

Phoenix Care Homes Limited

Deer Park Care Centre

Inspection report

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Tel: 01843868666

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Deer Park Care Centre is a privately owned residential care home supporting up to 38 people with mental health issues. At the time of our inspection there were 32 people living at the service. Accommodation is arranged over two floors and not all of the rooms had en-suite facilities. Deer Park Care Centre 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.

There was a registered manager at the service who was supported by a deputy manager, both of whom had worked at the service for a number of years. 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.

At the last inspection on 30 May 2017, we asked the provider to take action to make improvements related to, concerns about a lack of oversight and auditing of the service. Feedback from people had not been analysed and there was a lack of action to minimise risks and prevent incidents reoccurring. Risks related to the environment had not been minimised effectively and staff had not received the training and support required to carry out their roles. People were not always involved in planning their care and were not always treated with dignity and respect by staff. People were also being restricted and no consideration had been given to less restrictive options.

At this inspection, improvements had been made, however there remained a small number of ongoing concerns. Water temperatures continued to be inconsistent, sometimes at a temperature which put people at risk of scalding. A variety of solutions had been tried unsuccessfully, a plan was in place to fit valves which control temperatures but this had not yet been carried out. Auditing had improved and an action plan was in place which identified improvements. However this was an ongoing piece of work and had not yet been fully embedded in to practice. We made a recommendation about this.

People were supported by staff who understood their role in keeping people safe. Staff encouraged people to be respectful of each other and appropriately challenged people when their behaviours impacted on others. Risks relating to people had been assessed and staff had the guidance required to minimise risks. Staff treated people with kindness and respect. People were offered reassurance when they were distressed. Staff communicated with each other effectively to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this. People were encouraged to be involved in planning their support and activities they wished to take part in. People enjoyed a range of meals which they chose from a menu which was displayed in the dining room. People were encouraged to have a diet which supported them in remaining healthy. Staff supported people to

access health professionals when required and to understand any information given to them. Staff worked closely with local mental health professionals to ensure people had access to support swiftly when required. People were supported to have their medicines by trained staff, in the way they preferred.

Adaptations had been made to the premises when required, with grab rails being fitted to support people to move around the service independently. Staff were aware of infection control measures and used these appropriately. People could choose to stay at the service for as long as they liked. When people were having end of life care this was given based on the wishes of the person and their family.

There were enough staff to meet people's needs and they were recruited safely. Staff had the training and support they required to meet people's needs. They told us that the registered manager and deputy manager were open, accessible and provided them with good role models. People, staff and other stakeholders were encouraged to give feedback on the quality of the service and this was reviewed for learning. People were supported to make complaints in a range of ways and they were responded to appropriately. The registered manager was aware of their responsibilities and had informed CQC of incidents as required. Services are required to display their most recent rating; the rating was clearly displayed in the entrance hall.

This is the third consecutive time the service has been rated Requires Improvement. We found one continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Risks to people and the environment were assessed and plans were in place to minimise risks. However, water temperatures continued to put people at risk of scalding.

People were supported to stay safe and were supported by staff who understood their responsibilities in relation to safeguarding.

There were enough staff to keep people safe and they were recruited safely.

People's medicines were managed safely and in the way they preferred.

Staff took reasonable steps to minimise the risk of infection.

Accidents and incidents were analysed for learning.

Is the service effective?

Good 

The service was effective.

Peoples' needs are assessed and support is planned in line with current legislation.

Staff have the training and support required to carry out their roles.

People are encouraged to have a balanced diet and had access to a variety of food and drink.

Staff communicate effectively as a team to meet people's needs.

People were supported to access health care and to manage long term health conditions.

The premises had been adapted to support people to move around independently.

Staff sought consent before giving support and had a good

understanding of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff who knew them well and understood their needs.

People were encouraged to express their views and to be as independent as possible.

People's dignity was promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

People received care which was personalised and which was reflected in their care plans.

People took part in a range of activities which they enjoyed.

Complaints were responded to appropriately and people were encouraged to express any concerns in a variety of ways.

When required people had plans detailing their wishes for end of life care that had been developed with them and their loved ones.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality audits were completed and used to drive improvement. Some improvements had been made since the last inspection however; these were not embedded into practice. Some areas required further improvement.

The culture of the service was led and role modelled by the management team.

Notifications had been submitted when required.

Feedback was sought from people, staff and other stakeholders and reviewed for learning.

Staff worked closely with partner agencies to meet the needs of people.

Deer Park Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 January 2018 and was unannounced. The inspection was carried out by one inspector, an assistant inspector and two experts 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.

Before the inspection we looked at 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 looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

During the inspection we spent time with 20 people who live at the service and spoke with seven. We spoke with the registered manager, deputy manager and three staff. We looked at six people's care plans and the associated risk assessments and guidance. We looked at a range of other records including three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

Some people were unable to tell us about their experience of care at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how people were supported and the activities they were engaged in.

Is the service safe?

Our findings

One person told us, "I feel safe here, the staff keep me safe. I know I can talk to them and they will help me."

Risks relating to the environment had been monitored by regular audits. There remained an issue with water temperatures being inconsistent and at times hot enough to be a scalding risk. Warning posters had been displayed and a variety of solutions had been tried to regulate the water temperatures in the service to reduce the risk of scalding. They had however been unsuccessful; the deputy manager told us they were now planning to fit thermostatic valves to ensure that temperatures were at a safe level. Action was taken promptly to resolve any other issues identified. Required checks on the service and equipment had been carried out by external contractors and any shortfalls had been resolved. People were involved in regular fire drills which were recorded. Information from drills was used to inform personal emergency evacuation plans (PEEPs) for each person. Individual PEEPs were detailed and gave staff guidance about what support people would need emotionally and physically to leave the building in the event of an emergency such as a fire.

The provider had failed to ensure water temperatures did not pose a risk to people. This is a continued breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found a breach of regulation related to the management of risks. At this inspection some improvements had been made. Risks to people had been identified and plans were in place to give staff the guidance they required. Records relating to how risks were managed had improved. Staff recorded when risks had been effectively managed and when other solutions had been tried. People were encouraged to understand risk and to be involved in planning how to minimise risks. For example, people told us they wore fire retardant aprons when smoking to prevent them or their clothes being burned. When people were living with conditions such as diabetes their care plan gave information to staff about the risks associated with the condition and how to minimise them. Staff told us about the signs they looked for which could indicate someone's blood sugar levels were too high or too low.

Some people could become anxious or distressed which could lead to them shouting at staff or other people. Risk assessments and care plans gave staff detailed guidance about how to support people when they were upset. Throughout the day we saw staff reassuring people and challenging them appropriately about their behaviour when it impacted on others. Staff had received training in safeguarding and understood their responsibilities in reporting any concerns. The registered manager worked closely with the local authority safeguarding team to keep people safe and minimise the risks of incidents reoccurring.

At the last inspection there were some shortfalls in how people's medicines were managed. Some medicines which had to be used within a limited time of being opened had not had the date recorded upon opening. This issue had been resolved; all medicines which required dating had been labelled with the date. People were supported to have their medicines in the way they preferred and we were shown new documentation which had been developed to record these preferences, and was about to be introduced. When people were not compliant with their medicines this had been risk assessed and guidance was in place for staff about the correct actions to take. When people had medicines for use 'as and when required' (PRN) there were

protocols in place. PRN protocols stated why the medicine should be offered, the dose, how often it could be taken and the maximum dose allowed in a 24 hour period. PRN medicines prescribed to help people be calm were used as a last resort and when possible only when requested by people.

Staffing levels were based on the needs of people and their planned activities. The registered manager did not use a dependency tool to identify staffing levels but rather based them on their knowledge of the service. Additional staffing had been put in place when people needed additional support due to a deterioration of their physical or mental health. Staff had been recruited using robust procedures. Checks were carried out including, references from previous employers, full employment history and proof of identity. Disclosure and barring checks had been carried out to ensure staff were suitable for their roles.

Staff understood the need for infection control measures. Staff had been reminded in a recent staff meeting to ensure that they only put on gloves when they were ready to be used so people could be reassured that they were fresh gloves. Staff were seen using gloves, aprons and hair nets at lunchtime. Kitchen and domestic staff had received additional training to ensure they understood their role in minimising the risk of infection. They also had specific meetings to discuss any concerns and give ideas for solutions.

Accidents and incidents were reviewed for learning. For example one person had had a number of incidents. Support had been sought from mental health professionals and staffing levels had been reviewed. The person was offered additional support at times where they may become distressed and funding was requested to support the person to have more one to one trips with staff.

Is the service effective?

Our findings

One person told us, "I was unwell and the staff called the doctor right away." People told us they enjoyed the food on offer and that they had plenty of drinks.

At the last inspection we found that staff did not have the training and support they needed to carry out their roles. At this inspection improvements had been made and the breach in regulation had been met. Staff completed an induction when beginning to work at the service which included the Care Certificate and shadowing more experienced staff. The Care Certificate is a set of standards and competencies which care staff complete to evidence their understanding of their role. The registered manager then ensures that staff receive training when required. Staff told us they had a set of 'core' training courses such as fire safety, first aid and mental health awareness. Other training was provided such as end of life care, person centred planning and supporting people whose behaviour can challenge. Staff said that their training helped them understand and meet people's needs.

Staff had regular one to one meetings with their line manager. These meetings gave staff an opportunity to reflect on their performance, raise any concerns and identify any additional training needs. When staff were not working to the required standard, we saw evidence that their performance and approach had been challenged by the management team. Staff were given clear guidance and their performance was monitored more closely moving forward.

People's needs had been assessed and their support was developed in line with best practice and current legislation. The registered manager kept up to date with any changes in practice or legislation through registered manager networks and links with local professionals. Information was shared with staff through supervisions and team meetings. New documents relating to medicines management had been developed in line with NICE (National Institute for Excellence in Health and Social Care) guidance.

Staff used a range of systems to communicate across their team and ensure people's needs were met. Staff were allocated responsibilities whilst on duty and recorded when these were completed. When there was a change of staff on duty a handover was held to discuss each individual, how they had been and any concerns.

People had been asked about their preferences for meals in resident's meetings and these had been incorporated into the menu. The choices of main meal and pudding were displayed in the dining area and staff told people what was on offer when asked. People had made their choice of meal the day before and staff took the time to check if they were still happy with this choice. Some people went out for lunch with staff support. If people did not like what was on the menu they were offered an alternative. One person told us, "I'm having sandwiches, it's what I want and they just make them for me." Some people needed their food to be pureed or softened, kitchen staff were aware of people's needs and ensured that food was prepared correctly for them. People who were at risk of choking had risk assessments in place and guidance for staff about the safest way to support them eating.

Staff encouraged people to drink throughout the day, there were cold drinks available in the dining area and staff made people regular cups of tea and coffee. Some people were trying to lose weight or were living with diabetes. Staff spoke to them about their choices and encouraged them to choose healthy options, but respected people's choices when they did not listen to advice.

Staff worked closely with local health care professionals to meet people's health needs both mentally and physically. One person needed treatment for a wound, they could be reluctant to let the community nurses change dressings, so staff at the service had been trained to change them giving flexibility about when this could be done. As a result the person could be offered the support based when they preferred, and not to the nurses schedule. Staff kept clear records of the progress of the wounds and contacted the nurses if there were any concerns. There were close links with the community mental health team which enabled people to access support quickly in the case of a relapse. Staff knew people's mental health well and noticed quickly when people's behaviour may indicate they were becoming unwell.

Some people were living with conditions such as diabetes. Staff could tell us about how this impacted people. People's care plans gave guidance about how their diabetes affected them, their normal range for blood sugar levels, and the action to take if levels were outside the range. People's blood sugar had been monitored regularly and action had been taken when required.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Assessments had been completed about people's capacity to make specific decisions. Staff had a good understanding of MCA and spoke about how people's capacity could fluctuate due to their mental health. Staff asked people for consent before supporting them and respected people's decisions when they refused support. Staff explained information to people in a range of ways to support their understanding and enable them to make an informed choice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were in place and had been updated as required.

The premises had been adapted when required. One person had moved to a ground floor room as their mobility decreased. Grab rails had been fitted in their room and bathroom to support them to remain independent. Corridors around the service had rails that people could use for support. The lift had a seat which people could use if they felt unstable. A shelter had been put in place in the garden over the smoking area to allow people to spend time outside whatever the weather.

Is the service caring?

Our findings

People told us staff cared about them and listened to them. Staff told us, "We really try to get to know people and their histories so we can relate to them and really understand how they feel."

At the last inspection we made a recommendation about how staff interacted with people. Some staff had treated people in a derogatory way or had been impatient. At this inspection improvements had been made. People and staff knew each other well. Staff gave people time to speak and make decisions. They encouraged people without 'pushing' them into choices. Some people could become distressed and anxious. Staff were aware of the triggers which could cause anxiety and the signs they may see if a person was becoming upset. One person was very upset on the day of the inspection; they were shouting and screaming for periods of time. Staff sat next to the person and offered reassurance that they were there for them. The person calmed but once the staff member left they became distressed again. Staff worked together to reallocate tasks so one member of staff could sit with the person at all times and offer comfort.

Staff tailored their interactions to each individual, listening to people and responding at an appropriate level. They spoke to people about their interests, families and plans. When people became agitated or shouted at staff they remained calm and asked the person to speak at an acceptable level, whilst giving people the chance to express themselves.

One person showed us a board in the entrance hall which had photographs of all the staff who worked at the service with their names and roles. They also showed us other boards in communal areas which showed which staff were on duty that day and the activities on offer. Some people had their own notice board where they displayed photographs about their interests or trips they had taken.

Following the last inspection the registered manager had discussed the concerns found with people in a residents meeting. They had invited people to consider how they could be more involved in planning their own care. People had responded well to this and said they were very excited about the idea of having 'more of a voice.' Subsequent meetings had been used to share ideas and plan how they could be taken forward. Initially people's suggestions related to food, but they later spoke about activities, staff and things they would like to try. People told us they knew what was in their care plan and could read it if they liked. They also told us they could decide who could see any information about them. People had access to advocacy services and were supported by advocates when making decisions. One person was challenging their DoLS authorisation and was working with an IMCA (independent mental capacity advocate) to build their case. An advocate is a professional who helps people to have a voice and have their views heard.

People were treated with dignity and respect. Staff knocked on people's doors and waited to be invited in. When supporting people with personal care they closed doors and curtains. When people did not want to move from an area they asked other people to leave the area for a time in order to maintain people's privacy. When people became upset they were offered the chance to speak in a quiet area.

People could have visitors at any time, they told us about family visits. Some people were supported to meet

up with or visit friends or family by staff. People could spend time with their visitors in their own room or in one of the many communal areas around the service. Visitors were offered refreshments and could stay to eat with their loved one if they wished.. People were supported to maintain relationships and to be aware of boundaries with in friendships. Staff were aware of people's beliefs and supported them to access local church services if they wished to attend.

Is the service responsive?

Our findings

People told us they took part in a range of activities. They said, "I go to the local shopping centre to buy music and DVDs" and "I really enjoy chatting to the staff about what is going on in the world."

At the last inspection we found that people were not always receiving personalised care. At this inspection improvements had been made. People had been encouraged to become more involved in planning their own support. Each person had a keyworker who spent time with them on a regular basis to review their care plan and plan activities. A keyworker is a member of staff who takes a lead in a person's care and support. People told us about their keyworkers, one person said, "I asked to change my keyworker as I get on with another staff member better. They did change it." People's care plans included their life history and details of their interests and hobbies. Some people were only willing to share some aspects of their history and this was respected and recorded in their plan. When people had been too unwell to tell staff about their life, staff had spoken to their loved ones in order to get to know them. Care plans gave guidance to staff about people's needs and how they liked to be supported. They contained information about people's likes and dislikes, daily routines and things which could upset them.

People were supported to take part in a range of activities. During our last inspection we observed there was a culture of staff doing for people rather than with them. The registered manager had spoken to people about developing their daily living skills and being more involved in cooking or housework. Some people had been living in care settings for a number of years and were very reluctant to take part, stating they preferred staff to complete tasks for them. A small kitchen had been made available to people in which they could prepare their own snacks and meals. A laundry room was also available for people to wash their own clothes. The deputy manager told us people were still getting used to the idea of doing things for themselves but were showing a little more interest. Some people had begun to use the kitchen to make hot drinks for themselves.

There was an activities co-ordinator in place who tried to engage people in a range of activities. People were involved in completing jigsaws together and others chose to sit with the group and read their book. One person did not want to take part but sat close by and joined in with naming songs on the radio and the artist. The activity co-ordinator had spoken with people about things they would like to do such as visiting local railways or music events. Activities were also used to encourage people to take care in their appearance. Some people could neglect themselves and were unwilling to carry out personal care or change their clothes. People were offered pamper sessions with their nails or make up being done to encourage them to take a pride in their appearance. Staff told us this had encouraged some people to have a shower so they were ready to be pampered.

People were encouraged to complain about any concerns in a number of ways. There was a complaints procedure in place which was accessible. People were reminded at residents meetings and keyworker sessions to speak up about any issues. One person had a 'grumble book' which they used to record any worries or concerns. This was then shared with their keyworker and any issues were addressed. When complaints had been received this had been handled appropriately and complainants were happy with the

outcome.

Some people at the service were in receipt of end of life care. Care plans had been developed with the person. Where people were too unwell to make choices their family had been involved in planning their care. For example, one family had stated that their loved one would want to be supported at the service by staff they knew as they were a very private person. Care plans detailed where the person would like to spend their last days, their spiritual needs and who they would want with them. The staff had worked with the person's GP and community nurses to ensure people had access to pain relief. Staff had received training in supporting people at end of life and told us they felt confident they could meet people's needs in this area by working as a team.

Is the service well-led?

Our findings

People and staff told us the management team were accessible and available. One person said, "I like the manager they are good." Staff told us, "There is an open culture, I am confident I can say what I think and they will be open to it."

At the last inspection we found that audits had not been effective in identifying shortfalls at the service and we made a recommendation about a review of practice to promote openness and inclusiveness. Improvements had been made but many of these were ongoing and had yet to be fully embedded in practice.

Changes in the culture and people's increased involvement in planning their care and driving change in the service were also not yet embedded. Some people were used to institutionalised practices and needed time and support from staff to understand new approaches. Some people told us they were excited to be more involved in things, but others were unsure. Staff told us they felt able to give ideas and that they would be listened to. For example, one member of staff had made a suggestion about debriefing and support after incidents for people and staff and this was being developed. Workshops had been held for staff about institutionalised practices and to support staff to reflect on the way they worked. The registered manager told us, "We encourage staff to focus on the individual first and really get to know what they enjoy. It helps them to 'find the person' behind the diagnoses or behaviour."

We recommend the provider and registered manager continue to embed auditing processes and improvements in the culture.

Regular audits were carried out including audits of care plans, risk assessments, the environment, infection control and medicines. Audits had been carried out by an external contractor twice a year. Action plans had been developed as a result and timescales had been identified to make improvements. For example, as a result of medicines audits new records had been developed which told staff how people liked to be offered their medicines. These records were being developed with people and had not yet been put into use at the time of the inspection as they had only recently been completed.

The registered manager and deputy manager were visible in the service and acted as role models for the staff team. Throughout the inspection we saw them support staff in their interactions with people when required. Some people responded more positively to 'hierarchy' preferring to speak to the management team. The registered manager and deputy manager encouraged people to build relationships with other members of the team but understood that the person felt 'by speaking to the boss' they were being listened to.

People were encouraged to give feedback on the quality of support through meetings, keyworker time and annual surveys. Staff, families and professionals were also surveyed for their views. At the last inspection the results of surveys had not been shared, the most recent surveys had been analysed for learning and shared with people.

Staff worked closely with partner agencies such as health professionals and community teams to meet people's needs and improve the service. Staff could attend training offered by local nursing teams and the registered manager attended local forums. Registered manager's forums gave the registered manager a chance to share good practice and connect with other agencies such as Skills for Care or CQC. Learning from the forums or any training was shared with staff during team meetings and training sessions.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure water temperatures did not pose a risk to people