

Durham Care Line Limited

# St Aiden's Cottage

## Inspection report

St Aiden's Cottage, Auton Style  
Bearpark  
Durham  
County Durham  
DH7 7AA

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01 March 2021

10 March 2021

30 March 2021

01 April 2021

08 April 2021

09 April 2021

Date of publication:

22 April 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

St Aiden's Cottage provides personal and nursing care for up to 41 younger and older adults living with a range of conditions including mental health issues, dementia, learning disabilities and autism. At the time of inspection 31 people were using the service.

### People's experience of using this service and what we found

Medicines were managed safely and effectively. Risks were identified and managed appropriately. There were effective processes to ensure lessons were learnt. Improvements had been made to the premises which were clean and tidy. Recruitment procedures were robust. There were enough staff to meet people's needs and people were protected from the risk of abuse.

Staff were responsive to people's needs, but we did find one person's specific needs were not always consistently met, possibly due to care records not always being accurate. People's care plans and individual risk assessments reflected their current needs, but it was not always clear from electronic records whether these had all been reviewed regularly. The provider had identified these issues and was taking steps to address them.

Quality monitoring systems had improved. Staff said the management team had made improvements and things had improved significantly. The service did not have a manager registered with the Care Quality Commission (CQC) at the time of this inspection, although an application had been submitted.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right Care, Right Culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture. Staff ensured they continually maximised people's choice, control and independence in a safe and inclusive environment, whilst also following national infection prevention and control (IPC) guidance. Each person had their own individual person-centred care plan and risk assessments which promoted their rights, privacy and dignity

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 3 December 2019) and there were three breaches of regulation. The provider completed an action plan after the last comprehensive inspection to

show what they would do and by when to improve person-centred care, safe care and treatment and good governance.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements regarding person-centred care, safe care and treatment and good governance. This report only covers our findings in relation to the key questions safe, responsive and well-led which contained those requirements. The inspection was also prompted in part due to concerns about the safe management of medicines at this service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of the full report.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Aiden's Cottage on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections, even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# St Aiden's Cottage

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector and one pharmacist specialist.

#### Service and service type

St Aiden's Cottage is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service did not have a manager registered with the Care Quality Commission, although the current manager had applied to become the registered manager. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

We visited the service on 1 March 2021. We requested information from the provider after our visit and received this between 10 March and 9 April 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service. We sought feedback from relatives via email and received three responses.

We spoke with seven members of staff including the manager, the provider's head of care outcomes, a nurse, a senior care assistant and three care assistants.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records relating to one person's specific medical needs and quality assurance records relating to reviews of care plans and risk assessments.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last comprehensive inspection we found medicines were not always managed safely, risks were not always well managed and areas of the service needed repair. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made.

### Using medicines safely

- Medicine administration records had improved and were now completed correctly. Medicines in stock accurately matched records.
- Care plans and risk assessments were up to date and reflected people's current needs regarding medicines.
- Records relating to 'when required' medicines had improved. Guidance on when to administer 'when required' medicines was person-centred. 'When required' medicines are given as the need arises, for example to relieve pain or reduce distressed behaviour.

### Assessing risk, safety monitoring and management

- Improvements had been made to the environment such as new flooring and re-decoration which made the home more pleasant and homely. The laundry room had been re-located and improvements had been made to the outdoor space.
- Risks to people's safety and welfare were identified and well managed. People's care plans included risk assessments about current individual care needs and the control measures needed to reduce such risks.
- Fire drills happened regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs.
- Regular planned and preventative maintenance checks were up to date.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

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

- People were protected from the risk of abuse. Staff received safeguarding training and knew how to recognise and report any concerns.
- The provider had systems in place to protect people from harm. The manager understood their responsibilities and any concerns were acted on appropriately.

#### Staffing and recruitment

- Recruitment procedures were safe and thorough. Staff files contained references and other appropriate background checks. Disclosure and Barring Service Checks were recorded accurately.
- There were enough staff to meet people's needs safely.

#### Learning lessons when things go wrong

- Accidents and incidents were analysed appropriately to ensure there were effective processes to ensure lessons were learnt.
- Information was shared across the organisation and discussed in staff meetings to support learning and promote good practice.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

At our last comprehensive inspection we found care plans did not always reflect people's current needs and were not always accurate. We also found that before people were admitted to the service assessments did not reflect protected characteristics as detailed in the Equality Act 2010. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection although we found improvements had been made, we found improvements were needed to ensure care records were maintained consistently and reviewed regularly, and have made a recommendation about this.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were responsive to people's needs, but we did find records suggested one person's specific needs were not always being consistently met. The manager had already identified record keeping could be improved further and was taking steps to address this.
- People's care plans and individual risk assessments were up to date, reflected their current needs, and detailed how they wished to be supported. However, it was not always clear from electronic records whether these had been consistently reviewed regularly. The provider told us this had happened due to staff over writing the initial electronic care plan or risk assessment, rather than duplicating and amending it so that an audit trail was maintained. The provider had already identified this and was taking steps to address them.
- Assessments of people's care and support needs before they were admitted to the service reflected people's protected characteristics as detailed in the Equality Act 2010.
- Relatives we contacted said they were happy with the quality of care provided. A relative wrote, 'I've felt totally at ease with how [family member] is cared for. Staff are doing their utmost to ensure [family member] is looked after in every way possible to meet their needs.' Another relative wrote, '[Family member] is always clean and happy. I'm very happy with the level of care and support they receive. The manager and staff that I have met are lovely and very approachable.'

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records outlined people's communication needs, and where necessary, information was available in different formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in activities such as arts and crafts, jigsaws, shopping at the tuck shop and going to the in-house disco.
- Staff supported people to maintain contact with family and friends via video calls. Visits from family and friends were due to resume in line with national guidance.

Improving care quality in response to complaints or concerns

- Relatives knew how to raise concerns, but nobody we contacted had any. Relatives were confident any concerns raised would be resolved quickly.
- Where the service had received a complaint, this had been investigated and responded to appropriately.

End of life care and support

- Care records contained people's wishes in relation to end of life care and included details about their spiritual needs and funeral plans. They also recorded if people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and whether emergency health care plans were in place.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last comprehensive inspection we found the provider's quality assurance systems had failed to identify the issues we found. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection although we found improvements had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- Quality monitoring systems had improved and there was better oversight of the service. This meant potential areas for improvement were identified and acted on in a timely manner.
- Although a registered manager was not in place, the current manager had applied to register with the Care Quality Commission and their application had passed initial checks. The manager said they were well supported by the provider.
- A relative wrote, 'I think the home is extremely well managed.'

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people and relatives and acted upon.
- Staff told us that a lot of improvements had been made since the last inspection. One staff member said, "I feel (manager) has turned the place around. I can go to them with any issue and they'll listen. They've got things done such as getting repairs fixed and the whole place has been re-decorated. Things are so much better."
- The manager and staff team promoted a positive culture which achieved good outcomes for people.
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

Working in partnership with others

- People benefitted from the partnership working with other professionals.

