

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Deaconstar Limited

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Date of Inspection: 07 February 2014

Date of Publication: April  
2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Deaconstar Limited
Registered Manager	Ms. Nicola Jayne Cook
Overview of the service	Deaconstar provides care and support to people with learning disabilities living in the community.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Cleanliness and infection control	10
Requirements relating to workers	11
Assessing and monitoring the quality of service provision	12
<b>About CQC Inspections</b>	14
<b>How we define our judgements</b>	15
<b>Glossary of terms we use in this report</b>	17
<b>Contact us</b>	19

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We carried out a visit on 7 February 2014, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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We saw people who used the service were treated respectfully and were encouraged to express their views freely.

Where people had difficulty communicating we saw they were encouraged to communicate in other ways because pictures and magnetic letters had been provided to help them.

We saw care plans were regularly reviewed and person centred. We saw staff knew the people they were caring for well and encouraged people to be independent while being available to assist them if needed.

Staff working for the provider were appropriately trained and experienced to carry out their roles. Regular reviews were carried out and staff were fully supported.

Audits were carried out to ensure people who used the service were safe and happy in their homes. Complaints were properly addressed and people who used the service, their family and representatives were fully supported to make complaints and knew they would be listened to.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We observed during our visit people who used the service were treated with respect and dignity. People were supported in promoting their independence. People who used the service attended various day centres and were encouraged to participate in community events. We saw a film that had been produced by the provider which showed some of the events and outings people who used the service had been involved in. This included a trip on the Polar Express, fundraising events for charity and Halloween party.

People who used the service were able to express their views freely and were involved in making decisions about their care and welfare. At the time of our visit we saw people who used the service were participating in a meeting to discuss activities they would like to do during the forthcoming month. We saw staff listened when people spoke and allowed them to speak freely about what they wanted. We saw the agreed activity for February included Valentines meal night, board games and pamper night for the women and games night for the men.

We saw house meetings were held each month where staff and people living at the home were able to discuss meals, activities, concerns and anything else they feel is beneficial.

We saw people's diversity and values were respected. We observed staff speaking to people and saw they were spoken to in a caring way. People were encouraged and supported to participate in discussions and activities and their views were listened to and respected. We saw the way people were treated also taught them reasoning skills, responsibilities and consequences of actions.

People who used the service had plans of care which gave information on any medical conditions they may have and any difficulties they may experience with day to day activities. We saw people who used the service talked to people who cared for them and

discussed their needs and what help they would like. Where people were unable to communicate we saw there were magnetic letters and pictures available for people to use.

All these things meant people who used the service were involved in decisions about their care and the way they lived.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We looked at the care records of three people who used the service. We saw people's needs had been individually assessed, and where necessary plans of care drawn up. We saw detailed information had been supplied by other agencies, such as social services. This was used to complement the care plans and to guide staff about how to meet people's needs. We saw formal reviews of people's care plans were held. It was evident people and their relatives or representatives had been involved. This meant the risk of people receiving unsafe or inappropriate care was reduced.

We saw care plans included assessments of the support people required for activities and tasks. This included communication, mobility and personal care. We saw risk assessments had also been carried out to identify any areas which could potentially cause harm to people who used the service. In addition we saw where risks had been recorded actions were identified to minimise risk. This meant people were protected from harm because risks were managed.

We spoke with the family of one person who used the service. They told us "Nothing is too much trouble." The family also told us they were fully involved in their relatives care and they were given invitations to meetings, updates and information regularly.

We saw people who used the service had regular health reviews from services like chiropodists, dentists and opticians. We also saw notes were kept for all GP and hospital appointments. Some people who used the service were unable to make decisions in relation to their care. Where this was the case we saw someone who knew them well was involved in the decision making process. If there was a decision to be made regarding medical matters we were told a discussion would always be held with the service user to explain the choices and options.

People who used the service were also given annual health checks. These included blood pressure, weight, and blood tests.

In addition to this we saw people who used the service were also offered health education, counselling and discussions about relationship issues including sexual health and the

choices available to them. People were given the option about whether they wanted to be involved with these education sessions and were offered alternative one to one sessions if they preferred.

All these measures meant people's wider health needs were being met.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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People who used the service were encouraged to carry out household tasks such as cooking and cleaning.

People were taught how to clean properly to minimise the spread of infection.

We were told a supply of Personal Protective Equipment (PPE) was available for staff to use. This included disposable gloves and aprons which care workers were required to wear when carrying out certain tasks.

The agency employed domestic staff who cleaned the areas where people lived. All the care staff had carried out training in infection prevention and control and food hygiene. Both of these were regularly updated.

In order to minimise the risks of cross contamination and infection everyone who used the service had personal towels and flannels. In addition people who used the service were taught to use red cloths in the bathroom and blue cloths in the kitchen.

This meant people were protected from the risk of infection because staff were properly trained and the correct equipment was being used.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We saw the provider had a policy in place for the recruitment of staff. The policy contained effective processes to ensure people were not discriminated against during recruitment.

Before people started working for the employer they were required to provide both professional and personal references. In addition to this we saw identity checks had been completed and a Disclosure and Barring Service check (previously called Criminal Records Bureau (CRB) check) to make sure people employed were suitable to work with vulnerable adults.

Where people had been convicted of criminal offences we saw the provider had looked at the conviction and had carried out a risk assessment to make sure there was no risk to people who used the service.

We saw staff working for the provider were given training in several areas including safeguarding, infection prevention and control and moving and handling. Staff had regular meetings with senior staff both on an individual and group basis. In addition to this staff had annual appraisals and supervisions. This meant staff were able to discuss any concerns or problems they had and were also able to discuss the welfare of the service users.

We looked at the files for three staff and saw identity checks and criminal record checks had been carried out and references were obtained. We saw the personnel files also contained notes in relation to their supervisions and appraisals.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We looked at the quality monitoring systems the provider had in place during our inspection. We found systems were in place to capture feedback from people who used the services, their relatives and representatives. The provider carried out annual surveys to check that people were happy with the care being received, as well as conditions in the home, meals and activities.

We saw the provider had a complaints policy in place and audits were carried out to review any complaints received and ensure they were correctly dealt with. This demonstrated the provider took account of complaints and comments to improve the service.

We saw spot checks were carried out on staff to ensure people who used the service were properly cared for. Spot checks were documented and feedback was given to staff following these checks.

We saw audits were carried out on each property every month. These audits included checks of buildings structural condition, building services like gas, electric and water and furniture and fittings in the homes. We saw the conditions of all of these were noted and any repairs or concerns were dealt with.

In addition we saw the provider carried out weekly health and safety checks. These included checks on boilers, fuse boards, fire extinguishers and escape routes. Annual checks were also carried out on safety certificates to ensure they were in date.

All these measures meant people were living in safe homes because the provider was carrying out appropriate tests.

We saw the provider also carried out audits on people's personal bedroom areas. These checks were to make sure people had appropriate lighting in their bedrooms, enough plug sockets for electrical equipment and that these were easily accessible and that their televisions worked. This meant people were able to spend time in private because they had all necessary equipment.

Some of the people being cared for needed assistance with medications. We saw the medications incident/error forms were completed when required. The provider carried out regular reviews to ensure errors didn't occur but where incidents had been recorded a management plan was formulated to deal with and learn from the error. This meant the risks of people receiving incorrect medication were minimised because reviews were carried out and steps were taken to prevent errors occurring.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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