

Deepdene Care Limited

Deepdene Court

Inspection report

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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

Deepdene Court is a residential care home providing personal and nursing care to up to 35 people. The service provides support to people with a range of mental health needs, including complex and enduring conditions or addictive behaviours such as substance misuse. At the time of our inspection there were 34 people using the service.

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

People did not always follow the provider's smoking policy and smoked within the premises putting themselves and others at risk. The registered manager and staff were aware of the disregard to the policy and had reiterated the policy to people at various meetings; however, a robust assessment of risk had not been completed to identify all risks and implications.

Checks and audits did not always highlight where some areas of the service required deeper sanitation. Where areas were identified as requiring deep cleaning, actions to address these were not always followed through. Some communal spaces were not included on the infection control audit and needed attention.

People told us they felt safe and could speak with staff or management if they have any concerns. A person told us, "I feel well cared for and safe." Staff understood their roles and responsibilities to escalate any safeguarding concerns with the management team or to external bodies, such as, the local authority and CQC. People were given information to enable them to raise any concerns if required, both internally and externally.

People and staff gave mixed feedback about staffing levels. Comments included, "Yes, there is definitely enough staff, they are always available, and at night as well," and, "Sometimes it can be a bit low on staff." We observed enough staff supporting people and spending meaningful time with them. Staff were recruited safely, following recruitment they completed an induction period which included shadowing an experienced member of staff. Staff were trained to administer medicines, storage and record keeping of medicines were completed in line with current guidance.

People's mental and physical health needs were assessed. People's support plans detailed signs to watch out for in the event of a relapse in mental health. These were person-centred and included the level of support people required and how much staff intervention was appropriate depending on the circumstances. A person told us, "Staff are very supportive. They do activities with us, take us out for coffees. They comfort you if you are having a bad day." We observed staff responding to an incident well with a person-centred approach during our inspection.

People contributed to their support plans and received person-centred care tailored to their needs. People were regularly asked for feedback and were listened to. People gave feedback through surveys, a suggestion box, at keyworker meetings and house meetings. The registered manager displayed a 'you said, we did'

board which detailed people's ideas and the outcome.

People were complimentary about the registered manager as they knew people using the service well and built trust with them. Comments included, "I know the manager, they're very good, it is well run," and, "The manager is cool." Staff gave positive feedback about the registered manager, a staff member told us, "[Registered manager] is great, very supportive, gets heavily involved with the residents, couldn't ask for better really."

The registered manager was keen to develop themselves and staff to continually improve people's experience of care. They worked alongside a regional manager and met with managers of the provider's other services to share ideas and mutual support. The management team gave examples of lessons learned within the services and changes made to improve people's support.

People had access to health and care services, visiting health and social care professionals mostly gave positive feedback about the service. We were told, "If we suggest something they are good at taking it on board and implement it," and, "I can see theoretical downside, I know they are a large service with many complex people with differing support, but they manage it very well."

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 18 August 2021).

Why we inspected

The inspection was prompted in part due to concerns received about risk management and following a review of information we had received from the service. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

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 has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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.

Enforcement

We have identified breaches in relation to assessing and managing risks, infection prevention and control,

and governance 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 ●

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 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 was carried out by 2 inspectors 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

Deepdene Court 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. Deepdene Court is a care home with 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 a registered manager in post.

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 sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 5 people who used the service and 2 relatives of people who use the service about their experience of the care provided. We spoke with 3 health and social care professionals who visited the service. We spoke with 9 staff members including the nominated individual, regional manager, registered manager, registered nurses, care workers, house-keeping staff, and office staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

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 good. At this inspection the rating has changed to 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; Preventing and controlling infection

- Risks in relation to the environment were not always assessed and managed safely. The building's fire risk assessment and general risk assessment both concluded smoking was not permitted on the premises and people adhered to the provider's policy. However, we observed, and the registered manager confirmed people did not always abide by the policy, which put themselves and others at potential risk. We raised our concerns with the registered manager and completed a referral to West Sussex Fire and Rescue Service.
- People were not permitted to smoke cigarettes inside of the service, however, some people did so in their bedrooms. A person smoked cigarettes indoors where combustible items were stored. Another person who smoked cigarettes in their bedroom had multiple burns on their flooring. A risk assessment had been completed in the event of people disregarding the provider's smoking policy, however, they did not always include enough detail and smoking inside remained an ongoing concern.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Areas of the service were not able to be thoroughly sanitised. The stairwell banisters and skirting boards had flaking paint exposing woodwork making them permeable and difficult to clean. The communal kitchen and shower rooms required deep sanitation. Some basins were unclean and there were cobwebs and debris on a windowsill. This left people at potential risk of cross infection.

There was a failure to ensure risks to people had been assessed and mitigated. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During and following our inspection, the registered manager arranged for additional cigarette smoke detectors to be installed in people's bedrooms. They had reiterated the smoking policy to people and welcomed advice from West Sussex Fire and Rescue Service.
- Risk assessments and support plans in relation to people's mental health were detailed and contained information on what may cause people to relapse in their mental health. Support plans guided staff on when it was appropriate to leave people alone if they were feeling anxious and when to contact healthcare professionals for advice. A person told us, "Staff are very nice, if you have got any problems they will sort you out. They give you your privacy. If I want to do something they help."
- Risks to people's health conditions were assessed. People living with epilepsy had clear support plans in place to include how their seizures usually presented. Staff had clear instructions on how to support people should they experience a seizure and what medicine to administer in the event. Staff received training to support people living with epilepsy. The registered manager told us, "The trainer we use has a lot of experiences. They are a neurology nurse and make training enjoyable, so staff come out not knowing how much they have learnt."

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. Any conditions related to DoLS authorisations were being met.
- 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 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.
- People were able to freely invite visitors into the service or go out to meet friends and family.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes mostly protected people from the risk of harm or abuse. Staff were trained to recognise signs of potential abuse. Incidents and concerns were mostly referred to the local authority safeguarding team. A visiting health and social care professional told us of an occasion where they prompted staff to raise a safeguarding concern for a person.
- The provider's safeguarding policy reflected the local authority's guidance and information on how to whistle-blow was available to staff if they required it.
- People told us they felt safe at the service. A person commented, "Yeah I feel safe; staff treat me well."
- Information was freely available for people if they wished to raise any concerns themselves. Posters and procedures were written for people's ease of understanding and contained contact numbers for the local authority, CQC and other professional bodies. A relative said, "I know [person] feels safe there."

Staffing and recruitment

- There were enough staff to meet people's needs. People living at the service did not require a high level of physical assistance from staff. We received mixed feedback around staffing levels. A person told us, "All the staff are working hard. There is enough staff, there is always someone around. If I have a bad day I go and talk to them." A visiting professional told us, "These days staff are thin on the ground." A relative said, "They could do with more staff, but they seem to cope alright."
- A dependency tool was used to calculate the number of staff required, this was reviewed quarterly, when people's needs changed or when people were newly admitted to the service. We observed staff spending time with people, playing games and singing.
- Staff were recruited safely. Application forms were completed and employment histories and gaps in employment were explored. References and Disclosure and Barring Service (DBS) checks were obtained

prior to employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Registered nurses were employed at the service; their registration with the Nursing and Midwifery Council were up to date and verified.

Using medicines safely

- Medicines were stored, ordered, and managed safely. People were administered medicines by registered nurses who were trained and assessed as competent. There was written guidance for staff to determine when people may need their 'when required' (PRN) medicines.
- People were given their medicines in a person-centred way. People's medicines were reviewed by healthcare professionals and people who took medicines which required specific monitoring were supported to attend appointments. People knew what their medicines were for and when they were due, they went to the clinic room to receive them. A person told us, "I can go out when I want, but I have to be back in time for my meds."
- The storage and recording of medicines were completed in line with current guidance. It had been identified the clinical room had reached a higher temperature, staff received advice from a visiting healthcare professional and placed a fan in the room to reduce the heat. Healthcare professionals advised staff to reduce the expiration date for some medicines due to the storage temperature; staff ensured this was done.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. In the event of an incident, staff completed reflective learning to see if things could be done differently. A member of the management team told us, "It's good to get other people's opinions. When debriefing as a team we can learn."
- The management team analysed incidents and told us how increased engagement with people had led to a decrease of incidents. The management team conducted surveys to ascertain people's preferred activities.

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 good. At this inspection the rating has changed to 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

- The registered manager did not always to exercise their duties of managing risks and regulatory requirements. People were putting themselves and others at risk by not adhering to the provider's smoking policy. The registered manager was aware of people smoking in their bedrooms, however, not all risks had been mitigated.
- Quality assurance processes were effective in identifying areas for improvement; however, these were not always actioned. The registered manager conducted audits for infection prevention and control (IPC), the audits for April and May 2023 highlighted the kitchen had not been deep cleaned as a minimum of once a month. There were no actions documented to address this. Communal spaces were not included in the IPC audit, where we identified areas of the service which required deep cleaning.
- Statutory notifications were mostly submitted to CQC about events in the service. We identified some incidents where we had not been notified. We discuss these with the registered manager, who advised this had been an oversight.

The provider failed to ensure there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded to our concerns regarding the risks of people smoking in their bedrooms. They arranged for additional cigarette smoke detectors to be installed with plans for further installation to be rolled out in other bedrooms. Following our feedback, the regional manager told us they were working on ways to enforce the smoking policy.
- Action plans were developed from quality assurance processes. The registered manager delegated some responsibilities to staff to address areas in need of improvement which were discussed at staff meetings. For example, incident reports required more detail, staff were made aware of this and had worked towards improvements.

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

- The registered manager promoted an inclusive and engaging culture for people, their relatives, and staff. We observed people were given choices and asked for their opinions. A 'you said, we did' board was

displayed in the service and showed people's suggestions had been listened to. For example, people requested a pool table and a gel nail kit. These had been put in place, we saw people using the facilities throughout our inspection.

- People were involved in their support through care plan reviews and keyworker meetings. A person said, "I have been involved in my care plan, staff have been asking me questions and changes are happening." People were able to make decisions about their daily lives and contribute towards changes in the service. A suggestion box was available for people to make suggestions anonymously and they could use a quick response (QR) code for online feedback if they wished.
- People were mostly supported to plan for the future, some people moved on to independent living. We received mixed feedback from visiting health and social care professionals. Comments included, "I often get the sense they are not doing anything with the patient, in other homes they work on different skills and goals. Nothing to stimulate them," and, "One of our service users has developed their independence and can now move onto supported living which is great. They totally focussed on [person] and their needs."
- People received person-centred care. A person who had a love of animals was supported to purchase a pet; there had been a reduction of incidents with this person following this. Another person liked to be known by 3 different names, staff respected this and called them by their preferred name and pronoun at the time. A visiting healthcare professional commented, "The people we have there, they like it. We have no concerns. In terms of what we see them do, the staff know them very well and are personalised in their approach."
- People's relatives had the opportunity to be involved in their loved ones' support. A relative told us, "I get updates on how [person] is doing when I visit." People and their relatives told us they did not have any complaints but felt confident to do so if needed.
- People were free to come and go as they pleased, and some people preferred staff to go with them. A staff member told us about the 'therapeutic budget' which was used to support people on outings. They said, "We can take them (people) out, at a drop of a hat, we decide on the spur of the moment and ask the residents where they fancy going."
- Staff were clear in their roles, regular meetings and supervisions were held to discuss people and changes in the service. Staff gave positive feedback regarding the registered manager. A staff member said, "I have no issues with [registered and deputy manager], I can go to them for whatever. I try to go to the staff meetings, it's a way of everyone communicating and sort out issues. We get minutes if we can't go, we can speak up."

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 registered manager understood their responsibilities under the duty of candour. They described their responsibility to be open and honest with people if something were to go wrong and provide an apology. They told us, "It's good to be open and honest with them (people and their relatives). And own it, if you have done something, or if something doesn't happen, I am honest with them. Not to fob anyone off."

Continuous learning and improving care; Working in partnership with others

- Staff and management worked in partnership with others and were keen to continually improve people's experience of their care. The registered manager supported staff to achieve qualifications and kept their own knowledge up to date. For example, they had signed themselves and their deputy up for a higher level of safeguarding training. The registered manager was keen to engage with health and social care professionals for training in specific specialisms; this was supported by the provider.
- The registered manager received updates from professional bodies, such as, the local authority and CQC. The regional manager further received updates from other bodies to share with the registered manager. The registered manager was supported by the regional manager and attended regular meetings with the provider's other service managers. The regional manager gave examples of where lessons had been shared

and learned from during these meetings.

- The registered manager and staff worked with other agencies to promote good outcomes for people. A variety of professionals including social workers, the community mental health team and psychiatrists had been involved to provide advice and enabled staff to support and understand people's needs.
- Health and social care professionals gave positive feedback about the service, staff, and the registered manager. A professional told us, "I certainly feel staff follow the advice I leave. An example, we had 1 service user who had a bit of a relapse, we supported [person] through with a staying well plan and medicines plan, they followed it to the letter and we can rely on them to let us know if the plan is working. We do work in collaboration 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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	There was a failure to ensure risks to people had been assessed and mitigated.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There was a failure to ensure there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others.