Durham Careline Limited

St Bede's Cottage Care Home

Inspection report

Auton Style,
Bearpark,
Durham.
DH7 7AA
Tel: 0191 3731124
Website: www.carelinelifestyles.co.uk

Date of inspection visit: 5 February 2015
Date of publication: 05/06/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 5 February 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. St Bede's Cottage Care Home was last inspected by CQC on 23 July 2013 and was compliant.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. At the time of our inspection there was a new manager in post who was applying to become registered.

St Bede's Cottage Care Home is situated in the village of Bearpark, close to Durham city centre. It is split into two units; the St Bede's unit is for 20 people with a physical disability and the Vicarage unit is for 9 people with a learning disability. On the day of our inspection there were 19 people using the service.

Summary of findings

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Training records were up to date and staff received supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

People who used the service and their relatives were complimentary about the standard of care at St Bede's Cottage Care Home. They told us, “I like it here”, “I like the staff” and “I am very happy here.”

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home but could be more suitably designed for people with dementia.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the manager and looked at records. The registered manager was fully aware of the recent changes in legislation and we found the provider was following the requirements of DoLS.

We found evidence of mental capacity assessments or best interest decision making in the care records. Staff were following the Mental Capacity Act 2005 for people who lacked capacity to make particular decisions and the provider had made applications under the Mental Capacity Act Deprivation of Liberty Safeguards for people being restricted of their liberty.

People were protected against the risks associated with the unsafe use and management of medicines.

We saw staff supporting and helping to maintain people’s independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

People had access to food and drink throughout the day and we saw staff supporting people at meal times when required.

People who used the service had access to a range of activities in the home and within the local community.

All the care records we looked at showed people’s needs were assessed before they moved into the home. Care plans and risk assessments were in place when required and daily records were up to date. Care plans were written in a person centred way and were reviewed regularly.

We saw staff used a range of assessment tools and kept clear records about how care was to be delivered.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists.

People using the service, their relatives, friends and visitors were asked about the quality of the service provided.

Summary of findings

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 safe.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns. Thorough investigations had been carried out in response to safeguarding incidents or allegations.

The provider had procedures in place for managing the maintenance of the premises.

Good

Is the service effective?
The service was effective.

Staff were properly supported to provide care to people who used the service through a range of mandatory and specialised training and supervision and appraisal.

People had access to food and drink throughout the day and we saw staff supporting people when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home but could be more suitably designed for people with dementia.

Good

Is the service caring?
The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Good

Is the service responsive?
The service was responsive.

Care records were person-centred and reflective of people's needs.

People who used the service had access to a range of activities in the home and within the local community.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the manager and felt safe to report concerns.

People who used the service had access to healthcare services and received ongoing healthcare support.

St Bede's Cottage Care Home

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.

This inspection took place on 5 February 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector and an adult social care inspection manager.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. No concerns were raised by any of these professionals.

During our inspection we spoke with four people who used the service, one relative and a friend of a person who used the service. We also spoke with the manager, the deputy manager, the regional care co-ordinator, the head of compliance, four staff and a visiting professional.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits and policies.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This 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 spoke with the manager about what was good about their service and any improvements they intended to make.

Good

Is the service safe?

Our findings

St Bede's Cottage Care Home is situated in the village of Bearpark, close to Durham city centre. It is split into two units; the St Bede's unit is for 20 people with a physical disability and the Vicarage unit is for 9 people with a learning disability. The home is set in its own grounds, in a quiet residential area. A person who used the service told us "I feel safe here."

The accommodation comprised of 29 en-suite bedrooms, 2 lounges, 3 dining rooms, several bathrooms and communal toilets. We saw the home was clean and tidy with no unpleasant odours. We looked at four staff records and saw they had all completed infection prevention and control training.

En-suite bathrooms were clean, suitable and contained appropriate, wall mounted dispensers. We saw weekly cleaning schedules were completed and up to date. Communal bathrooms, shower rooms and toilets were clean and suitable for the people who used the service. They contained appropriate soap and towel dispensers. All contained easy to clean flooring and tiles. Grab rails in toilets and bathrooms were secure.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs, walking frames and pressure cushions. We saw windows were fitted with restrictors to reduce the risk of falls and wardrobes in people's bedrooms were secured to walls.

We observed call bells were responded to promptly.

Carpets in some of the corridors were displaying signs of wear and tear and would benefit from being replaced. Two bedrooms displayed evidence of water damage to the ceilings. We raised this with the manager who told us this would be addressed during the planned refurbishment of the home.

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We looked at the records for portable appliance testing and the electrical installation certificate. All of these were up to date.

We saw a fire emergency plan in the reception area. This included a plan of the building. We saw regular fire drills were undertaken and a fire risk assessment was in place. We observed two bedrooms doors had been propped open, creating a fire hazard. We raised this with the manager who addressed it immediately.

We looked at the provider's accident reporting policy and procedures, which provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences regulations 2013 (RIDDOR) and the incident notification requirements of CQC. Accidents and incidents were recorded and the manager reviewed the information in order to establish if there were any trends.

We looked at the personal emergency evacuation plan (PEEP) policy and procedure. This described the emergency evacuation procedure for the home and for each person who used the service. This included the person's name, room number, impairment or disability and assistive equipment required.

This meant the provider had arrangements in place for managing the maintenance of the premises and for keeping people safe.

We saw a copy of the provider's safeguarding adult's policy, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. We looked at four staff files and saw that all of them had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We discussed staffing levels with the manager and looked at documentation. The manager told us that the levels of staff provided were based on the dependency needs of residents and any staff absences were covered by existing home staff.

We saw there were five members of care staff on an early and on a late shift. Night shift comprised of three staff. The home also employed a deputy manager, an administrator, a cook, a kitchen assistant and two domestics. We observed plenty of staff on duty for the number of people in the home. We spoke with a visiting professional who told us, "There always seems plenty of staff on duty."

Good

Is the service safe?

We looked at the selection and recruitment policy and the recruitment records for four members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates, driving licences, national insurance cards and utility bills. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We looked at the disciplinary policy and from the staff files we found the manager had disciplined staff in accordance with the policy. This meant the service had arrangements in place to protect people from harm or unsafe care.

We discussed the medicines procedures with a senior carer and looked at records. We saw medicines were stored securely in a locked medicines trolley which was secured to the wall in a medicine store room which was kept locked at all times when not in use. We looked at the medicines administration charts (MAR) for four people and found no omissions. Records were kept for medicines received and disposed of.

We looked at the provider's medicines policy and we saw that medicine audits were up to date. We saw that temperature checks for refrigerators and the medicines storage room were recorded on a daily basis and were within recommended levels. Staff who administered medicines were trained and their competency was observed and recorded by senior staff. This meant that the provider stored, administered, managed and disposed of medicines safely.

Good

Is the service effective?

Our findings

People who lived at St Bede's Cottage Care Home received care and support from trained and supported staff. A person who used the service told us "I like the staff" and "the staff are good".

We looked at the training records for four members of staff. The records contained certificates, which showed that mandatory training was up to date. Mandatory training included moving and handling, fire safety, safeguarding, medication, infection control, health and safety and food hygiene. Records showed that most staff had completed either a Level 2 or 3 National Vocational Qualification in Care or a Level 2 in Health and Social Care. In addition staff had completed more specialised training in for example, diabetes, equality and diversity, dementia awareness, epilepsy, oral health, Percutaneous Endoscopic Gastronomy (PEG) feeding, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and introduction to positive behaviour support.

We saw staff received supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The supervision notes were very detailed and individual with very clear actions agreed. We discussed the frequency of supervisions with the manager, as the records we looked at were dated August 2014; she agreed to address this as a priority. This meant that staff were properly supported to provide care to people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at records and discussed DoLS with the manager, who told us that there were DoLS in place and in the process of being applied for. We saw a copy of the provider's DoLS policy, which provided staff with guidance regarding the Mental Capacity Act 2005, the DoLS procedures and the involvement of Independent Mental Capacity Advocates (IMCAs). We found the provider was following the requirements in the DoLS.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. We also saw staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

We looked at a copy of the provider's consent policy, which provided staff with guidance in understanding their obligations to obtain consent before providing care interventions or exchanging information. The policy referred to the Mental Capacity Act 2005 and the Department of Health, guide to consent for examination and treatment. We saw that consent forms had been completed in the care records we looked at for involvement and development of the plan of care and photography. All of these had been signed by the person using the service or their relative.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining rooms at meal times when required. People were supported to eat in their own bedrooms if they preferred. We saw meals were not transported to bedrooms in a hot trolley to keep them warm. We discussed this with the manager who agreed to address this issue. We observed staff chatting with people who used the service. The atmosphere was calm and not rushed. From the staff records we looked at, all of them had completed training in food hygiene.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home but could be more suitably designed for people with dementia. The home had poor signage and lacked stimulation. We also saw three areas of the home where people who used the service could access another neighbouring Durham Careline Limited service, namely St Aiden's Cottage. We discussed the design of the building with the manager, the regional care co-ordinator and the head of compliance. They told us there was a significant refurbishment planned for the home in the next few months which would address these issues and in addition consideration was being given by the registered provider to merge St Bede's Cottage Care Home with St Aiden's Cottage and reregister the service as one location.

Good

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at St Bede's Cottage Care Home. They told us, "I am very happy with the care here", "The staff are nice", "I am happy with the care" and "I am confident in the care my relative receives."

People we saw were well presented and looked comfortable. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity, for example encouraging them to engage in conversation or asking people if they wanted help when they passed them in the lounges. We spoke with a visiting professional who told us, "Staff are very accommodating" and "People look well cared for."

All the staff on duty that we spoke with were able to describe the individual needs of people who were using the service and how they wanted and needed to be supported. Throughout our visit we found staff chatted to people and included them in conversations and decisions about their day.

We observed staff interacting with people in a caring manner and supporting people to maintain their independence. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. This meant that staff treated people with dignity and respect.

People were encouraged to make their own daily decisions wherever possible. The care records showed that people were prompted to make choices about what to wear, when to get up and go to bed and what to have for meals. One person we spoke with told us, "I like to eat my tea in my room so I can watch my television".

We saw people were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people with their behaviours and understood people's individual needs. For example, a person who used the service became very agitated in one of the dining rooms and the person was not able to articulate themselves very well. The staff knew what this person was referring too and we saw the person was comforted and reassured by the staff when this was required.

We saw the bedrooms were very individualised with people's own furniture and personal possessions. Staff supported people to maintain links with family and friends and we saw in people's bedrooms there were many photographs of relatives and occasions.

A member of staff was available at all times throughout the day in most areas of the home. Staff focussed on the resident's needs. Staff we spoke with told us, "I love working with the residents", and "I like working here".

We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments.

A visitor we spoke with told us about their friend who had been a resident at the home for respite care. They told us, "When [Name] came in I was not sure they would settle but they have really enjoyed their stay and will miss being here".

Good

Is the service responsive?

Our findings

We found care records were person-centred and reflective of people's needs. We looked at care records for four people who used the service. We spoke with a visiting professional who told us, "Staff are very helpful".

We saw that pre-admission assessments had been carried out which included personal information, next of kin, GP and social worker details, medical history, communication needs, medication, dietary requirements and any mobility issues.

Care plans were in place for personal care, skin integrity, medicine, elimination, nutrition, mobility, mental health, social activities, expressing relationships, sexuality, financial support plan, spiritual/cultural and end of life. Each care plan provided details of the care and support to be provided and the number of staff required to meet the person's needs. We saw a care plan for communication, which described a person's ability to communicate. This meant that staff knew how to communicate with the person effectively. Each care plan was reviewed and evaluated regularly.

Risk assessments were in place for example, self-administration of insulin, nurse call system, transferring to a wheelchair and bed rails. Assessments contained control measures and recommendations from professionals including speech and language therapists. Risk assessments were regularly reviewed and changes were made if needed.

Some of the care records we looked at contained a "This is about me" information sheet which had been developed with the person or their relative. A "This is about me" information sheet is an introduction to a person, which captures key information and details what is important to that person including people's individual needs, interests, preferences, likes and dislikes and how best to support them. This meant the service enabled staff and health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to their individual's needs.

Records for monitoring falls, nutritional screening, monitoring bowels and assessing continence were completed regularly and were up to date. We saw records of visits by healthcare professionals, such as GP's, district nurse, dentist, best interest assessor, speech and language therapist and physiotherapist. This meant the service ensured people's wider healthcare needs were looked after.

Each person's care records included details of activities the person liked to do. These included arts and crafts, going to Durham, decorating, visit the Durham Light Infantry Museum, going for a walk, reading, listening to music, doing puzzles and going out for lunch The people we spoke with told us about visiting the Metro Centre with relatives and going to the Valentine's Day disco at the local social club.

We saw a copy of the easy read complaints policy on display in the reception area. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the local government ombudsman and the care quality commission, if the complainant was unhappy with the outcome. People, and their family members, we spoke with were aware of the complaints policy and told us "I have never had to complain."

We saw the complaints file and saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. For example, a person had complained about having to wait for staff to support him. We saw that a full investigation had taken place, what actions had been taken, for example, a review of staffing levels and a discussion taken place at a group supervision meeting regarding the need to respond to people in a timely manner. We also saw the person had signed to confirm they were happy with the outcome. This meant that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a new manager in post who was applying to become registered with CQC following the recent promotion of the previous registered manager. A registered manager is a person who has registered with CQC to manage the service.

The manager told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. Staff we spoke with were clear about their role and responsibility. They told us they were supported in their role and felt able to approach the manager or to report concerns. Staff told us "I am very happy working here" and "It's a good place to work"

The provider had a quality assurance system in place which was used to ensure people who used the service received the best care. We saw that the home had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 05/02/2015.

We looked at the provider's periodic service review file, which included audits of health and safety, first aid, medicines, care plans, mattresses, bedrails, the nurse call system, fire alarm and extinguishers, gas safety, hoists and slings. All of these had last been audited between June 2014 and January 2015 and included action plans for any identified issues.

People who used the service and their relatives told us they were regularly involved with the service in a meaningful way. They told us they felt their views were listened to and acted upon and that this helped to drive improvement.

Staff we spoke with told us they had regular staff meetings and this was confirmed when we looked at the minutes of meetings held. The next meeting was proposed for 12 February 2015.

We found staff were able to discuss any areas of concern they had about the service or the people who used it. Staff we spoke with told us "We have supervisions" and "I have been on loads of training". This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the provider's nutrition and hydration policy refers to the NICE (National Institute for Health and Care Excellence) guidelines, the accident reporting policy refers to the Health and Safety Executive and RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). The manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understood and apply them in practice". The staff we spoke with and the records we saw supported this.

We saw a copy of the provider's business continuity management plan that had been reviewed in August 2014. This provided the procedures to be followed in the event of an emergency, alternative evacuation locations and emergency contact details. The plan referred to a different Durham Careline Limited service. We brought this to the attention of the manager and this was amended during our visit.

We saw there was an emphasis on consulting health and social care professionals about people's health, personal care, interests and wellbeing. People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists. This meant the service ensured people's wider healthcare needs were being met through partnership working.

We looked at the providers Data Protection Policy dated September 2014 which provided guidance to staff on data protection and confidentiality. We saw all records were kept secure, up to date, in good order and maintained and used in accordance with the Data Protection Act.