

Phoenix Care Homes Limited

Deer Park Care Centre

Inspection report

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Tel: 01843868666

Date of inspection visit:
08 July 2021

Date of publication:
09 August 2021

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

Deer Park Care Centre is a residential care home providing personal care to 26 people who are living with a mental health diagnosis. The service can support up to 38 people.

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

People and a relative told us they were happy living at Deer Park. We observed people to be at ease with the staff.

The registered manager and provider had not prioritised addressing risks in the environment including windows that were in need of replacing and uneven surfaces which caused falls risks. Guidance was not as detailed as needed to inform staff on how best to support people, especially if their mental health deteriorated. The registered manager and provider had not sourced sufficient training for staff in supporting people with their mental health.

Staff understood how to support people from the risk of abuse. People told us there were sufficient numbers of staff to meet their needs. People's opinions were sought and acted on.

Risks to people's health and wellbeing had been assessed, and when incidents occurred guidance was updated to reflect any changes in risks.

There was a good culture within the service, that promoted good outcomes for people. Staff told us they enjoyed working at Deer Park Care Centre. The registered manager and provider had made improvements since our last inspection, however we identified areas of the service which continued to need improvement.

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 (and update)

The last rating for this service was requires improvement (published 20 December 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made but the provider was still in breach of one regulation.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an unannounced focused inspection of this service on 20 August 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, premises and equipment, staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to checks and audits at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Deer Park Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and a relative about their experience of the care provided.

We spoke with five members of staff including the registered manager, deputy manager, senior care worker and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records.

We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to assess and mitigate all risks to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At our last inspection we found that guidance was not always in place for staff to support them with risks to people's health, such as catheter care, and constipation care. At this inspection there was no one who needed support with catheter care. Constipation care plans were now in place but needed more information for staff including the risks to people's health if they became constipated, and what support the person would need should there be a change to their mental health and were not able to inform staff they were constipated. The deputy manager confirmed these would be reviewed as a priority.
- Other risks to people had been assessed and guidance was in place for staff but needed further information. For example when people needed support from one staff member at all times this was taking place but not detailed on risk assessments for staff. The registered manager and provider had also not considered any potential risks to staff. No incidents of concern had occurred.
- Some people were living with diabetes. There was guidance in place for staff to support them to manage their health condition and actions staff should take if they had concerns about the person.
- Risks to the environment had been assessed but work had not always been prioritised. For example, a window on the first floor had a single pane of glass and a rotting frame. This had been highlighted and noted for replacement, but this action had not been timely. During our inspection this was booked to be replaced.

Staffing and recruitment

At our last inspection the provider had failed to deploy sufficient numbers of suitably skilled staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection we identified there were not sufficient numbers of staff working at night to keep people safe and meet their needs. Following the inspection staffing numbers were raised at night. The registered manager told us they review staffing levels for days and nights regularly.
- At our last inspection we identified there was no process in place to support the registered manager to decide how many staff were required to meet people's needs. At this inspection we found that the registered manager was using a dependency tool to assess people's needs and help to inform how many staff were needed on each shift. This was regularly reviewed.
- At our last inspection we identified staff had not all completed training in infection control or completed the Covid-19 workbooks so staff understanding of the risks of Covid-19 could be assessed. At this inspection we found staff had completed this training, but some staff lacked knowledge on supporting people with mental health, and there was no formalised training on mental health in place for staff. We discussed this with the registered manager as an area for further improvement.
- Staff were recruited safely. Each recruitment file had the information required including a full employment history and references. Disclosures and Barring Service (DBS) criminal records checks had been completed before staff started working at the service.

Preventing and controlling infection

At our last inspection the provider had failed to ensure all areas of the service were clean and people were protected from the risk of infection spreading. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- At our last inspection we found that people were not protected from the risk of infection as areas of the service were dirty. At this inspection we found improvements, the service was clean, without limescale or build up in bathrooms. Equipment such as shower chairs that were identified as rusty had been replaced and the provider had replaced two bathrooms.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- When incidents and accidents occurred, they were logged by staff and action was taken to reduce the risk of it re-occurring. For example, one person had fallen a few times in January 2021. Staff had referred them to the falls team and requested tests to make sure the person did not have an infection which affected their balance.

- Following incidents the registered manager ensured people's care plans were updated to reflect the risks and guide staff on actions to take.
- The incident analysis completed by the registered manager needed more detail to support them to pinpoint areas of concern and put in place actions to mitigate the future risk, for example what time incidents took place. We discussed this with the registered manager, and they confirmed they would add this information to their analysis for future incidents.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities to safeguard people from abuse. When concerns were identified they raised them with the local authority safeguarding team and the Care Quality Commission (CQC).
- People told us they felt safe and well cared for. One person told us they, "Loved the staff."
- Staff were aware of their responsibilities to safeguard people, one staff member told us, "Yeah I feel confident. I wouldn't stop, I wouldn't even hesitate to report something."

Using medicines safely

- Medicines were safely stored and administered to people. Staff had received training in medicine administration.
- There were clear procedures in place for staff to follow when people took medicines covertly. Processes had been followed to ensure mental capacity assessments had been completed and stakeholders were involved in jointly agreeing the use of covert medicines.
- Medicine administration charts were complete with no gaps in administration. Some people had medicines 'as and when necessary.' There was clear guidance for staff to follow to support people to take these medicines safely.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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.

Continuous learning and improving care

At our last inspection the provider had failed to operate an effective system to assess, monitor and improve the quality and safety of all areas of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider was still in breach of regulation 17.

- At our last inspection we identified that the provider did not have oversight of the service. Following our inspection, the provider completed monthly audits of the service. The registered manager told us that the provider visited the service frequently and they felt well supported by the provider.
- The registered manager and registered provider's quality assurance processes continued to not identify issues highlighted in this inspection. For example, following a burst pipe parts of the garden that were accessible to people and visitors had been disturbed and had uneven surfaces. This caused a potential trip hazard to people, which had not been identified and acted on. When highlighted during the inspection this area was cordoned off to reduce the risk. A window on the first floor had been highlighted as in need of replacement, due it having a single pane and a rotting frame however this had not been prioritised. During the inspection a contractor was booked to replace the window, however the provider failed to prioritise the risk to people if they applied pressure to the glass.
- Checks and audits on care plans and risk assessments did not identify that these did not provide sufficient detail for staff to follow. For example, mitigation was in place, but this was not always documented in care plans and risk assessments. Constipation care plans needed more detail, including how to identify risks to people if their mental health deteriorated and clearer outlines of risks associated with constipation. Mitigation that was in place was not always clearly documented in risk assessments, which could cause confusion to new staff. For example, when people had support from one member of staff at all times.
- The registered manager and provider failed to identify that the incident analysis was not sufficiently detailed. For example, time of falls and incidents were not recorded, which did not allow for patterns and trends to be analysed.
- The provider's action plan failed to identify that staff had not completed sufficient training in supporting people with mental health. Some staff we spoke with lacked understanding on people's individual diagnosis and would benefit from further training around this. Induction records for staff were inconsistent and did not

clearly detail what training should be completed by which date.

The provider had failed to operate an effective system to assess, monitor and improve the quality and safety of all areas of the service. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- All providers must follow a duty of candour. When significant incidents occur, the provider must provide and explanation and an apology to the person or their representative. The registered manager understood their responsibility to comply with the duty of candour.
- Services that provide health and social care to people are required to inform the (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.
- It is a legal requirement a service'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 judgements. The registered provider knew about this requirement and the inspection report was displayed in the reception of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People had been actively engaged in the service, and their opinions sought and acted on. For example, two bathrooms were identified in need of improvement. People were asked their preference and as a result a bathroom was removed and a wet room fitted.
- Regular resident meetings were held where people were asked their opinions on a number of different items including the laundry, food and if they knew how to raise concerns. During the most recent meeting, one person commented that he liked staff whilst another person said, 'Staff are wonderful and that they always help when needed.'
- The registered manager completed a 'you said we did' file to share with people. Actions completed included installing a pool table.
- Staff meetings were held frequently and used as an opportunity to discuss learning from incidents with staff, discuss any new people moving into the service and for staff to give feedback on what could be improved.
- People told us they were happy living at Deer Park and a relative agreed. One relative told us, "They look after people there. They are like a little family there."

Working in partnership with others

- The registered manager and staff worked with other agencies to make sure that people received joined up care. For example, staff worked closely with the community mental health team and psychiatrists involved in people's care.
- A visiting health care professional told us, "I certainly have no complaints, the staff do their best."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate an effective system to assess, monitor and improve the quality and safety of all areas of the service.</p>