Caring Homes Healthcare Group Limited

Deer Park View Care Centre

Inspection report

Bushy Park Road
Teddington
Middlesex
TW11 0DX

Tel: 02086140000
Website: www.caringhomes.org

Date of inspection visit:
15 August 2017
17 August 2017

Date of publication:
04 October 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection that took place on 15 and 17 August 2017.

Deer Park View Care Centre is registered to provide care for up to 60 older people and has specialised nursing and dementia units. The home is purpose built and provides accommodation for people in en-suite single rooms.

The home had a registered manager. 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 and associated Regulations about how the service is run.

At the last inspection in June 2015 the home met all the key questions and was rated good in each with an overall good rating.

The people living at Deer Park View and their relatives thought staff provided a good level of support and care, that was delivered in a respectful way and the home was a nice place to live. People were given the opportunity to do what they wanted, in their own time and joined in the activities provided if they wished.

The home had a warm atmosphere that was welcoming and friendly and visitors said they were always made to feel welcome. They told us the home's environment was a safe one for people to live and work in. The home was clean and well-maintained.

There were up to date records kept and the care plans contained clearly recorded, fully completed, and regularly reviewed information. The records supported staff to perform their duties appropriately.

The staff knew the people they worked with well and this included their likes, dislikes, routines and preferences. Staff had appropriate skills, experience and qualifications and were focussed on providing individualised care and support that was delivered in a professional, friendly and compassionate way. They also made themselves accessible to people and their relatives. Staff told us they had access to good training, support and career advancement.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. They said the choice of meals and quality of the food provided was very good. People had the opportunity and were encouraged to discuss their health needs with staff and had access to community based health care professionals, as well as nursing staff, if they were required. We saw that people were prompted and supported to eat their lunch or drink in a timely manner, when this was required.

The home's management team were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

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 remains Good'	**Good**
Is the service effective? 'The service remains Good'	**Good**
Is the service caring? 'The service remains Good'	**Good**
Is the service responsive? 'The service remains Good'	**Good**
Is the service well-led? 'The service remains Good'	**Good**

Deer Park View 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 checked 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 was an unannounced inspection and took place on 15 and 17 August 2017.

The inspection was carried out by one inspector.

There were 57 people living at the home. We spoke with nine people, three relatives, 14 staff and the registered manager.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for six people and 8 staff files.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People said they felt very safe living at the home and their relatives thought that the home provided a safe environment. They also said that the care and support was provided in a safe manner. One person said, "This is a very safe place to live." Another person told us, "Staff know how to assist me with the hoist and there are always two." A relative commented, "I'm always comfortable leaving [relative] here after I've visited."

Staff understood what constituted abuse and the action to take should they encounter it. They said keeping people safe and protecting them from harm and abuse was one of the key things that they did and part of their induction and refresher training. Staff had access to the home's policies and procedures regarding protecting people from harm and abuse.

Staff knew the circumstances in which to raise a safeguarding alert and had received appropriate safeguarding training. Information regarding safeguarding was also provided in the staff handbook. There were no current safeguarding alerts. Previous safeguarding issues were suitably reported, investigated, recorded and learnt from.

People had risk assessments that enabled them to enjoy their lives safely. The risk assessments were regularly reviewed and updated when people's needs and interests changed. Staff shared relevant information, including any risks to people during shift handovers, staff meetings and as they occurred. There was also accident and incident records kept and a whistle-blowing procedure that staff were aware of and knew how to use.

There were general risk assessments for the home and equipment used that were reviewed and regularly updated. These included fire risks. The home's equipment was frequently checked and maintained. The home was clean and well decorated and there was a well maintained and pleasant garden area. There were hand-wash and sanitisers for people to use throughout the home.

There was a thorough staff recruitment procedure with all stages of the process recorded. Staff recruitment was undertaken by the organisation's recruitment department. The process included advertising the post, providing an application form, job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's communication skills and knowledge of the field in which the home provided a service. References were taken up, Disclosure and Barring Services (DBS) security checks carried out prior to staff starting in post and there was a six month probationary period. This could be extended if required. Nurses employed, also had their registration checked to make sure it was up to date. Work history was checked and an explanation required if any gaps were identified. The home had disciplinary policies and procedures that staff told us they understood.

During our visit we saw that there was enough staff to meet people's needs and support them to do what they wanted, in a calm and unhurried way. This was confirmed by the staff rota. Staff were attentive, reassuring and people were supported safely. Staff demonstrated clear communication skills, understood

their roles and the way people required support. This made it easier for people to understand what they were saying and contributed to the safe environment. This was demonstrated by the way staff explained the support that they were going to provide before transferring people from wheelchairs to lounge chairs, making sure people understood what was happening and that there were no surprises.

Medicine was safely administered to people. The nursing staff who administered medicine were appropriately trained and qualified to do so with regular refresher training. They also had access to updated guidance. The medicine records for all people were checked and found to be completed and up to date. Medicine kept by the home was regularly monitored at each shift handover and audited weekly. Medicine was safely stored in a locked facility, records of the temperature of fridges where medicine was stored were kept and medicine was appropriately disposed of if no longer required. There were medicine profiles for each person in place.

Good

Is the service effective?

Our findings

People decided about how their care would be provided and the type of support they required. Their input into decision-making was encouraged and facilitated throughout the home, although the level varied depending on people's capacity to do so. For example people on the residential units were encouraged to be fully involved in and take control of decisions about their lives, whereas people with less capacity due to dementia were supported to make decisions on a more immediate and basic level, that was appropriate to them as they lived in the moment. People's relatives or their representatives were also encouraged to be involved.

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 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications had been submitted by the provider, all applications under the DoLS had been authorised, and the provider was complying with the conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff received mandatory training in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding. Staff continually checked that people were happy with what they were doing and the activities they had chosen throughout our visit.

Staff received induction and annual mandatory training and were provided with a handbook. The induction was comprehensive, included core training aspects and information about staff roles, responsibilities, the home's expectations of staff and the support they could expect to receive from the home. All aspects of the service and people were covered and new staff initially spent time shadowing more experienced staff. This increased their knowledge of the home and people who lived there. There was a training matrix that identified when mandatory training was due. Training encompassed the 'Care Certificate Common Standards' and included infection control, manual handling, emergency first aid, food hygiene, living in my world, equality and diversity and health and safety. There was also access to more specialist training to meet people's individual needs, such as Parkinson's disease and the home was participating in a dementia project led by University College London. Staff meetings, bi-monthly supervision sessions and annual appraisals were also partly used to identify further training needs.

The care plans included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding any support required at meal times. Each person had a GP and staff said that any concerns were raised and discussed with the person's GP as appropriate. Nutritional advice and guidance was provided by staff and there were regular visits by community based health care professionals. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. People's consent to treatment was regularly monitored by the home and recorded in their care plans.

People told us they thought the food was very good with plenty of variety and choice. One person said, "The food is excellent." On the dementia floor care workers patiently explained and repeated to people what their choice of meals were, what they were eating and waited until people were ready for their next mouthful of food, whilst re-assuring them. This meant lunch was a pleasurable experience for people and the positive body language and smiles of people who struggled to communicate indicated that they were enjoying the experience. This was repeated throughout the home, staff were excellent, chatting to people and not treating meal times as a task to be completed rather supporting people to eat at their own pace and enjoy their meals.

Staff explained to people the support that they were going to provide, such as supporting them to join in activities or helping them walk from one part of the home to another. When assisting people who were in wheelchairs or sitting in a low chair, staff would ensure they faced people and approached them at their eye level before assisting them.

Good

Is the service caring?

Our findings

People and their relatives were very positive in their comments about the caring nature of staff. One person told us, "The staff are brilliant, they all want to help and nothing is too much trouble." Another person said, "Staff are all lovely, they are dedicated and I'm very happy here." A relative told us, "There is a consistency in the staff team who are all very friendly." People told us that the staff at the home treated them with respect, dignity and compassion. The staff made an effort to make sure people's needs were met and enabled them to maintain their independence. People enjoyed living at the home and were supported to do what they wanted. People were encouraged to do things for themselves, where possible and join in activities if they wished but not pressurised to do so. Staff listened to what people said, their opinions were valued, acted upon and we were told staff were friendly and helpful. Staff also facilitated good, positive interaction between people and promoted their respect for each other.

Staff were trained to respect people's rights, their dignity and treat them with respect and that underpinned the care practices we observed. People were addressed using the name or title they preferred and staff interacted with them in a friendly and appropriately familiar way. They were able to tell us things specific to individual people, if appropriate their level of dementia, their engagement, and likes and dislikes and were skilled and caring.

Staff spoke in a way and at a speed that people could comfortably understand and follow. They were aware of people's individual preferences for using single words, short sentences and gestures to get their meaning across. During quieter periods staff spent time engaging with people, talking in a supportive and reassuring way and projecting positive body language that people returned.

The home had a confidentiality policy and procedure that staff were aware of, understood and followed. Confidentiality was included in induction, on-going training and contained in the staff handbook. Everyone was treated equally and their diversity recognised and valued.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person living at the home. People said they had visitors whenever they wished, and they were always made welcome and treated with courtesy. This was also the case when we visited.

Good

Is the service responsive?

Our findings

People and their relatives said that their views and opinions were sought by the home's registered manager and staff and they were confident that staff would respond promptly to their needs. They were given time to decide the support they wanted, how it was to be delivered and when, where practicable. It was delivered appropriately and in a way that people liked. If people had a problem, it was quickly addressed. Throughout the inspection we observed examples of people approaching staff or the registered manager for assistance or with questions. These were responded to in a calm and unrushed manner. Staff were able to describe how they tried to provide care in a responsive and person centred manner and people were supported and enabled to enjoy the activities they had chosen. One person said, "There are lots of activities and one can join in if you wish, although you are never pressurised into doing so." Another person told us, "Staff do what they say and look in on you, at night to make sure you are alright." A further person said, "The home has a good atmosphere and that says an awful lot about how you feel." A relative said, "I can't fault the care and there is always plenty to do."

The registered manager told us that before anyone moved in, they and their relatives were provided with written information about the home and organisation that outlined what they could expect from the home and what the home's expectations of them and their conduct was. The home requested assessment information from service commissioners and hospital or a previous care home if they were being transferred. The home also carried out its own assessments. These assessments identified if people's needs could be met and if so people were invited to move in if they wished. This was after people and their relatives had been invited to visit, to see if they liked the home. They could visit as many times as they wished so they could decide if they wanted to move in. The home also provided respite care and some people had moved in on a fulltime basis having previously experienced respite care at Deer Park View.

People's care plans were focussed on them as individuals and based on the initial assessment, other information from previous placements and information gathered as staff and people became more familiar with each other. The care plans were comprehensive, up to date and contained sections for all aspects of peoples' health and wellbeing. They included health, consent to care and treatment, medical history, mobility, dementia, personal care, recreation and activities and end of life wishes. The care plans were underpinned by risks assessments and reviewed by people and staff. Daily notes identified if chosen activities had taken place. There were also individual communication plans and guidance, if required.

The home provided a number of activities and there was an activities co-ordinator. There were group and individual activities available. These included room visits by staff for one to one time with people, hand and foot spa massages, 'Big screen' concerts, 'Oomph' movement to music, poetry readings, cinema club and tea parties. There were also visiting entertainers. One person said, "The activities co-ordinator is excellent, particularly for exercises even if you are in a wheelchair." Another person told us, "Always something to do, I'm going to a tea party today."

People were aware of the complaints procedure and how to use it and the procedure was included in the written information provided for them. There was a robust system for logging, recording and investigating

complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. One person said, "If I had a problem, I would go straight to [registered manager]." There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people to make complaints or raise concerns. Any concerns or discomfort displayed by people were attended to sensitively during our visit.

Good

Is the service well-led?

Our findings

During our visit people were actively encouraged to make suggestions about the home and any improvements that could be made to it. People and their relatives said the registered manager was approachable and made them feel comfortable. One person said, "When my [relative] was looking for a home she was struck by the atmosphere and decided straight away." Another person told us, "The [registered] manager is a lovely person." A relative told us, "The [registered] manager is very helpful."

The culture of the home and organisation was an open, listening one with staff and the registered manager paying attention to and acting upon people's views and needs. It was clear by people's conversations and body language that they were comfortable talking to the registered manager and management team; equally as they were with the staff team. People said they thought the home was well managed. There were regular surveys of people and their relatives and meetings on record.

The organisation's vision and values were clearly set out. Staff we spoke with understood them and said that they were explained during induction training and regularly revisited. The management and staff practices reflected the vision and values as they went about their duties. There were also clear lines of communication within the organisation, home and specific areas of responsibility and culpability.

Staff told us the registered manager was supportive. Their suggestions to improve the service were listened to and given serious consideration. They said they really enjoyed working at the home. A staff member said, "I wouldn't want to work anywhere else." Another staff member told us, "We get great support." The records we saw demonstrated that regular two monthly staff supervision, staff meetings and annual appraisals took place.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that identified how the home was performing, any areas that required improvement and also those where the home was performing well. This enabled any required improvements to be made. Quality audits included medicine, health and safety, night visits, daily checklists of the building, cleaning rotas, infection control checklists and people's care plans. Policies and procedures were audited regularly. There were also shift handovers that included relevant information about people using the service.

There was a policy and procedure in place to inform other services of relevant information should services within the community or elsewhere be required.