

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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service:

Derwent House is a residential care home registered to provide accommodation and personal care for up to 14 people with a learning disability. The service is provided in a converted house, which is next door to another of the provider's services. The accommodation comprises 13 bedrooms, with one shared bedroom, shared toilet and bathroom facilities, communal lounge, dining room and kitchen, with access to a garden. At the time of our inspection, thirteen people were being supported at the service.

We inspected this service within the principles of Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. We found that people using the service did not always receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using this service:

People had been placed at risk of continuing harm because staff had not recognised and reported potential safeguarding concerns. The provider had not ensured lessons had been learned since the last inspection and further improvements were needed to ensure staff received training and support to provide care in line with the values of Registering the Right Support. There was a lack of structure within the management and the provider did not have effective systems in place to consistently assess, monitor and improve the quality and safety of the service and ensure regulatory requirements were met.

People were not always supported to have maximum choice and control of their lives. The registered manager lacked knowledge to ensure people were supported to consent to their care and support in line with legislation.

There were enough, suitably recruited staff available to meet people's needs and support them with activities. However, improvements were needed to ensure people were consistently supported to take part in activities that met their individual needs and promoted their wellbeing.

People were happy living at the service and were involved in day to day decisions about their care. However, improvements were needed to ensure staff practices consistently promoted a caring and respectful environment.

Risks to people's health and wellbeing were assessed and staff understood the actions they should take to keep people safe. People were supported to take their medicines as prescribed.

People were involved in the planning and preparation of their meals. When people had specific dietary needs, staff followed professional advice to ensure these were met. People were supported to be involved in

managing their own health needs and accessed other health professionals when needed.

People, relatives and staff were able to approach the registered manager if they had concerns and the registered manager worked with other agencies to ensure people's changing needs were met.

Rating at last inspection: Inadequate (published December 2018)

Why we inspected:

At our last inspection in November 2018, we found continued and new breaches of the regulations and rated the service as Inadequate. People were not always protected from the risk of harm, there were insufficient staff and improvements were needed to ensure the provider followed safe recruitment procedures and had effective systems to continually assess, monitor and improve the service to ensure legal requirements were met. We placed the service in 'special measures' and placed conditions on the provider's registration which required them to report to us on the action they were taking to meet the regulations.

This inspection was planned to follow up on the concerns at the last inspection in line with our 'special measures' procedures. We needed to check that people were supported safely and whether the provider was meeting the Regulations.

We found continued concerns during the inspection and there were breaches in regulations. We rated the key question of well led as Inadequate. The key questions Safe, Effective, Caring and Responsive were rated Requires Improvement. The overall rating is Requires Improvement.

Enforcement:

At this inspection, we have identified breaches in relation to safeguarding people from suspected abuse, leadership and governance of the service and ensuring people's consent to care and treatment was sought in line with legal requirements.

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up:

The overall rating for this service is 'Requires improvement'. However, the rating for well led continues to be 'Inadequate' and the service therefore remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

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

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 always effective

Details are in our Effective findings below.

Requires Improvement ●

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 well-led.

Details are in our Well-Led findings below.

Inadequate ●

Derwent House

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. The service was placed into special measures in December 2018. 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.

Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Derwent House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they 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:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection, which on this occasion did not include a Provider Information Return. This is information we request on at least an annual basis about what the service does well and improvements they plan to make. However, we checked to see that the provider had notified us about important incidents, such as accidents or incidents of abuse, and we sought feedback on the service from the local authority. We used all this information to plan our inspection.

During the inspection, we spoke with twelve people who used the service and four relatives to ask about their experience of the care provided. Some people were unable to tell us their views in any detail because

of their complex needs. We therefore spent time observing how staff interacted with people and how they supported them. We did this to understand people's experience of living at the service. We spoke with four members of care staff, the registered manager, and the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We also looked at records relating to the management of the home, which included three staff recruitment records, a variety of audits and policies and procedures developed and implemented by the provider.

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. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- At our last inspection, the provider failed to protect people from the risk of abuse following a substantiated safeguarding against a person who worked at the service. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Following the inspection, we took enforcement action to ensure the provider no longer allowed the person to work at the service and asked them to report to us how lessons would be learned.
- At this inspection, we found the steps the provider had taken were not effective and people remained at risk of abuse. Staff had received training, but discussions showed that they had failed to recognise potential safeguarding concerns and had not referred them to the local safeguarding authority for investigation. For example, daily records and behaviour charts showed that there had been incidents between people living at the service, including verbal abuse and intimidation, which had caused them distress. Discussions with the registered manager and staff showed they saw these incidents as minor disagreements between people which were usually resolved when staff intervened and had not recognised them as potential abuse. This showed us safeguarding was not given sufficient priority and the service was not fully engaged with local safeguarding systems.
- The failure to ensure lessons had been learned showed us that the culture at the service had not changed and safeguarding matters were not dealt with in an open, transparent and objective way.

This was a continued breach of Regulation 13 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Whilst we saw that the home was clean, the provider had not ensured staff consistently applied good infection control practices. For example, a local authority food hygiene inspection had raised concerns about poor management practices at an inspection in January 2019, had awarded the service the lowest rating of one out of five. Whilst the immediate risks identified at the inspection had been addressed, the registered manager had only started to implement a new management system at the beginning of May 2019. They told us they lacked the knowledge needed and was relying on the work being completed by a member of staff who was moving from another of the provider's services, Keswick House.
- Staff followed cleaning schedules and we saw the home was clean. However, we found improvements were needed to ensure the home was maintained to a good standard. For example, an area of vinyl flooring was missing in the ground floor toilet and some woodwork was rotten, which made it difficult to clean and increased the risk of cross infection.

Staffing and recruitment

- At our last inspection, there were not enough staff to meet people's needs and people who required one-to-one support did not always receive it, which placed them at risk of harm. In addition, the provider did not follow safe recruitment procedures to ensure staff were suitable to work with people. These were breaches of the Regulations 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, sufficient improvements had been made and the provider was no longer in breach of these regulations.
- We observed people receive their planned one-to-one support and there were sufficient staff to meet people's care needs and support them with activities. However, it was noted that the registered manager was frequently included in the staffing numbers, which would have an impact on their ability to lead the service effectively and deliver the improvements needed.
- The provider had reviewed their dependency tool and the registered manager told us they were getting support from the registered manager at Keswick House to use it. They told us, "Staff numbers are varied based on people's needs and the activities they have planned but I am going to start using the dependency tool, I've just got to get my head around it".
- Staff told us and records confirmed that the provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. We saw a risk assessment was carried out when any concerns were identified, which showed the provider had taken action to address concerns raised at the last inspection.

Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed and managed and reviewed when people's needs changed. Staff understood people's needs and told us how they supported them to remain safe, which matched the information recorded in their care plans.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

Using medicines safely

- People received their medicines when needed. We saw that medicines were stored securely and staff were trained and monitored to ensure they followed safe practice.
- People were supported to be involved in administering their medicines as much as possible. For example, one person was supported to use a blood sugar reader to support them with taking their insulin, which promoted their independence.
- We saw that medicine records were completed accurately and monitored to ensure people received their medicines as prescribed.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been 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).

- At the last inspection, the provider had made improvements and was meeting the requirements of the MCA. At this inspection, we checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the improvements had not been sustained.
- People's consent to care and treatment and best interests decisions were not obtained in line with the MCA and DoLS. The registered manager told us that two people were unable to make decisions for themselves and their family members had signed to consent to their care, for example for staff to administer medicines, or support them with equipment.
- We saw that these people's capacity to consent had not been assessed to determine if they could make the decision for themselves and there was no record of how the decision had been made in their best interests. Furthermore, the provider had not checked whether the family member had the appropriate legal authority to make the decision on their behalf. This meant we could not be sure people's rights were being upheld.
- Staff had received training and understood their responsibilities to support people to make decisions for themselves as far as possible and we heard them gaining verbal consent. However, the registered manager had not received any additional training and did not fully understand DoLS. Whilst they had obtained an authorisation for a person who was under constant supervision, they did not understand that people who had the capacity to consent could not be deprived of their liberty. For example, they had not carried out a mental capacity assessment to determine that a DoLS was required and a person was deemed to have capacity to make the decision for themselves when assessed by the best interests assessor.

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

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

- People's needs were assessed before they started to use the service and appropriate referrals were made to other health professionals to ensure their needs were met.
- We saw assessments considered people's diverse needs, for example, about religion. However, improvements were needed to ensure this considered all protected characteristics, for example people's sexuality, to ensure their rights and preferences would be met.

Staff support: induction, training, skills and experience

- At the last inspection, improvements were needed to ensure staff had the skills and knowledge to meet people's needs. At this inspection, improvements were still needed.
- Staff told us they received a two-day induction when they started at the service, which included training in areas including moving and handling and safeguarding. However, we found training in safeguarding had not been effective because the staff and registered manager had not recognised some potential safeguarding incidents and referred them to the local authority for investigation.
- Staff told us that their training was completed on-line and a workbook was completed which was assessed externally. However, the registered manager did not carry out any observations or checks to ensure staff had understood the training and put it into practice to provide effective care.

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

- Although we have identified that some areas of the home needed refurbishment, the provider had started to redecorate some people's bedrooms, to reflect their personal taste. One person said, "I have had new furniture and I chose the colours [for the paint]". We saw improvements had been made to the communal areas of the home to create a homely atmosphere and reflect people's preferences. Personal items were on display, including photographs of activities and greetings cards.
- People had access to outside space which was safe for their use. One person pointed out the tomato plants they were growing, with the support of staff.

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

- At the last inspection, improvements were needed to ensure people were involved in planning menus and shopping for food. At this inspection, we saw people were involved in planning and cooking meals and assisted staff with the online shop when it was delivered. One person proudly showed us the menu plan and the recipes they used. In the afternoon, we saw they were following one of the recipes for the evening meal, which smelt very appetising.
- People's needs were assessed and understood by staff. Staff were aware of people's specific needs, for example people who were diabetic, and the support they needed.
- People were encouraged to follow a healthy diet and lose weight if needed. They told us about their slimming club, Derwent Dieters, which awarded a person 'slimmer of the month'. One member of staff told us, "They are so excited as it's the month end and they are waiting to find out who has won".

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had annual health checks and had access to a GP and other health specialists when required such as a dentist and optician. Some people were able to tell us about their individual health needs and were aware of why they needed regular check-ups.
- People were referred to specialist health workers and supported to attend appointments. People's

communication needs were detailed in health passports and were used when people visited health professionals, for example attending dental appointments.

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

- At the last inspection, improvements were needed because the provider had not recognised that the way in which some people had been spoken to and about was disrespectful and unkind. At this inspection, we found that some improvements were still needed.
- We could not be sure people were always treated in a caring and respectful manner because staff had not recognised incidents of verbal abuse and intimidation between people as potential abuse.
- Staff did not always recognise their role in creating an environment in which people's diversity was valued and promoted. Some people talked about a holiday they were looking forward to and told us the hotel was for "people like them [disabled]". Another person described themselves as "backward, and not able to do things". Staff did not challenge these comments to ensure they promoted people's wellbeing and sense of self.
- People and relatives told us they were happy with how they were cared for. One person said, "I like it here, I just do". Relatives we spoke with told us staff were kind and caring. One said, "I like the way the staff treat people, if I wasn't [Name of person] wouldn't be there".
- We observed staff knew people well and had good relationships with them. Throughout our inspection visit, we heard lively chatter between them.

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

- We have identified that people were not always supported to make important decisions about their care. However, people told us they had choice over how they spent their day. We saw people had a lie-in and some people came in and out of the home throughout the day. One person told us they were going shopping for new clothes and planned to use a voucher they had received for their birthday. We heard them discuss this with a member of staff, who made sure they had the voucher with them before they went out.
- Staff understood people's individual communication needs. For example, they were able to recognise gestures and behaviour for a person that was unable to communicate verbally. This meant the person was supported to make their wishes known as far as possible.

Respecting and promoting people's privacy, dignity and independence

- The provider had made improvements to support people to develop and maintain daily living skills, to promote their independence. For example, a new kettle with a press-button action to release the water safely had been purchased. We saw people using it to make their own drinks at breakfast time.
- People were encouraged to maintain their appearance to promote their dignity. A relative told us, "I used to give [Name of person] a wet shave when they came home and they had an electric razor at the home, but

recently they bought themselves a razor and do their own wet shave now – staff taught them how to do it".

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. Regulations may or may not have been met.

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

- At our last inspection, improvements were needed to ensure people receive personalised care that met their individual needs and promoted their independence. At this inspection, we found some improvements had been made but more were needed.
- Activities were not always planned to meet people's individual needs and preferences. For example, we found some people had set activities that were not available during school holidays. Staff were aware of this but had not supported these people to take part in any alternative activities that met their preferences and the only activity taking place was the weekly bingo session. One person did not want to join in with this and became upset when they realised their usual activity was not taking place. This meant people did not always have choice and control over how they were supported.
- People's care plans had been reviewed and more personalised plans had been developed, which were in a pictorial format. People were also supported to set goals for daily living skills, however, it was not clear how staff encouraged people to achieve these.
- People were encouraged to be involved in the local community. Some people were very independent and told us they accessed a range of activities including volunteering. One person told us they volunteered at a local hospital. They were proud of their achievements and showed us a photograph of them wearing their uniform and told us about how they helped people.

Improving care quality in response to complaints or concerns

- People told us they would talk to the staff or registered manager if they had any concerns. One person said, "If I was worried to would talk to the staff".
- Relatives we spoke with told us they did not have any complaints but would be happy to speak with the staff or registered manager if they did. One said, "[Name of person] would tell me if they had any worries and I'd ring the manager up if I needed to". Another said, "I haven't needed to make a complaint; I visit regularly and get plenty of feedback".
- There was a complaints procedure in place which was accessible to people living at the home. We saw any complaints were logged and responded to promptly.

End of life care and support

- Whilst there were no formal end of life care plans, we saw the registered manager discussed and recorded people's wishes, for example, some people had funeral plans in place. This meant people's preferences for care at the end of their life would be respected.

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.

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

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

- At the last inspection improvements were needed to ensure people there were receiving care in line with the principles of Registering the Right Support and governance arrangements were effective in mitigating risk to people. This was a breach of Regulation 17. At this inspection, improvements were still needed and they remained in breach.
- Following our last inspection, staff had received training in safeguarding and dignity in care, to ensure safeguarding lessons were learned and staff provided support underpinned by the values of Registering the Right Support. However, this training had not been effective. Staff had failed to recognise and report concerns that compromised people's dignity and wellbeing and placed them at risk of potential abuse. Furthermore, we found the language used in people's care plans did not always demonstrate staff respected people's dignity. For example, the registered manager had identified one person's needs as "For [Name of person] to control their temper and be nice with people", and [Name of person] doesn't ever get emotional about their behaviour, they seem to enjoy being nasty to others and upsetting them". This showed us the values of dignity and respect were not fully embedded at the service. Systems had failed to identify this inappropriate language.
- There was a lack of effective governance systems in place to monitor the service and mitigate risks to people. There was a continued lack of accountability within the service and it was unclear who had overall responsibility to ensure regulatory requirements were met. Breaches in regulations had continued, which had placed people at risk of ongoing harm.
- There was no effective system to record, investigate and monitor accidents, incidents and safeguarding concerns. The provider's records showed that there had been no recorded accidents since September 2018. People told us about a person who had fallen and broken their shoulder on their way home after a home visit. We saw the incident had been recorded in the person's daily records. However, there was no formal record or investigation. Whilst we saw an interim care plan had been put in place to meet their increased needs, the lack of investigation meant the provider had not taken all reasonable steps to mitigate the risk of further occurrence.
- Environmental risks had not been consistently acted on to mitigate risks to people. A home audit had been carried out in January 2019 but this had not been kept under review and had not ensured that actions such as covering radiators and hot water pipes had been completed in a timely manner. The provider told

us that the radiator covers were on order but this was four months after the concern had been identified and meant that people were at risk of ongoing harm.

- People were not consistently protected from the risks associated with hot water because temperatures on washbasins were not effectively monitored to ensure they were within the provider's identified safe limit of 43 degrees. Our observations and checks by the provider showed that temperatures had exceeded the safe level. The provider told us the decision had been taken to remove the thermostatic management of these temperatures but had not reviewed this in the light of these elevated temperatures. This meant the checks had not been effective in protecting people from potential harm.
- The registered manager did not receive support and guidance from the provider to ensure they fulfilled their role. They lacked knowledge and understanding in key areas, including the Mental Capacity Act 2005, which meant that people's rights were at risk of not being upheld.

The above evidence demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- It is a legal requirement that a provider's latest CQC inspection rating is displayed at the service. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We saw the provider had conspicuously displayed this in the home.

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

- People and relatives were encouraged to give their views on the quality of the service. Residents meetings were held and people and relatives were invited to give their views through an annual survey. Feedback from the October 2018 survey was positive, with views being sought on people's care and support and the management of the service. People were asked to rate their views, using a smiley or sad face. However, it was not clear how they had been supported to understand the questions posed.
- People and relatives told us the registered manager was approachable. A relative told us, "I have known the manager for many years, I can ring and they always sort things out".
- Staff told us they felt supported by the registered manager. One told us, "The manager listens to any concerns and tries to change things where they can".

Working in partnership with others

- Although we have identified that the service was not fully engaged with the local safeguarding team, we saw the registered manager worked with other agencies including the community learning disability team, to ensure people's needs were met. They were also liaising closely with social workers in relation to a number of reviews being carried out because people's needs had changed.

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 11 HSCA RA Regulations 2014 Need for consent People's consent to care and treatment and best interests decisions were not obtained in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The staff did not understand the requirements of the legislation.