

LJ Care Limited

# Deansfield Residential Care Home

## Inspection report

Deansfield  
Kynnersley  
Telford  
Shropshire  
TF6 6DY

Tel: 01952603267

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Deansfield Residential Care Home is a residential care home providing personal care to up to 16 people. The service provides support to older people, some of whom live with dementia. At the time of our inspection there were 13 people using the service. The home has a communal bathroom and shower room and all bedrooms have a wash basin. People also have access to a communal dining room and lounge.

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

Audit systems did not always identify where outdated documentation was being used to record people's health needs. This meant that one person's health need was not escalated when it should have been. A risk assessment was not in place to guide staff how to manage risk related to a clinical need, but quality checks failed to identify this.

People told us they felt safe. Staff knew the types of abuse and understood how to report concerns. Medicines were stored and administered safely, and protocols were in place for the administration of 'as required' medicines. People were supported by a sufficient number of competent staff who were appropriately trained and had been recruited safely. Where things went wrong, the provider and manager acted on them to reduce the risk of reoccurrence.

Some governance systems had improved since the last inspection. Safety checks had been improved and contingency measures had been put in place to ensure these were undertaken consistently. Medicines audits were robust and action was taken where errors were identified. Staff told us the manager and provider were supportive and approachable. People and relatives were encouraged to provide input regarding the service which was acted on. The manager and provider were open and honest and understood the duty of candour.

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 27 October 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had improved but still remained in breach of regulations.

### Why we inspected

We received concerns in relation to the governance of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we

used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remained requires improvement based on the findings of the inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of the report. The provider took immediate action to mitigate the risks we identified at inspection. This included implementing a risk assessment immediately and reviewing documentation to ensure it was up to date and effective. You can see what action we have asked the provider to take at the end of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Deansfield Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified a breach in relation to the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

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

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Deansfield Residential Care Home

## 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 Health and Social Care Act 2008.

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 team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Deansfield Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Deansfield Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 3 months and had submitted an application to register. Since the inspection, the manager's application has been assessed and they have now been registered.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 9 January 2023 and ended on 12 January 2023. We visited the location's service on 9 January 2023.

#### What we did before the inspection

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 8 people who lived at the home and 2 relatives. We also spoke with the nominated individual and the manager whilst we were on site. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 4 staff members by telephone including carers and senior carers.

The manager and provider sent us additional documentation following the inspection including training documents, risk assessments and audit checks.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, effective systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems to assess and monitor risk to people had been improved. However, we found one risk assessment was not in place to guide staff how to manage a person's complex health need. Staff we spoke with understood the physical symptoms to look for and knew when and how to escalate any concerns and there had not been any impact on the person. The manager immediately implemented a detailed risk assessment to guide staff how to manage this risk.
- Records showed that a clinical concern had not been escalated in a timely manner but there had been no impact on the person. We discussed this with the manager who explained that outdated documentation had been used by staff which failed to provide them with clear guidance on when to escalate the concern. The manager reviewed this immediately, put the updated documentation into place and reminded staff of the process.
- People told us they felt safe. One person said, "I'm safe here. If I'm struggling, the carers are very good." One relative told us, "My relative is safe and warm. Life's good for them now because of the wonderful care."
- Risk assessments were in place to guide staff how to manage risk to people where they had dietary needs and staff understood this. One staff member told us, "One person has a SALT (Speech and Language Therapist) assessed pureed diet. They also have cups of tea with thickener in it."
- People's mobility needs were risk assessed and staff understood how to meet them safely. One person told us they fallen before moving to the home but felt safe here as, "staff are good about managing risks." Where staff had not completed their moving and handling training, they told us they were not allowed to support people with transfers.
- Where specific concerns had been identified at the last inspection, the provider had taken action to rectify this.
- The manager carried out competency checks with staff members when something went wrong to prevent the risk of reoccurrence. For example, when medicines errors had been made.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and understood how to keep people safe. One staff member told us, "I've done safeguarding training. The types of abuse include physical, mental and sexual. I would report it straight to the manager or provider and I could also raise a safeguarding myself if needed."
- Where accidents and incidents occurred, they were recorded and action was taken to reduce the risk of reoccurrence.
- Safeguarding concerns were reported to the local authority when needed.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- People were supported by a sufficient number of staff to meet their needs safely. One person told us, "I feel safe here. At night there's always someone around, it's a reassurance, I just press a buzzer."
- People were supported by staff who had the knowledge and skills to meet their needs safely.
- Staff received supervisions and had competency checks to ensure they were competent to meet people's needs safely.
- People were supported by staff who were safely recruited. Staff were not permitted to work at the home until they had a Disclosure and Barring Service (DBS) check and this had been reviewed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were stored safely in a locked trolley in a locked room. Medicines were administered by trained and competent staff.
- People had medicine administration charts (MARs) in place and medicines was administered in line with their MARs.
- Protocols were in place to guide staff when to administer as required medicines. Where they were administered, MARs were completed and the reasons for administration were recorded.
- Where medicine errors did occur, they were identified by audits and appropriate action was taken to address them.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.

- 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.

#### Visiting in care homes

Visitors were asked to provide a negative Covid-19 test prior to entering the home. The provider told us that relatives had agreed to this but were aware they could still enter the home without providing a negative test result. The provider was knowledgeable about current Covid-19 guidance and knew that Covid-19 guidance no longer recommended testing prior to entry to a care home. The provider had a clear rationale regarding why they still asked visitors to provide a negative Covid-19 test result which was based on local knowledge. The provider told us visitors were still permitted entry to the home if they did not wish to test, but additional measures were put in place to mitigate risk to people.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection, we found further improvements were required to the oversight and governance to ensure that safe environments were maintained and lessons learnt after adverse incidents. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Further improvements had been made to the provider's governance and audit systems since the last inspection. Safe environments were now being maintained and lessons had been learnt after adverse incidents. However, not enough improvement to governance had been made overall at this inspection and the provider was still in breach of regulation 17.

- Audit checks did not always identify where essential documentation was not in place. For example, quality checks failed to identify when a risk assessment was not in place to guide staff how to manage risk related to a clinical need.
- Quality checks did not identify where staff were using outdated documentation to record aspects of people's daily health. This meant staff failed to escalate a health risk when required. The manager immediately reviewed health records to ensure up to date documentation was in place.
- Despite significant improvements being made over the last two inspections, the service has not attained a good rating overall for the last 3 consecutive inspections and they have not attained a good rating in the well led domain for 5 consecutive inspections.

Further improvements are required to ensure audit processes are robust and fully effective and the improvements that have been made are fully embedded within the service. As the service has been unable to attain a good rating at this inspection, this is a continued breach of Regulation 17.

- Systems in place to check the quality and safety of equipment and the environment had been improved. Contingency measures had been implemented to ensure checks still took place when maintenance staff were not working.
- Systems had been implemented to analyse accidents and incidents so patterns could be identified and action could be taken to reduce risk to people.

- Robust medicines audits were in place and action was taken where any medicines errors were identified.
- Staff were clear about their roles and responsibilities. The manager had delegated tasks to specific staff members, and they understood the importance of these responsibilities.

#### Continuous learning and improving care

- Improvements had been made to the governance of the home following concerns identified at the last inspection. However, further proactive learning was required to ensure consistent systems were embedded to check the quality of care people were receiving.
- The provider and manager were motivated to learn and improve care at the home.
- The manager attended a regular group with other registered managers and providers to share knowledge in order to improve care.

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

- The provider promoted a person-centred culture which was reflected in people's care documentation and the support they received.
- The provider and manager welcomed feedback regarding how the service could be improved to achieve good outcomes for people.
- The manager and the provider were consistently available and staff felt respected and listened to. One staff member told us, "The manager and provider are approachable. You're never worried about approaching them about anything. It's 100% open door policy. I'd be confident they would address any concerns."

#### 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 provider and manager were open and honest. For example, where medicines errors had been made, the manager contacted relatives to let them know.
- The provider and manager engaged positively in the inspection process and where concerns were identified, they accepted and acknowledged them.

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

- Residents meetings were held to obtain people's views regarding the service. For example, at one meeting, the manager discussed what food and activities people would like and their feedback was acted on.
- A residents' newsletter was issued to share relevant information with people and their relatives.
- Surveys were sent to relatives to obtain feedback regarding the home. Survey results were analysed so patterns could be identified and addressed.

#### Working in partnership with others

- The provider worked positively with other agencies to improve the quality of care provided to people. We saw correspondence from one agency commending the provider on their proactive approach when working with them.

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 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure all audit processes were robust and effectively checked the quality of the service. The provider also had a history of consecutive requires improvement ratings.