

Phoenix Care Homes Limited

# Deer Park Care Centre

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 22 and 23 January 2019. The first day of our inspection was unannounced, the second day was announced.

Deer Park Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. People received nursing and personal care.

Deer Park Care Centre accommodates up to 38 people with mental health issues in one two storey building. There were 35 people living at the service when we inspected. Two people received their care in bed. Some people lived with dementia, most people had a diagnosed mental illness.

At the last inspection on 22 January 2018, we rated the service Requires Improvement overall. The provider had failed to ensure water temperatures did not pose a risk to people. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also recommended that the provider and registered manager continued to embed auditing processes and improvements in the culture.

We requested the provider to send an action plan to detail how they planned to meet the breach of Regulation 12 by the 12 April 2018. The registered manager sent an action plan to CQC on 10 April 2018. They said they would meet Regulation 12 by 10 August 2018.

At this inspection, there continued to be a breach of Regulation 12. We also found two other breaches of Regulation. The service has been rated Requires Improvement overall. This is the fourth consecutive time the service has been rated Requires Improvement.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not always well managed. The provider was not following their medicines policies and procedures. Stock medicines were not recorded on the medicines administration records (MAR sheets). Some medicines had not been kept securely locked away. People were not always supported with their medicines at the appropriate times.

Risks to people's health and safety were not always well managed. People that required moving and handling equipment such as hoists and slings did not have robust risk assessments to evidence to staff the safest way of working with the person. Accidents and incidents involving people were recorded. Action taken by the registered manager following the incident/accident was not always clear or recorded, so it was

unclear how lessons were learnt from the incidents.

The provider had carried out sufficient checks on all staff to ensure they were suitable to work around people who needed safeguarding from harm. However, the provider had not asked applicants for a full employment history and documented reasons for gaps in interview records. We made a recommendation about this.

People had access to food and drink which met their needs and to maintain good health and were supported to be as independent as possible at meal times. People were supported to put together a pictorial menu plan for the week. People were able to choose different foods from the menu plan when they wanted. Some people experienced delays to their meals. This is an area for improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the policies and systems in the service did not always support this practice. This is an area for improvement.

Records showed that the premises and equipment received regular servicing. Some actions identified by contractors had not always been dealt with in a timely manner. Some hot water temperatures remained too hot, which increased the risk of scalding. The building was suitable for the needs of the people who lived there. Some parts of the building were being redecorated.

There were enough staff deployed to meet people's needs, the provider had a system to ensure people's assessed dependency levels were assessed. However, these had not always been updated in a timely fashion when people's needs changed. We made a recommendation about this.

People received personalised care which met their needs. Support plans were not always person centred and did not include information about their oral hygiene. We made a recommendation about this.

People knew the management team. Relatives had confidence in the management of the service. Some audits and checks were carried out by the provider. The provider had not always taken timely action to address issues identified within their audits. The provider's policies had not been updated as and when regulations changed. Records relating to people's care were not always accurate and complete. Quality assurance processes had not been successful in recognising all the issues we identified in this inspection.

Staff treated people with kindness and compassion. Staff knew people's needs well and people told us they liked their staff and enjoyed their company. People and their relatives were consulted around their care and support and their views were acted upon. People's dignity and privacy was respected and upheld and staff encouraged people to be as independent as possible.

Where known, people's wishes around their end of life care were recorded. People were encouraged to take part in activities they liked. People felt they could raise any complaints and concerns with the registered manager. Complaints had been investigated and resolved. However, people had not always had the outcome of their complaint in writing. This is an area for improvement.

The provider sought feedback from people and their relatives which was recorded and reviewed. Staff assisted people to complete satisfaction surveys, which meant that people may not be as open about their experiences. This was an area for improvement.

Staff understood the various types of abuse to look out for to make sure people were protected from harm.

A number of new staff had been recruited in the last 12 months. Staff had not completed induction training. The training records evidenced that staff had not always received the training needed to give them the skills and knowledge to care for people. Staff confirmed they had received regular supervision. Staff told us they felt well supported by the management team.

People's needs and rights to equality had been assessed and care plans had been kept up to date when people's needs changed. People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain.

The registered manager kept up to date with good practice, local and national hot topics by attending registered manager forums. Staff meetings were held on a regular basis to ensure that staff had opportunities to come together, share information and gain information from the management team.

The provider had notified CQC about important events such as safeguarding concerns, serious injuries and DoLS authorisations that had occurred. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. The provider had displayed the rating in the service.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations and one breach of the Health and Social Care Act 2008. You can see what action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Risks had not always been appropriately assessed and mitigated to ensure people's health and safety. Records showed that the premises and equipment received regular servicing. Some actions identified by contractors had not always been dealt with in a timely manner.

Medicines management required improvement to ensure medicines were managed safely.

There were enough staff deployed to meet people's needs, the provider had a system to ensure people's assessed dependency levels were collated, these had not always been updated in a timely fashion when people's needs changed. The provider had not always followed safe recruitment practices.

Staff knew what they should do to identify and raise safeguarding concerns.

Accidents and incidents were recorded and analysed to identify trends and patterns. However, the action taken by the registered manager following these was not always clear or recorded.

The service was clean and tidy.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The staff and management team understood the Mental Capacity Act 2005 and how to support people to make decisions. Staff supported people to make choices about all elements of their lives. Not everyone had consented to their care.

Some staff had received training relevant to their roles. Staff had not all been trained to support people with their specific health conditions. Thorough inductions for new staff had not taken place. Staff had received supervision and good support from the management team.

People had choices of food at each meal time which met their likes, needs and expectations. Food was prepared to meet people's dietary requirements. Some people's meals were subject to delay.

People received medical assistance from healthcare professionals when they needed it.

The design and layout of the service met people's needs. Different areas of the service were being painted in different colours. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity, respect, kindness and compassion.

People were involved with their care and enabled to make choices. People's decisions and choices were respected.

People were supported to maintain contact with their relatives. Relatives were able to visit their family members at any time.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Support plans were in place to detail what people's care and support needs were. These were not always person centred and had not captured people's oral care support needs.

People who were reaching the end of their life were asked about their end of life wishes and their preferences were recorded.

Activities were taking place to ensure people could keep active and stimulated when they wanted to be, both in the service and the local community.

Information about how to make a complaint was available to people in a format they could understand.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Audits had not always been totally effective in identifying

shortfalls in the service. Registered persons had not always taken timely actions to address issues identified in audits and checks. Records had not always been maintained to ensure they were complete and accurate.

The registered manager attended forums which were run by external agencies in the local area. This enabled them to keep up with changes and updates in practice as well as building links with other organisations.

The provider had displayed the rating from the last inspection in the service. The registered manager had reported incidents to CQC.

People, relatives and staff felt the management team were approachable and would listen to any concerns. Staff felt well supported by the management team.

# Deer Park Care Centre

## Detailed findings

### Background to this inspection

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

This inspection took place on 22 and 23 January 2019, the first day inspection was unannounced. The inspection was carried out by three inspectors and one 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.

Due to technical problems, the provider was not asked to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We spoke with 12 people about their experiences of living at the service and we observed care and support in communal areas. We observed staff interactions with people. We also spoke with two people's relatives who visited the service. We spoke with 11 staff, which included the cook, administration staff, care staff, senior care staff, the deputy manager and the registered manager.

We requested information by email from local authority care managers, commissioners, GP's, an advocate and Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. We received feedback from a local authority commissioner and a GP.

We looked at the provider's records. These included eight people's care records, care plans, health records, risk assessments, daily care records and medicines records. We looked at three staff files, a sample of audits,



satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including policies, quality assurance audits and meeting records. The information we requested was sent to us in a timely manner.

# Is the service safe?

## Our findings

At our last inspection on 22 January 2018, the provider had failed to ensure water temperatures did not pose a risk to people.

At this inspection, we found that this had not improved. Records showed that the premises and equipment received regular servicing, such as fire equipment, moving and handling equipment, the boiler, the lift, legionella tests, electrical wiring and electrical items. Some actions identified by contractors had not always been dealt with in a timely manner. A contractor had repeatedly reported that the nurse call system required a part, this had not been ordered or rectified. The business manager told us that the part did not affect how the alarm worked but would follow this up. Water temperatures in two communal bathrooms showed that they were over 50 degrees Celsius on 09 January 2019. This increased the risks of people being scalded. Records showed the water temperature needed adjusting but there was no record to evidence it had been done. We reported this to the registered manager, who did not know if this work had been carried out. The showerheads had not been descaled three monthly as scheduled, which could cause the build-up of bacteria which could cause legionnaires disease.

The failure to ensure that premises and equipment are properly maintained is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the decoration of the service with the management team as some areas of the service were looking tired and tatty. The roof was leaking in the conservatory. This is an area for improvement. The registered manager told us there was ongoing redecoration planned which included this room. The service was in the process of being redecorated to make it easier for people to find their way round. Corridors in different zones were being painted different colours. One corridor had been painted overnight on the 21 January 2019.

People benefited from living in an environment that was clean. Housekeeping staff carried out cleaning in the service. People were encouraged to be as independent as possible to ensure they retained skills. Most staff had received infection control training. There were suitable supplies of personal protective equipment available and these were used appropriately by staff.

Medicines were not always well managed. There were issues around the recording of medicines. We found stock medicines were not recorded on the medicines administration records (MAR sheets). For example, one person had been prescribed Clozapine 25mgs, three tablets in the morning and one tablet at night. There were three boxes of this medicine in stock for this person. The first box contained 84 tablets, the second box contained 28 and in the third box (which was kept on the medicines trolley) there were 48 tablets. The MAR said that there should be 55 at start of the month. Seven tablets had been signed as given which was correct with the amount in the trolley but the 112 tablets in the other two boxes had not been signed in and included on the MAR sheet. Another person was prescribed Senna 7.5mg one at night. There were 28 tablets that had been delivered. One had been signed for as administered. However, there were only 24 tablets in stock. This meant that three tablets were unaccounted for. They may have been administered and not

signed for.

Some medicines had not been kept securely locked away. Topical creams and lotions were kept in a room used by the visiting hairdresser and chiropodist. Some medicines have special storage requirements which are defined in The Misuse of Drugs Act 1971. These are called controlled drugs. The provider had not followed the Misuse of Drugs Regulations 2001 or Nationally recognised NICE guidance 'Controlled drugs: safe use and management'. Controlled drugs had not been stored in suitable cupboards meeting the relevant British Standard. This meant that controlled drugs could be accessible to unauthorised staff and people. This could cause the controlled drugs to be misused.

Most people were in receipt of as and when required (PRN) medicines. PRN protocols were not always in place for each PRN medicine to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant that staff administering these medicines may not have all the information they need to identify why the person takes that particular medicine and how they communicate the need for it.

Some staff that administered medicines had not received medicines administration training. The deputy manager was in the process of carrying out competency checks relating to medicines practice. The deputy manager had not yet completed their own medicines training.

Topical creams had run out and not been followed up with supplier in a timely manner which meant a person had gone without since 18 January 2019. People were not always supported with their medicines at the appropriate times. Some people were scheduled to have medicines in the evening but records showed they were frequently asleep so staff were unable to administer the medicines. Registered persons had not requested a medicines review for these people to check if they could have their prescribed medicine at an earlier time to meet their needs. Temperatures of medicines storage areas had been recorded consistently. However, the room where topical medicines had been kept had not been temperature checked to ensure they were being kept at the correct temperature. Storing medicines outside of the manufacturers recommended range for a long period of time will affect the efficacy of that medicine and might mean they were not effective.

The failure to ensure the safe management of prescribed medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received their medicines when they needed them. One person said, "The staff give me my inhaler when I need it which makes me feel safe." Another person told us, "I don't have any problems in receiving my tablets."

Risks to people's individual health and wellbeing had been assessed. Each person's care plan contained individual risk assessments. People's care plans and assessments had not always been reviewed regularly. People that required moving and handling equipment such as hoists and slings did not have robust risk assessments to evidence to staff the safest way of working with the person. Risk assessments did not provide staff with clear guidance and information about the size and type of sling to use and which loops on the sling were best for the manoeuvre. One person's moving and handling manoeuvres had been reassessed by healthcare professionals. Their risk assessment had not been updated following the healthcare professionals report dated 11 November 2018. The report showed that the person required three staff to safely manoeuvre them instead of two. This put people at risk of harm. One person had suffered burns following an incident when they had accidentally set themselves alight whilst trying to light a cigarette. There was no risk assessment in place for this person in relation to fire hazards and smoking. We reported

this to the registered manager on the first day of the inspection and they put a risk assessment in place by the second day of the inspection. Risk assessments had not always been put in place for people that smoked and used paraffin based emollients and treatments on their skin to keep their skin hydrated and protected.

Accidents and incidents involving people were recorded. However, the action taken by the registered manager following the incident/accident was not always clear or recorded, so it was unclear how lessons were learnt from the incidents. For example, frequent incidents of physical and verbal aggression had taken place which was the result of one person becoming agitated. This impacted on other people in the service. One person was supported by a staff member to walk back to their bedroom because the person was in the corridor and they were wary of them. The staff member offered reassurance. The registered manager told us the person had been served notice to leave the service two years ago but nothing had been done by the person's funding authority to find a more suitable placement. Following the burns suffered by one person whilst accidentally setting themselves on fire whilst smoking the registered manager had not reviewed smoking practice at the service to protect people, particularly those who had long hair or those that use hairspray.

The failure to take appropriate actions to mitigate risks to people's health and welfare is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider had not always carried out sufficient checks on all staff to ensure they were suitable to work around people who needed safeguarding from harm. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Photographs were in place for staff members. Applications forms had only asked applicants for 10 years of employment history and not a full employment history. Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 clearly states that a full employment history is required. One staff member had an unexplained gap in employment from 1983 to 2007. Interview notes had been kept but any discussions that had taken place about gaps in employment had not been recorded.

We recommend that the provider reviews recruitment practice and processes in line with Regulation 19 and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People had their needs met by sufficient numbers of staff. One person said, "I think there are enough staff here." Other people said, "Staff come straight away to answer my call bell" and "I have a call bell and can use it day and night; they [staff] arrive in no time at all." There were six staff on duty during the day (not including kitchen, housekeeping and management staff) and three staff members at night. During the inspection, staff were responsive to people and were not rushed in their responses. The provider had a dependency tool they used to check the care and support needs of each person. We found that as people's health and needs had deteriorated, their dependency had not been reassessed to check that staffing levels were adequate to meet their needs. For example, one person's mental health needs had declined. Their dependency needs assessment had last been reviewed on 10 December 2017. The assessment indicated that no aggression displayed, this did not reflect the person's current situation.

We recommend that registered persons review systems and processes to evidence that staffing levels meet people's assessed needs.

People told us they felt safe. Comments included, "I feel safe because the staff do everything for me

including getting my inhaler"; "I feel safe and cosy here" and "I feel safe because we had a fire practice."

Each person had a Personal Emergency Evacuation Plan (PEEP) this detailed the level of assistance they would need to reach a place of safety in the event of an emergency. People confirmed that the fire alarms were tested regularly. One person told us how they would exit the building and how to raise the alarm if there was a fire. They said, "There is a fire alarm outside my room."

People were protected from abuse. Policies were in place and available to staff. Staff told us about different types of abuse and were comfortable to report any concerns they had to the registered manager or provider. Staff were confident that any concerns they raised would be addressed quickly. Training records evidenced that all staff had attended safeguarding training.

## Is the service effective?

### Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Most staff responsible for providing care and support had undertaken MCA training. The registered manager had correctly applied for DoLS within the MCA for people living at the service who were attempting to leave. Some of these applications had been authorised by the local authority at the time of this inspection.

We observed that people made decisions about their care and treatment. We heard people declining and accepting offers of food, drink, personal care, people chose whether to participate in activities. People told us, "I choose when to get up and when to go to bed"; "I get a choice of what food to have" and "I choose to come from my room about 11:00, I also choose what time to go to bed. I do what I like and have a lot of freedom. I am encouraged to do what I like." People who had capacity to consent to care and treatment such as agreeing their care and support, had signed consent forms to evidence their consent. Some people's capacity had been assessed in relation to specific decisions. For example, one person had been assessed as not having the capacity to understand the hazards and dangers of leaving the service. Where some people did not have capacity to consent to a specific decision, relatives had signed the consent form detailing that they were the person's lasting power of attorney (LPA). Copies of the LPA documentation had been checked by the management team to verify that relatives had the authorisation to make decisions on behalf of the person. However, not everyone had signed consent forms relating to their care. Some care files did not evidence that people had been involved in discussions about consent. This is an area for improvement.

People gave us positive feedback about the food. Comments included, "The food is lovely, particularly the Sunday roast", "If I don't want the food on offer I have a sandwich instead", "I love the food, it is magic, I particularly like the stew and dumplings. I have marmalade on toast for breakfast", "The food is alright. I like egg and chips. We have a choice for breakfast, I had cornflakes today", "The food is very good, I particularly like the teas", "We are asked what dinner we want the day before" and "The dinner I just had was wonderful."

People received effective care and support from staff to meet their nutritional and hydration needs. Staff offered people choices of drinks throughout the inspection. People could help themselves to drinks and snacks when they wanted to. There were small kitchenette areas which people had access to. One person said, "I have a cup of tea at: 07:00, 10:30, 12:30, 15:30, 17:30, 20:00 and 22:00, I love it here."

Staff offered people choices of drinks. Meal choices were clearly displayed for people. There was an easy to read board in the dining room to enable people to see photographs of the food so they could make an informed choice. People's care and support records provided clear information about people's likes, dislikes and allergies. Staff had a good awareness of people's nutritional needs. The menus seen provided people with good choices and a balanced diet.

We observed meal times in two dining areas in the service. The larger dining area was busy and well attended. People who preferred a quieter setting were served their meals in the small dining room in the east wing. There were two staff in this area assisting people to eat. Four people required assistance, which meant they had to wait until staff had finished assisting other people before they could have their meals. During this time, their meals were cooling down. This is an area for improvement.

People continued to receive appropriate support to maintain good health. People were supported to attend regular health appointments. People told us staff took timely action when they were ill and they say the GP when they needed to. Comments included, "I was not well so the staff got the doctor to come and see me" and "The doctor came here to see me." A GP told us, 'The staff have implemented any medical changes that the GP has required / recommended' and 'The staff have seemed caring and compassionate towards the residents and have shown good knowledge of the residents, their problems and their medication.' The registered manager and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were well met as well as their mental health needs. This was evidenced throughout people's care records.

People's needs were assessed, and their care was planned to ensure their needs were met. Holistic assessments of people's needs were carried out before they moved to the service, so their care could be planned. Assessments considered most needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected. This enabled the registered manager to make an informed decision whether the staff team had the skills and experience necessary to support people with their needs and wishes. The assessment identified what support was needed and this was pulled through to the care plan. Where people moved from another care home or a hospital, a transfer of care was completed by the registered manager to make sure they had the information they needed about people for a smooth transition to their new home.

Staff continued to receive most of the training, support and supervision they required to provide quality care and support. Training records confirmed most staff had completed training in mental health, nutrition and hydration, food hygiene, equality and diversity and end of life care. Only five staff had attended diabetes training despite there being a number of people living at the service with this condition. Records showed that no staff had attended dementia training. This meant that staff may not have all the knowledge and skills to support people living with dementia and diabetes. New staff had not always received a robust induction into the service. Induction into the service included shadowing experienced staff and reading files and policies. Induction schedules had not been fully completed. We spoke with the registered manager about staff induction as there were some staff that were completely new to the care sector. The registered manager told us that the Care Certificate had not been utilised by the service for any staff. The Care Certificate is a course that gives staff just starting in care the basic knowledge of how to care for people. This is an area for improvement.

Staff told us they felt well supported by the registered manager and deputy manager. They confirmed the registered manager carried out observations of practice as well as supervision meetings. One staff member said, "I get enough support from seniors and managers. I get a supervision every three months."

The design and layout of the service met people's needs. Different areas of the service were being painted in different colours. For example, the east wing had been painted in a bright colour and each door had been painted a different colour. Not all the doors in the east wing had signs on to tell people what was behind the door. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets. The garden was secure and easily accessible.



# Is the service caring?

## Our findings

People told us staff were kind and caring towards them. Comments included, "The staff are very nice and friendly"; "They are very kind here"; "The staff are very polite, kind and cheerful" and "The staff are friendly and helpful. They look after you such as tablets, food and personal care. They are very caring."

Relatives told us, "Best care I've ever known. People [staff] are very nice and helpful. She likes all the staff they are all kind" and "[Person] is very happy, speaks very highly of the staff."

People and staff knew each other well, people were called by their preferred names. One person preferred to be called by their title and surname only, we observed staff respecting this. The person's support plans and care records showed that this was embedded practice.

People were treated with dignity and respect. Staff knocked on doors before entering and checked with people to ensure it was okay to enter. People told us, "I leave my door open; the staff knock before entering"; "I have my door shut. The staff knock and then check on me" and "I lock my door. The staff knock and I let them in." We observed staff discreetly checking with people if they required assistance to use the toilet.

Staff had a good understanding of maintaining people's confidentiality. People's information was treated confidentially. Records were stored securely in the staff office and in other locked offices in the service. People could access their records when they wanted to. One person was anxious about us being at the service. They did not want us to view their records. We gave the person assurances that we would not look at their records, however this did not reassure the person. The management team suggested that the person take their file to their room with them so they could keep their records safe and secure.

Staff were caring and observant. They initiated conversations with people and responded to their anticipated needs. We observed one staff member gently massage a person who was feeling anxious, this helped the person relax and calm. Another staff member supported a person to enter one of the dining rooms. The staff member caringly helped the person transfer from their wheelchair into a chair and helped them settle. They checked and reminded the person why they had come to the room.

Many people living at the service smoked cigarettes, some people required help and support to safely manage this. Some people required help to make sure their cigarettes and tobacco lasted, so there were restrictions on how many cigarettes they could have. This was clearly recorded in their support plans. One staff member said, "Everything revolves around cigarettes here. Some people manage their own cigarettes, some aren't allowed to keep them as they would smoke all at once." People told us, "The staff are very patient with me"; "They let me smoke a maximum of one cigarette an hour outside" and "The staff are more like a good relative to me."

People were supported to be as independent as possible. Some people managed their own personal care, and some needed more support and guidance. People said, "I shower myself when I want" and "I wash myself and have help to have a shower once a week."

People's rooms had been personalised with their own belongings. One person said, "I like my room and I have my own toilet." Another person said, "My room is lovely and there are no problems with it."

Staff were smiling and upbeat and took time to chat with people and their relatives. There was lots of laughter. Staff all told us how much they enjoyed working at the service. One staff member said, "I made an effort to get to know people. I find the job really rewarding. I think I know the people well. I think we do well helping people."

Relatives and visitors could visit their family members at any reasonable time and they were always made to feel welcome. A relative said, "Staff are welcoming when I come here." Another relative told us, "They make us feel welcome and offer us drinks."

People's religious needs were met. People were supported to attend regular church services if they wished. People told us, "The staff take me to the Baptist church every Sunday; there's a few of us that go" and "I am Roman Catholic; if I ask, the staff put themselves out and take me."

People were supported to express their views and they and their relatives were involved in making decisions about their care. Reviews took place regularly. If they people did not have relatives to support them, the registered manager would refer to external lay advocates for support. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes. Information about advocacy was available to all people living at the service. An advocate worked with approximately 15 people who lived at the service.

## Is the service responsive?

### Our findings

Staff were responsive to people's needs. People told us that staff supported them to be active members of their local community. People were encouraged to get out into the community and complete tasks and activities they enjoyed. Some people could access the community independently, whilst others needed support. We observed staff supporting people to go out into the community, prompting them to wear clothing appropriate to the weather. A staff member told us, "We go out every day, maybe to the park, beach or cinema; I offer it to everyone." They explained that approximately 20 people were regularly supported to go out and they provided one to one activity time to people who did not wish to participate in group activities including those cared for in bed.

People told us about the different activities. Comments included, "I like puzzles and I like singing with the cook"; "I like cookery and I like baking here"; "They take me out sometimes"; "I like doing the crafts here"; "I read and write stories about the past"; "Look, I got this drink at the post office, I like walking there" and "Art is my happiness; I like drawing. I go to the town to get my supplies; I can go on my own by taxi. They have things going on for us. They take us for a drive in a mini bus and have tea or coffee out; the last time was about a month ago." Records showed that other activities took place in the service such as, painting, knitting, quizzes, bingo and armchair exercises. Outside entertainers provided activities every couple of weeks. A relative said, "[Staff member] who does activities tries and tries to get him involved in all activities. She's very good."

Support plans were in place. These provided basic information about people's care and support needs and what people could do for themselves. Support plans were not always individualised and person centred. One person's diabetic support plan made reference to another person who had diabetes. Support plans made no reference to supporting people with their oral hygiene. It was not clear what support people needed in relation to keeping their teeth healthy and clean, such as prompts and reminders or physical assistance. We observed that some people had poor oral hygiene. One person's records showed they had last seen their dentist on 15 August 2017. We spoke with the deputy manager about this and they told us the person did not wish to have regular dental checks. They said this was recorded in the person's personal care support plan. We checked this with the deputy manager and found that there was nothing recorded about oral hygiene or dental check-ups. Poor oral hygiene can lead to gum disease and other health complications such as pneumonia.

We recommend that registered persons review support plans to ensure they are person centred, taking into account national good practice guidance; 'Oral health for adults in care homes'.

Staff completed daily records of the care and support they had provided and this was kept in the person's care file. The daily records evidenced that staff were supporting people according to their care plan as well as supporting people to be as independent as possible.

One person was receiving end of life care at the time of our inspection. The management team had done some work with the person and their relatives to identify their future wishes and plans. Crisis medicines were

in place for the person. These had been prescribed by the GP to ensure they did not suffer unnecessary pain. End of life care training had been booked for staff to attend in February 2019, 19 staff had already attended the course.

The provider was aware of the Accessible Information Standard (AIS) and discussed ways that they provided information to people. AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Providers of health and social care services are required to follow the standard. There were visual aids around the home, for example daily menus and the planned entertainment. Information about people's communication needs was available in their care plans.

People knew how to complain. One person said, "I am happy to speak to staff about any concerns." The provider's complaints policy included information about where to go outside of the organisation if people were unhappy with the provider's response. It listed the contact details for the local authority or the local government ombudsman. There was an easy to read complaints guide in place. There had been one formal complaint about the service in 2018. The management team had met with the complainant and investigated the concerns fully. Complaints records evidenced that the outcome of the investigation had been recorded. There was no evidence that the complainant had been written to. The providers complaints policy detailed that 'When we have finished investigating, we will arrange to meet with you to discuss the outcome, and write to you.' This is an area for improvement.

## Is the service well-led?

### Our findings

At the last inspection on 22 January 2018, we recommended that the provider and registered manager continued to embed auditing processes and improvements in the culture.

At this inspection, we found this still required some improvement. Audits and checks were carried out by the management team to check the quality of the service and to make improvements when required. These included audits of environment, food and fluid charts, repositioning charts, bath/shower charts, daily diaries, activity records, medicines, accident records and care files. Audits had not always been carried out consistently so there were large gaps in-between audits. We viewed the completed health and safety audit which had been carried out on 13 November 2018. This showed that an area of pavement by the back door required repair and that people's moving and handling risk assessments were required. We checked with the registered manager they told us that the paved area had not yet fixed, moving and handling risk assessments had not been updated. Further improvements were required to drive the service forward to ensure people were receiving safe, effective, responsive and well led care.

The provider carried out regular audits and checks of the service, through an independent consultant. The business manager told us they were about to start a programme of twice yearly comprehensive audits for the provider. We checked the consultants completed audit reports. The last audit had been carried out in October 2018. The auditor had found a number of the issues we found during the inspection. For example, they had identified scalding risks had not been actioned and diabetic care plans were not specific. Actions has not been taken in a timely manner.

Records relating to people's care were not always accurate or complete. Some people's fluid intake was monitored, the fluid charts had not always been added up to ensure the person had drunk enough to keep themselves healthy. There were gaps on the daily records which meant that information may be added at a later point. Records should be accurate, complete and contemporaneous. Policies and procedures had not been updated and amended to respond to changes in regulation and good practice. For example, the provider's 'Staff training and qualification' policy related to old regulations which had been replaced in April 2015. The policy also referred to out of date induction modules for staff which were replaced by The Care Certificate in 2015.

The failure to operate effective quality monitoring systems and failure to ensure records were accurate and complete was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us, "I think the home is well led"; "I would not know if it is well led"; "I can recommend it here; they cater for all kinds of illness"; "It is nice and quiet here so I would recommend it" and "They look after you here; I recommend it." Relatives told us, "It's well run, couldn't wish for better" and "I feel the service is well run."

There was a registered manager in post. The registered manager had signed up to conferences and events in

the local area to help them learn and evolve as well as building a rapport with providers and managers outside of the organisation. The management team had signed up to receive newsletters and information from the local authorities and CQC. They also received information about medical device alerts and patient safety alerts. The management team checked these alerts to ensure that any relevant action was taken if people using the service used medicines or equipment affected. Since the last inspection the service had joined the red bag scheme. The red bag scheme was put in place to improve transfer pathways between care homes and hospitals. Care staff pack a dedicated red bag that includes the person's paperwork, medicines, discharge clothes and other personal items.

The registered manager received support from the provider. They told us the provider visited the service each month. The registered manager produced a report which was sent to the provider each month to ensure they were fully aware of what was happening in the service.

Staff told us communication was good and there were regular staff meetings to discuss the service. Staff were given the opportunities to feedback and ask questions. Staff felt well supported by the management team. A staff member told us, "If I have any problems with staff I deal with them there and then. [Deputy manager] comes in the morning takes any phone calls, books any appointments so we can get on with medication and other jobs. After I can then talk to [deputy manager] about anything that needs to be done. It works out quite well" and "I know I can go to them [management team] with any problems." Another staff member said, "Managers respond to things quickly."

People, relatives, professionals and staff had all been asked for their feedback on a regular basis. Surveys were sent to people every six months to gain their feedback about their care and support. The surveys had just been given to staff to hand out to people. Staff assisted people to complete the surveys, which may mean that people could not be as open about their experiences. We spoke with the management team about involving advocates and relatives in supporting people to feedback. This is an area for improvement. The registered manager told us completed surveys were looked at and discussed in meetings and responses to the surveys were dealt with informally. We looked at surveys that had been completed in 2018, some people had commented on the décor and the gardens. Actions had been taken in relation to this feedback.

Seven relatives had completed and returned their surveys in 2019. All were positive and comments included, 'All staff at Deer Park understand the needs of each client. Their individual needs are well met and catered for. Encouragement is given for them to participate in activities although they are not pressurised to if they should not wish to do so. Well run home'; 'A secure friendly and well maintained environment'; 'The home is clean, warm and comfortable. Staff are welcoming and friendly; my brother tells me the food is good' and 'They treat residents with respect and give residents a homely feeling. Everyone shows good care.'

The management team also gained feedback from people about their experiences of living at the service from review meetings, observations of practice and through 'Chats with Pat'. These chats were opportunities to have a sit down over a drink and snack with the deputy manager. They had been developed as people responded to informal discussions rather than formal meetings. One person told us, "We don't get told about residents meeting." However, another person said, "I go to the resident's meetings where they ask what we want." Meeting records from 'Chats with Pat' evidenced people had been involved in deciding paint colour choices for the service, discussing the menu and foods and equipment required.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries and deprivation of liberty safeguards (DoLS) authorisations. The registered manager had notified CQC about important events such as safeguarding concerns, serious injuries and incidents involving the police that had occurred.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating for their last inspection in the reception area.

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  Registered persons had failed to operate effective quality monitoring systems and failed to ensure records were accurate and complete. Regulation 17 (1)(2)



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Registered persons had failed to ensure the safe management of prescribed medicines and failed to take appropriate actions to mitigate risks to people's health and welfare. Regulation 12 (1)(2)

### The enforcement action we took:

We served registered persons a warning notice and told them to meet the regulation by 22 March 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Registered persons had failed to ensure that premises and equipment were properly maintained. Regulation 15 (1)

### The enforcement action we took:

We served registered persons a warning notice and told them to meet the regulation by 22 March 2019.