

Mr & Mrs A J Bradshaw

Derwent House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 8 March 2018. At our previous inspection in October 2016 we found that the principles of the Mental Capacity Act 2005 (MCA) were not consistently followed and the provider was not notifying us of significant events. We had found two breaches of the Health and Social Care Act Regulations (Regulated Activities) Regulations 2014. Since the last inspection the provider had notified us of a death however we had not been notified of other significant events. We found further concerns and four more breaches of Regulations. You can see what action we have asked the provider to take at the back of this report.

Derwent House is a 'care home' registered to care for up to 14 people. At the time of the inspection 13 people were using the service. 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.' Registering the Right Support CQC policy'.

There was a registered manager in post. 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 provider had failed to improve and meet the regulations following our previous inspection and the new registered manager was not supported by the provider to understand their responsibilities in relation to their registration with us.

There were insufficient quality assurance systems in place for the provider to monitor and improve the quality of service for people.

There were insufficient numbers of staff to meet the assessed needs of people. People were not always safeguarded from abuse as safeguarding procedures were not always followed.

The principles of the MCA were not always followed to ensure people were not being unlawfully restricted.

Risks of harm to people were assessed and minimised through the effective use of risk assessments. People's medicines were stored and administered safely. Safe recruitment procedures were followed when recruiting new staff. Control measures were in place to reduce the risk of infection.

People's needs were assessed and staff knew people's individual needs and plans of care. Staff worked with other agencies to ensure people received holistic care and when people were unwell or their needs changed health care support was gained.

People were supported to maintain a healthy nutritional diet of their choice. Staff received support, supervision and training to be able to fulfil their roles effectively. The environment was designed and adapted to meet the needs of people who used the service.

People who used the service were treated with dignity and respect and they were involved in the planning of their care and the running of their home. People's right to privacy was upheld and they received care that was personalised and met their individual needs and reflected their preferences.

People were supported to engage in hobbies and activities of their choice and people and their relatives were able to raise concerns and they were acted upon. People would be supported at the end of their life according to their wishes.

People and the staff liked and respected the registered manager.

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 consistently safe.

There were insufficient staff to meet the assessed needs of people.

People were not always safeguarded from abuse as safeguarding procedures were not always followed.

Risks of harm to people were assessed and minimised through the effective use of risk assessments. Lessons would be learned following incidents which could have resulted in harm.

People's medicines were stored and administered safely.

Safe recruitment procedures were followed when recruiting new staff.

Control measures were in place to reduce the risk of infection.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The principles of the MCA were not always followed to ensure people were not being unlawfully restricted.

People's needs were assessed and staff knew people's individual needs and plans of care.

Staff worked with other agencies to ensure people received holistic care and when people were unwell or their needs changed health care support was gained.

People were supported to maintain a healthy nutritional diet of their liking.

Staff received support, supervision and training to be able to fulfil their roles effectively.

The service was designed and adapted to meet the needs of people who used the service.

Requires Improvement ●

Is the service caring?

Good ●

The service remains Good in caring.

People who used the service were treated with dignity and respect.

People were involved in the planning of their care and the running of their home.

People's right to privacy was upheld.

Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised and met their individual needs and reflected their preferences.

People were supported to engage in hobbies and activities of their choice.

People and their relatives were able to raise concerns and they were acted upon.

People would be supported at the end of their life according to their wishes.

Is the service well-led?

Requires Improvement ●

The service was not well led.

The provider had failed to improve and meet the regulations following our previous inspection.

The registered manager was not supported by the provider to understand their responsibilities in relation to their registration with us.

There were insufficient quality assurance systems in place for the provider to monitor and improve the quality of service for people.

People and the staff liked and respected the registered manager.

Derwent House

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 checked 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 8 March 2018 and was unannounced. The inspection was undertaken by one inspector.

We reviewed information we hold on the service including notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who used the service and observed others care and support. We spoke with two care staff, a senior care staff and the registered manager and the registered manager from the neighbouring service.

We looked at the care records for three people who used the service. We looked at the rotas, medication systems, two staff recruitment files and the safety checks the registered manager completed.

Is the service safe?

Our findings

At our previous inspection we had no concerns in the safety of the service. At this inspection we found there were insufficient staff to ensure people's needs were met. We found there were two breaches of the Health and Social Care Act Regulations (Regulated Activities) Regulations 2014.

The registered manager told us and we saw that there were three members of care staff on duty during the morning and the afternoon. One of these staff provided one to one care to one person. This left two care staff available to meet the needs of the other 12 people who used the service. One of the two staff available was responsible for administering medication. A senior member of staff told us that the medication administration could take up to an hour and this would leave one available staff to support 12 people whilst this was taking place. Staff told us that there were not enough staff to be able to support people at all times and we were told that on occasions the one to one support was utilised to meet other people's needs. We were given an example of the one to one staff taking the person and another person out into the community so that other people were able to access the community.

Staff informed us they were responsible for cooking and carrying out other domestic duties. During this period this meant people were not always provided with the support they required to maintain their safety. For example, one person had a health condition which meant at times they required two staff to ensure their wellbeing and safety. Insufficient staffing levels placed this person at risk of potential harm. Discussions with the registered manager confirmed they frequently assisted people with care and support. This meant they were not always able to carry out their managerial role. We found that their managerial duties were not always being carried out effectively and the provider was in breach of Regulations of The Health and Social Care Act 2008 as they were unable to ensure they were carrying out their role in relation to the governance of the service. This showed there were insufficient staff to ensure that people's needs were met in line with the regulations.

The provider did not have a staff dependency tool to assess the needs of people who used the service and determine what staffing levels were required to meet those needs. Following the inspection the provider informed us that they had implemented a staffing dependency tool and increased the staffing levels. However, we cannot yet be assured that this has been effective at addressing the staffing issues that we identified during this inspection.

These issues constitute a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they felt safe. One person told us: "I would ring the home if I was worried when I am out on my own. I know not to talk to strangers". However, people were not always protected from the risks of abuse as we were informed by a member of staff of a recent incident where one person who used the service had assaulted another person who used the service. The staff member told us they had followed the correct safeguarding procedure and informed the senior member of staff at the adjoining service. However, the registered manager was unaware of the incident and it had not been reported to the local

authority for further investigation. This also meant that no action had been taken following this incident to reduce the likelihood of it occurring again.

One person who used the service told us: "I am bullied by [Person who used the service's name] and I have to eat my tea in my bedroom". We discussed this with the staff and registered manager who told us that there was a clash of personalities between these two people. They told us that they had encouraged the two people to stay out of each other's way but there were also times when they got on really well. Staff also told us that people who used the service often fell out with each other verbally. However there were no records of these incidents and no appropriate action had been taken to safeguard people from emotional abuse.

People told us they had their prescribed medication. One person told us they administered their own medication and we saw there was a risk assessment in place for this. Written protocols were available to staff when they considered giving people their prescribed medicines on an 'as required' basis. Staff who administered medicines were trained to do so and their competency checked by management. Medicine records were regularly audited to ensure staff administered medicines safely. However we found there was no medication fridge to store one person's medication. The medication had to be destroyed regularly due to the expiry date running out as it could only be stored out of the fridge for up to 30 days. We discussed this with the registered manager who agreed that this was a waste of medication and that they would ask the provider to purchase a medication fridge.

People's risks were assessed and risk assessments were in place to promote people's independence whilst reducing the risk of harm. For example, we saw individual risk assessments had been completed to assess people's skills in relation to road safety. Some people had been assessed as being able to independently cross the roads whilst another person due to their health needs always required staff support. We saw other risk assessments such as some people being able to access the community alone and a mobility plan for one person who required two staff to walk safely. We discussed with the registered manager how lessons would be learned if there had been an incident which could have resulted in harm. The registered manager told us that there had been no recent incidents however they explained how they would take action to prevent the incident from occurring again. This meant that people were being supported to be independent and remain safe.

People were supported by staff who had been employed through safe recruitment procedures. We looked at two staff recruitment files and saw that pre-employment checks had been carried out. Pre-employment checks were completed prior to offering the person the job. These checks included the completion of disclosure and barring service (DBS) checks. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant.

Staff we spoke with knew safe infection control procedures and told us how they used gloves and aprons when supporting people with personal care. We saw that the home was clean and there was antibacterial hand gel available for staff and people to use. People were supported to maintain a clean environment as staff had received training in food hygiene and infection control procedures.

Is the service effective?

Our findings

At our previous inspection we had concerns that the principles of the Mental Capacity Act 2005 (MCA) were not always being followed. At this inspection we had further concerns in this area and found a breach of the Health and Social Care Regulations 2014 (Regulated Activities) Regulations 2014.

The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff we spoke told us that they had limited understanding of the MCA and the Deprivation of liberty procedures and were unaware of any restrictions that may be in place for people.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our last inspection we found that one person required a referral for a DoLS authorisation. We found that this urgent referral had been made straight after the inspection in 2016. However no response had been received from the local authority. A further none urgent had not been submitted and we saw that not all of the person's restrictions were recorded on the initial referral. For example, the person was restricted with the use of a lap strap when they were in their wheelchair and this had not been referred. We found in another person's care record that they had been referred for a DoLS. The registered manager was unable to tell us who had been referred and when as there was no system to monitor the DoLS referrals. This meant that the principles of the MCA were not being consistently followed to ensure that people were not being unlawfully restricted.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were assessed and they had plans of care to support staff to be able to meet those needs. Staff we spoke with knew people well and knew how to support them. We saw one person had a protocol in place to support them with their health condition. The plan was clear and comprehensive and stated at what point medical advice should be sought. Staff we spoke with knew the person's plan and knew how to care for them when they were unwell.

We saw that staff at the service worked with other agencies to ensure that people's holistic needs were met. For example, the registered manager told us that one person was being supported by a multi-agency team of health professionals as they were unwell and required treatment. The team had planned a meeting to discuss and agree the best options available to the person and how to best support them to remain well. People were supported to attend health care appointments and they had access to a range of health care services. We saw if people became unwell health advice was sought in a timely manner.

People told us they liked the food and that they had choices about what they ate and drank. We observed

two people make their own breakfast of choice. One person told us: "We have a good variety of food every day, we do a weekly menu". There were regular meetings to discuss the menus and a member of staff told us how they supported people with differing dietary needs such as high cholesterol and low potassium levels to choose food that would support them to remain healthy. We saw there were photographs of different foods and people were shown these when putting together the menus so they were able to see the options available to them.

Staff we spoke with told us that they felt supported by the registered manager and that if they had any issues or concerns they were able to raise them. We saw that staff had received training in specific tasks related to individual people who used the service. For example, staff had been trained to administer emergency medication for when one person became unwell. A senior member of staff told us that they were receiving training in 'team leading'. This showed that staff were trained and supported to fulfil their roles effectively.

The environment was designed and had been decorated to meet the individual needs of people who used the service. Each person had their own bedroom which had been decorated to their own personal style and liking. We saw that a wet room had been installed for one person who used the service and that they had a rail which had been installed in their bedroom to help them to stand with minimal support. Other people had access to a bath or a shower and there were adaptations in place to meet all people's needs.

Is the service caring?

Our findings

People who used the service told us and we saw that they were treated with dignity and respect. One person told us: "The staff are brilliant. I love it here, they are brilliant carers". Another person told us: "I get up when I like and go to bed when I like. I like to get up pretty early". We saw people were free to come and go around their home as they wished.

We saw the care plan of one person which stated, '[Person's name] sometimes makes poor lifestyle decisions'. We discussed this with the registered manager who told us that this person had been assessed as having the capacity to understand the decisions they were making and the affects they may have on their health. This showed that this person's choices were being respected and they were able to make their own decisions about their wellbeing.

Some people liked to stay in bed, whilst others got up to attend planned activities and staff knew people's preferences. A staff member told us: "[Person's name] likes to lay in, in the morning". We saw this person got up when they were ready as described by staff. Other people made their own breakfast whilst others were supported to make theirs. We observed there was a friendly relaxed atmosphere within the home and people were treated respectfully by staff.

We observed that staff laughed and chatted with people who used the service and that they took time to notice when people required support to maintain their dignity. For example, one person had food around their mouth following breakfast and we saw a member of staff discreetly help them to wipe it off.

People were involved in the running of their home and their planning of their care. One person told us: "We have resident meeting to discuss whatever we like". People had access to advocacy services if they required support with accessing information and decision making. We saw that some written information was available to people in an easy read format if they had communication difficulties.

Most people had their own rooms and they could have locks on their bedroom doors if they wished. Two people shared a room and we were told that these two people chose to share and were happy sharing. People chose where they wanted to sit, for example we saw one person sat in the lounge alone whilst others sat in the dining rooms and chatted with staff. A member of staff told us: "[Person's name] has an alarm on their bed and if they have an epileptic seizure it alerts us to it. This means we are able to give them privacy when they are in their bedroom". This meant people's right to privacy was being respected.

Is the service responsive?

Our findings

People's needs were assessed with them and their relatives and care plans put in place which were reflective of their individual preferences. One person told us: "We talk about my care plans and what I need". We saw people's likes and dislikes and their individual forms of communication were recorded in the care plans. For example we saw how one person may present themselves if they needed help with their continence needs. Staff we spoke with knew people's lifestyle preferences and communication needs.

People's individual needs were met with the support from staff and other services made available to them and they were encouraged to be as independent as they able to be. One person who had a sight impairment told us how equipment supported them to be independent. They told us how they were able to make hot drinks as they had a device which told them when the cup was full. They also told us that they had a 'SOS' necklace which would alert people who did not know them to a medical condition they had if they became unwell when they were independently accessing the community.

People were encouraged and supported to engage in hobbies and activities of their choice. We saw people all participated in differing activities dependent on what they enjoyed. Some people attended external agency group activities such as the local farm, whilst other people accessed the community independently with their friends. We saw people enjoyed a range of activities including, using the trampoline at a local centre, shopping, eating out and accessing the farm.

There was a complaints procedure. The registered manager told us that there had been no recent complaints. We saw that people were regularly asked their views on the service and action was taken when people identified something they wished to change. For example, one person told us that at a recent 'residents' meeting they had said they no longer wanted the pasta bake on the menu as the majority of people did not enjoy it. The person told us that this was no longer on the menu and had been replaced with something people enjoyed. We saw that relatives had recorded on questionnaires comments such as 'The staff always take on board any slight concerns' and 'I can contact anyone if I have concerns and any problems are quickly sorted out'. This showed that staff at the home responded to people and their relative's comments and concerns.

The registered manager told us they would seek professional support and follow their advice if someone was to come to the 'end of their life' at the service. They told us that some people's relatives had funeral plans in place for their loved ones and these were readily available in their care plans if needed.

Is the service well-led?

Our findings

At our previous inspection in October 2016 we had found the provider in breach of Regulation 16 Registration Regulations 2009 (Notification of death) and of Regulation 18 Registration (Notification of other incidents). At this inspection we found that the provider was no longer in breach of Regulation 16 Registration Regulation 2009 as we had received a death notification. However we found the provider remained in breach of Regulation 16 of the Registration Regulations. We also found a further breach of regulations as the provider did not have effective governance systems in place to monitor and improve the quality of the service.

Following the last inspection the provider had submitted an action plan informing us how they planned to make the required improvements. At this inspection we found that the provider had not made improvements since our previous inspection by ensuring that the breaches of Regulations were met and we found that they were still in breach of Regulation 18 Registration Regulations and there were a four further breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This showed that the provider had not responded to improve the quality of care.

At our inspection October 2016 we advised the provider that they implemented quality assurance systems to identify concerns and improve the service for people. At this inspection we found that the provider had failed to establish appropriate systems or process to assess, monitor or improve the quality of care and support that people received or to achieve compliance with the Health and Social care act 2008.

Since the last inspection the deputy manager had been registered as the registered manager. The provider had not ensured that the new registered manager received support and supervision in their role to ensure that they were delivering good quality care that met the Health and Social Care Regulations. We found that the registered manager was unaware of their full responsibilities of their registration with us. This showed that the provider had failed to offer support and have oversight in the running of the service.

There was no system in place to determine the levels of staff required to meet people's needs and keep them safe. The registered manager told us that the provider had not assessed people's needs to ensure the staffing levels were adequate. We found there were insufficient staff which put people at risk of not receiving the care they required. Staff told us that they were not always able to provide people's commissioned one to one care. There were no systems in place to monitor the adequacy of staffing levels or to take action when additional staff were required.

There were no systems in place to monitor safeguarding referrals that had been made or to show what action had been taken to protect the individual from the risk of further harm. The provider did not have systems in place to review or monitor deprivation of liberty safeguards applications. The registered manager was unable to tell us who had been referred to the local safeguarding authority and who had been referred for a deprivation of liberty authorisation. We found that one person was subject to active restrictions however, you had failed to recognise this or take appropriate action.

There were no comprehensive records of incidents relating to people's behaviour. People who used the service had communication difficulties and at times their behaviour impacted on other people who used the service. There were no records to ensure that people's needs in relation to their behaviour were being met and action could be taken to improve the experience for people. The provider had failed to deploy systems to audit accidents and incidents for trends and to take effective action to reduce reoccurrences of accidents and incidents.

These issues constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was not a systematic approach to quality assurance or any form of quality assurance.

The provider was not displaying their rating following our previous inspection as they are required to do. This was a breach of Regulation 20 A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a positive culture of people who used the service being supported to be independent and to make choices about their own care. We observed that people who used the service chatted to and responded well to the registered manager as they had worked at the service for many years. People who used the service were actively involved in the decisions about the way their service was managed. Staff and the registered manager worked with other agencies to provide the appropriate care and support for people.

Staff we spoke with told us they liked and respected the registered manager and that the staff worked well as a team. One staff member told us: "Everyone likes [Registered manager], but she gets no support as she still has to work all her shifts as a member of the care team". Staff were asked their views and involved in the running of the service. One member of staff told us: "We work really well as a team".

The registered manager conducted fire safety and water temperature checks as required to maintain the safety in these areas.

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 18 Registration Regulations 2009 Notifications of other incidents The provider was not notifying us of significant events.
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The principles of the Mental Capacity Act 2005 were not always followed.
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider was not displaying their previous quality rating from us.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality assurance systems were ineffective in improving the quality of service for people.

The enforcement action we took:

We served a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient staff to meet people's assessed needs.

The enforcement action we took:

We served a warning notice.