on display in a helpful format for people who used the service.

End of life care and support

- Staff had given people the opportunity to discuss their wishes for their end of life care. The wishes of people who were happy to discuss this sensitive issue were documented.
- The service had in-date stocks of end of life medicines; actions were in place to ensure people could be comfortable at the end of their life.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The provider did not have adequate arrangements for the support and care of people with learning disabilities. There was no evidence of staff working to national guidance.
- Staff did not have specific training to promote the well-being of people with learning disabilities.
- Some audits to measure the effectiveness of the service identified actions to be taken; other audits did not uncover the deficits we found during the inspection.
- Records were not available to show checks had been carried out on agency staff.
- Food and fluid charts were not completed.
- The results of people's responses to questionnaires had not been aggregated to consider improvements.

These findings evidenced a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new manager had begun working in the service the day before our inspection. The new manager told us about their plans to make improvements. They had begun the process to register with CQC.
- A clinical lead had recently been appointed to oversee nursing care.
- Statutory notifications had not been made to us on two issues recent issues of concern. Following our site visits these were immediately sent to us.
- Where people were unable due to their behaviour to live at the home the previous registered manager had taken the necessary action.
- After the registration of D3 Care Limited we found the provider had failed to add the service user band of learning disabilities. Following the inspection, the provider submitted the necessary documentation to add this category to their registration.

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

- There was not a culture of involving people who used the service. A recent meeting had been held to seek people's views. Insufficient time had elapsed to show their views had been acted upon.
- Infrequent staff meetings had been held. The new manager held a staff meeting on the first day of their employment.
- Staff completed an equality and diversity monitoring form when they applied to the service.

Continuous learning and improving care.

- In 2018 the provider had changed their registration with CQC from Jigsaw Care Limited to D3 Care Limited to accurately reflect their business.
- Improvements had been made to the home, such as the décor.
- Additional nurses had been employed in the service to provide consistent care to people.

Working in partnership with others.

- There was evidence that the service had made referrals to other professions meet people's needs.
- The service had also worked with people's relatives as their partners in care.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider failed to ensure that people were in receipt of care which was appropriate met their needs and reflected their preferences. Regulation 9(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider had failed to act in line with the principles of the Mental Capacity Act. Regulation 11(3)
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 had failed to do all that was reasonably practicable to mitigate risks to people. Regulation 12(2)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to have effective systems and processes in place to monitor the service. Regulation 17(1)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had failed to carry out checks on people employed in the service. Regulation 19(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had failed to ensure sufficient staff were on duty to meet people's needs Regulation 18(1) The provider had failed to ensure staff had received training and professional development to enable them to carry out the duties they were employed to perform. Regulation 18(2)(a)