

Deepdene Care Limited

Deepdene Court

Inspection report

2-5 St Catherine's Road
Littlehampton
West Sussex
BN17 5HS

Tel: 01903719187

Website: www.deepdenecare.org

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Deepdene Court is a residential care home registered to provide care and accommodation for up to 35 people who have a range of mental health needs, including people who have complex and enduring conditions or addictive behaviours such as substance misuse. The home is divided into two buildings, St Catherine's and Fielding's. St Catherine's accommodates people who also require nursing care. On the day of the inspection there were 31 people living at the home.

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

Risks to people's health and safety were assessed and people were supported to stay safe. Care and support plans were person-centred, promoted independence and provided staff with clear guidance on how to support people. Staff were aware of their safeguarding responsibilities and knew how to report and escalate concerns.

Risks were appropriately reported by staff, investigated by the managers and action taken to mitigate risks and reduce the risk of reoccurrence. The manager and staff worked to maintain a safe and homely environment for people. Infection prevention and control practice was safe and in accordance with government guidance.

Medicines were managed safely and people received their medicines as prescribed and in the way they preferred. People prescribed as required medicines (PRN) had detailed care plans to guide staff when PRN medicine should be administered.

The service had experienced some issues with staffing levels due to the global pandemic. Although the service continued to have vacancies, the manager was in the process of recruiting new staff. Agency staff were used to ensure there was a safe level of staffing to meet people's needs. Staff had completed appropriate training relevant to the needs of the people they were caring for.

Staff knew people well and showed in depth knowledge and understanding about people and their care. People spoke warmly and positively about staff. One person told us, "The staff here are really friendly", another described staff as, "kind and caring". One staff member said, "We all know how difficult it can be living with mental illness, we want to support people. The job doesn't stop here for a lot of us, I've gone above and beyond to support people."

People and staff spoke positively about the manager and senior staff team. There were effective management systems in place to monitor the quality of the service. When shortfalls were identified, changes were made to improve. Accidents and incidents were analysed to learn from and drive improvements throughout the service. Staff had established close links to the community and worked effectively with external teams and agencies.

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

Rating at last inspection

The last rating for this service was Good (published 02 November 2017).

Why we inspected

This was a planned, focussed inspection based on the previous rating.

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 COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Deepdene Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Deepdene Court

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

The inspection was carried out by one inspector.

Service and service type

Deepdene Court 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.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. The previous manager had recently left, and a new manager was appointed. The new manager had begun the process of registration with CQC. Once the new manager is registered, 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We reviewed statutory notifications sent to us by the registered manager about events that had occurred at the service. A statutory notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with nine members of staff including the manager, deputy manager, nursing and care staff, administration staff and the chef. 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 and staff supervision. 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 manager to validate evidence found. We requested some additional evidence including care plans, quality assurance records, audits and staff rotas. We received feedback from two health professionals who regularly visit the service.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The majority of people told us they felt safe. One person said, "I feel safe, there is no pressure here." Another explained, "The staff here are caring and friendly, yes I feel safe." People had regular one to one time with staff where thoughts and emotions could be explored. Staff were proactive in engaging people in activities which could promote their emotional and psychological wellbeing. This included activities such as crafts, making smoothies or participating in karaoke, and techniques to support people when feeling unsafe which enabled them to support themselves.
- Risks to people's health and safety were appropriately assessed, provided detail and were regularly reviewed. People were involved in the development of their risk assessments and agreed with staff ways to keep them safe. For example, people at risk of harming themselves due to changes in their mood or mental health had care plans which included warning signs and potential triggers for staff to look out for. This meant staff were able to effectively monitor changes in people's health and could offer appropriate support when risks were identified.
- Risk incidents were investigated and managed safely; staff had received training and were skilled in how to support people who experienced behaviours that challenge which placed themselves or others at risk. Specific tools were used to analyse such incidents, which enabled staff to identify potential triggers and work with people to consider ways to reduce the risk of future occurrence.
- People living with long term health conditions were assessed and risks associated with their health were monitored and regularly reviewed. For example, one person living with diabetes had unstable blood sugar levels. The nurse had sought advice from a specialist practitioner and updated the persons care plan. This ensured staff knew when to administer medicine that would stabilise blood sugar levels and reduce the risk of health complications from unstable diabetes.
- People's care plans were person-centred, promoted independence and provided staff with enough information to manage risks. One person at risk of gaining weight due to side effects of medicine was encouraged to participate in regular exercise and eat a healthy diet. The chef worked with the person to identify healthier food options and prepared them healthy meals. Staff had supported them to engage with specialist health professionals for advice and additional support.
- Regular health and safety checks were completed to ensure the environment was safe. The communal spaces had recently been decorated and refurbished. The manager was committed to maintaining the safety and appearance of the environment and ensured any issues which could compromise the safety of the home were quickly resolved.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to safeguard people from the risk of abuse. Staff had undertaken safeguarding training, understood their responsibilities and had confidence in the management team to

address any concerns. One staff member gave an example of a person at risk of exploitation, they explained staff had supported the person to come up with a plan to help reduce the risk and keep their finances safe.

- Safeguarding investigations had been carried out when required. When concerns were identified, staff had taken appropriate action to mitigate ongoing risks to people. They worked with specialist mental health teams. A health professional told us, "We have worked together to safeguard clients and put appropriate measures in place to make people safe."
- The management team analysed safeguarding incidents and identified actions to take to prevent reoccurrence. Lessons learned from events were discussed with people and staff.
- The manager adhered to the providers safeguarding policy and was aware of their duty to report concerns to the local authority and CQC.

Staffing and recruitment

- There were enough staff on duty each shift to meet peoples needs. One staff member told us, "There are enough staff, there is a higher number now, it's never happened when we cannot meet people's needs." A second said, "We have the odd issue with staffing but it's manageable. I like to plan my day, think about what I need to do. If it's not too busy and I can do things for people I will."
- Due to the global pandemic the manager had experienced challenges with recruiting new staff. Although the service had vacancies, there was an ongoing recruitment drive which aimed to ensure the vacancies were filled. The service had an assessed number of staff required each shift to ensure people's needs could be met. Where there were staff shortages due to vacancies, staff sickness or increases in people's care needs, agency staff were employed; staff rotas confirmed this.
- Staff were recruited safely, and appropriate DBS checks and other relevant recruitment checks were completed. A DBS check is an official record which shows whether an applicant has any criminal convictions and enables the manager to make decisions about recruitment.
- Staff received an induction and training in the required safety systems to ensure they had the right skills and experience to support people. For example, one person living at the service experienced seizures. The manager had arranged external training for staff with an epilepsy specialist to ensure they had the knowledge and skills to provide safe care and support.

Using medicines safely

- Medicines were managed safely. People at risk of side effects from medicines prescribed for their mental health had individualised care plans specific to their needs. For example, people prescribed a particular medicine known to cause constipation were prescribed laxatives to ease their symptoms. Staff were aware of the potential side effects to people when taking this medicine and records showed laxatives were regularly offered.
- People who wished to be independent with their medicines were assessed by staff to ensure they were competent to do so. A nurse explained, "We encourage people to be independent, give them the opportunity to do their meds themselves." Our observations confirmed that staff supported people to receive their medicines in a way that suited them.
- People prescribed as required medicines (PRN) had care plans to guide staff when, how and what dose of medicine was required for specific symptoms. One person prescribed medicine for agitation had a care plan which included what behaviour they might display and their mood. The nurse knew the person well and was aware of what symptoms to look out for when assessing the need for PRN medicines.
- People were administered medicines by staff who had completed medicines training and were assessed as competent to do so. One staff member explained, "Yes I am meds trained, I can give medication. I've done online training... I know how to give PRN and how to assess people to give this."
- Quality assurance systems for managing medicines identified a shortfall in medicine storage facilities; storage temperatures were found to have exceeded recommended levels. Action to resolve this had been

taken. Medicines were stored securely and monitored in accordance with the provider's policy.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. There were processes in place to ensure visits were safe and facilitated in an environment which reduced the potential risk of infection transmission.
- We were assured that the provider was meeting shielding and social distancing rules. People were encouraged by staff to adhere to these measures and staff offered education regarding the importance of these actions.
- We were assured that the provider was admitting people safely to the service. If the service was unable to meet government guidance due to changes in people's mental health, people were appropriately risk assessed to promote their own and others safety.
- We were assured that the provider was using PPE effectively and safely. Staff had received training in the use of PPE and were observed using PPE correctly.
- We were assured that the provider was accessing testing for people using the service and staff. People and staff were tested in accordance with government guidance. Visitors to the service were checked for completion of COVID-19 lateral flow tests before entering the home.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and maintained to a reasonable standard. People were encouraged to keep their rooms clean and were supported by staff where needed. One person said, "The cleaners clean my room, I keep it alright though."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. The provider had clear and robust policies to keep people, staff and visitors safe. However, the infection prevention and control policy had not been recently updated to reflect government guidance for the management of COVID-19.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- The management team encouraged openness and transparency about safety and risks. Incidents were discussed with staff and the people involved and records confirmed this. The manager explained, "Any incidents that occur we have a debrief, speak with the staff and offer support."
- Following a safeguarding incident, improvements had been made to the quality assurance and monitoring system for medicines. Lessons learnt were that the previous system was not sufficiently robust to mitigate the risk of further errors, therefore action was taken to revise the process. Staff underwent further competency assessments, systems for auditing medicine administration records were amended and additional checks had been added when medicines arrived from the pharmacy.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The managers and staff understood their roles and responsibilities and were motivated to provide safe care. People described staff as "kind and caring"; our observations confirmed this. Staff were proud of the service and the care people received. One staff member told us, "I feel like the guys here are getting really good care, I try my hardest for people, I go above and beyond to help them."
- Staff received regular supervision and felt supported by the management team. Issues of performance were addressed and reviewed to ensure staff were competent in their role. One staff member told us, "Yes I have supervision with the manager, we're very good at supporting staff here."
- At the time of this inspection the service did not have a manager registered with CQC. The provider appointed the current manager shortly after the previous manager left. This was to ensure there was ongoing managerial oversight of the home and the care people received. The new manager had already begun the process of registration with CQC.
- Staff felt the manager was approachable. One staff member told us "[Manager] had only been here a couple of weeks and arranged a staff meeting to meet people and introduce themselves, which made us feel like we could approach them." Another said, "I feel like I'm right at home. I'd be comfortable raising anything."
- The manager understood the importance of their role, was supported by the provider and had regular contact with the senior management team. They told us, "It is a good management team, very supportive, any problems I can give them a call, they have a good induction for managers." Legal requirements were understood, and the manager reported issues to the appropriate organisations, including CQC and the local authority.
- Quality assurance and management systems provided managers with sufficient oversight and enabled effective governance of the service. Risks to the quality of the service were identified and acted upon to drive improvements. The provider had a range of policies which were current and in line with government guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- The managers and staff fostered a positive, person-centred culture which was evident throughout our inspection. People were involved in their care and their goals and wishes were respected. For example, one person had gained employment and was keen to attend work on certain days, which meant they were

unable to attend a regular medical appointment. Staff arranged for the appointment to take place at the service on a different day, so the person could continue in their job without the potential risk of compromising their health.

- People were treated with compassion and respect and were encouraged to participate in activities to promote their independence and improve their wellbeing. One person told us they enjoyed listening to music and watching video clips on their mobile phone. We observed staff supporting them to understand how to use the phone so they could enjoy their activity.
- Staff told us they felt able to raise concerns and were confident these would be addressed by the manager. One staff member stated, "We can say our concerns at staff meetings, they get taken down in the minutes with actions. All the meeting minutes are kept in the office, but you get emailed them to read as well."
- The manager understood their responsibilities under the Duty of Candour. Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff were provided with opportunities to develop and learn new skills relevant to their role and enhance the care people received. The manager identified learning needs for staff and sought external training to broaden their knowledge and experience. One staff member told us, "There have been opportunities to develop, to help me grow."
- The manager had a clear vision for the future, the development of the service and the staff. Challenges, priorities and achievements of the service were recognised. We were told, "Building the team back up, how we've managed Covid, working together and upgrading the environment has been an achievement. Our chef has been developing a new menu, food here is lovely, the chef is amazing. Making the environment more homely for people and working really well together as manager and deputy."
- Residents' meetings were held each month, where people could provide feedback about the service, raise issues and discuss matters which were important to them. Feedback was requested through food surveys and new ideas for the menu. One person said they raised the cleanliness of the kitchen area; staff had worked to ensure the facilities were pleasant for people to use.
- Staff worked in partnership with agencies including mental health services, the local authority, GP and pharmacy. One nurse had worked with the GP to revise and improve PRN medication plans. A health professional told us, "They [service] are very good at contacting us by phone or email which we value, when issues come up with our cases which we would want to know."