

Highpoint Care (West Derby) Limited

Damfield Gardens

Inspection report

Damfield Lane
Maghull
Liverpool
L31 6FB

Tel: 01515268685

Website: www.highpointcare.co.uk

Date of inspection visit:

16 April 2019

17 April 2019

Date of publication:

03 May 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Damfield Gardens is a purpose-built care home in Maghull that offers residential care for older people and specialises in care for those living with dementia. The service can accommodate up to 67 people. Following our last inspection, the provider voluntarily stopped admissions, but recently commenced this again and when we visited there were 42 people living at the service.

People's experience of using this service:

At the last inspection in November 2018 we asked the provider to make several improvements. This included the management of medicines and risks to people's safety, governance and record-keeping, levels and consistency of competent staff, as well as person-centred care. The provider met with us following the inspection and sent us an action plan as well as regular updates. At this inspection we found some actions had been completed, but others required further improvement.

Although the provider had made good improvements to the management of people's medicines, there were still some aspects that were not always safe. The management of known risks to people's safety, the planning around this, as well as record-keeping, governance and quality assurance processes were still not always effective.

We recognised that staff had worked well together and as a team had made noticeable improvements to the quality of the service and ultimately people's experience of it. Through getting to know and understand people better and developing their own skills and confidence, the service demonstrated clear progress. The provider had focussed on improving person-centred care and the quality of people's service through an increased offer of meaningful activities and a better dining experience. There were now more consistent levels of competent staff, although some aspects needed further attention. We made a recommendation regarding this.

People told us they felt safe living at the service and we read relatives comments that stated, "I can sleep at night now knowing [my relative] is in safe hands." Staff told us they had previously been worried about the service, but they were not now. People and their relatives praised the staff team and we observed warm, caring and patient interactions in a noticeably more relaxed atmosphere. Staff felt well supported and told us how much they enjoyed working with the people living at Damfield Gardens. People, relatives and staff were involved in the development of the service through regular meetings that had been introduced.

Rating at last inspection:

At the last inspection (20 November 2018) we rated the service as Inadequate for Safe, Requires Improvement for all other key questions and therefore Requires Improvement overall. At this inspection, we found the provider had made improvements which led to a better rating for Safe, Caring and Responsive. The overall rating remained unchanged.

Why we inspected:

This was a planned inspection, based on the service's previous rating. We inspected to check whether necessary improvements had been made.

Enforcement:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We will continue to monitor the service through the provider's action plan updates, notifications and conversations.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Damfield Gardens

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors, a specialist advisor for the management of medicines in care homes and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case for older people living with dementia.

Service and service type:

Damfield Gardens 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.

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:

The inspection took place on 16 and 17 April 2019 and was unannounced.

What we did:

Before the inspection

We reviewed notifications received from the service in line with their legal obligations. We looked at information the provider had sent us about the service in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also received feedback from the local authority.

During the inspection

We looked at six people's care records and checked records relating to people's medicines. We checked audits and quality assurance reports, incident and accident records, as well as recruitment, supervision and training information. We observed care people received at various times, as well as interactions. 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. We spoke with four people who used the service and six relatives.

We spoke with nine members of staff, which included care assistants, senior staff, activities coordinators, the service manager, the registered manager and the nominated individual (provider/ owner).

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and in those areas there was an increased risk that people could be harmed. Some regulations were not met.

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

- At the last inspection, we asked the provider to make improvements to the management of medicines and the risks to people's safety. At this inspection we found improvements had been made, but further development was needed to provide a consistently safe service.
- We found errors in the information about two people's allergies to medicines. These stated they had no known allergies, which was not correct. This put people at risk if this information was handed over incorrectly, for example to emergency services.
- We found a few issues with the management, safe storage and administration of people's medicines. This included the recording of controlled drugs, which are particularly sensitive as they have the potential to be abused.
- Protocols for people's 'as required' medicines needed to be clearer so that staff understood when these types of medicines needed to be administered.
- Accidents had been analysed, but there was no record of effective analysis and learning from incidents when people had presented physical behaviours that challenge, to prevent reoccurrence.
- People did not always have clear risk assessments in place to inform all readers on hazards for people and how to help prevent them.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The effectiveness of medicines rounds had been improved and people received their medicines on time.
- We found that the service had developed their medicines ordering processes to a good standard.
- The frequency of health and safety checks had been improved and these were carried out regularly. The registered manager confirmed to us following inspection when some outstanding annual checks by external companies would be completed.

Staffing and recruitment

- At the last inspection we asked the provider to make improvements to the level and consistency of staffing. We found they had made these improvements.
- The use of agency staff had greatly reduced since the previous inspection and staffing levels had been more consistent.
- People and relatives told us overall that staffing had improved over the last few months and staff agreed. One person told us, "Yes they are always about when I need them." One relative said, "It has improved since the last inspection, there is always a member of staff in the lounge. Now it is adequate."

- We discussed some comments with the provider that at weekends people and relatives still felt staffing could vary, although the staffing numbers were the same as during the week.
- The service had carried out checks for new staff they employed to help ensure they were suitable to work with people who may be vulnerable as a result of their circumstances. We discussed with the registered manager some smaller improvement needs to these checks. They updated us that these had been completed at the end of our second inspection day.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living at Damfield Gardens. One person said, "I feel safe because there is no reason not to." A relative said, "I can sleep now knowing staff are always about."
- A staff member said, "When you came last time, I was worried [about things]. I am not worried now. I can go home and not worry."
- Staff were aware of safeguarding procedures and had confidence in managers to address any concerns.
- Staff told us they would feel confident to whistle-blow to other organisations, such as the Care Quality Commission (CQC) or the local authority. The provider supported this in their policies.

Preventing and controlling infection

- The service was clean, bright and hygienic.
- People and relatives spoke highly of the level of cleanliness. One person said, "It is always spotless."
- Hand sanitizing stations and personal protective equipment, such as gloves or aprons, were available throughout the service

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support was at times inconsistent.

Staff support: induction, training, skills and experience

- At the last inspection, we asked the provider to make improvements to ensuring the competence and skills of their staff team. We found improvements had been made, although some further development was needed.
- People and relatives told us there was always a skilled member of staff about to support people or colleagues when they needed it.
- We found that the use of agency staff had greatly reduced and there was evidence that agency staff had received an induction, although this at times needed to be more robust.
- Some further improvements were needed to ensure staff had the right skills to work in social care and particularly in a specialist service. This included ensuring staff employed by the service completed their induction on time, in line with the best practice standards set out by the Care Certificate.
- The frequency of recorded staff supervisions needed to be improved, however staff told us they felt well supported and that managers were always available for guidance.

We recommend that the service ensure and evidence the timely completion of staff support through inductions and supervision.

- The provider had arranged specialist dementia training, which most of the staff had completed. This had helped staff to be more confident in supporting people living with dementia.
- Overall completion rates of training set out as mandatory by the provider was good. The registered manager had arranged additional training to develop staff skills and specialisms. This included medicines training by local commissioners, mental health training by practitioners, as well as training in understanding the needs of Lesbian, Gay, Bisexual and Trans people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We discussed some improvement needs in line with best practice guidance, including behaviour support and related care plans. The service was developing their care planning to strengthen this and we considered this part of the question whether the service was well-led.
- We considered the service was still developing their specialist approaches, for all staff to effectively understand the needs of the people using it and strengthen proactive working.
- The assessment process had changed and assessments of people's needs were now only carried out by the registered manager and service manager. This helped the service to complete more robust assessments, based on whether they would be able to achieve good outcomes for people.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives commented on the positive improvements to meals and the dining experience. This was an area the provider had clearly made a positive investment into.
- People had enough to eat and drink. People told us regular snacks were available throughout the day.
- Staff were knowledgeable about people's dietary needs.
- The service had updated their use of the Malnutrition Universal Screening Tool (MUST) and requested advice from dietitians when it was needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with a variety of health professionals to promote and maintain people's health and wellbeing. We heard some positive examples of staff working with professionals to achieve good outcomes for people.
- We considered with managers that the use of certain health monitoring charts would benefit from review as part of proactive health support.
- Health related care plans gave staff basic information and signposted them to relevant professionals when needed.
- Staff told us communication amongst the team had improved through better handovers.

Adapting service, design, decoration to meet people's needs

- The service had developed their dementia-friendly environment with input from professionals, who had for example suggested the use of a washing line for people to use as part of activities.
- We discussed the use of best practice tools and further development opportunities with managers, for example around orientation aids.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that appropriate applications had been made but not yet authorised.

- Staff sought people's consent before providing care and support.
- Mental capacity assessments had been completed appropriately. A particularly good example was the way in which staff had worked with stakeholders in the best interest of a person regarding the use of 'covert medicines', which are hidden or dissolved in food or drink. This included respecting the person's own wishes and obtaining appropriate guidance from professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- At the last inspection we asked the provider to make improvements to person-centred care, to promote people's dignity and independence. We found they had made these improvements.
- At this inspection we found that people appeared well cared for and looked after.
- We heard a particularly positive example of how staff had supported a resident, their relatives and each other in an emergency situation.
- All the people and relatives we talked with spoke well of the staff and said they were kind, patient and caring towards them. Comments included, "The staff here are fantastic; they are like my friends" and "The staff are excellent; I could not fault them. They are kind and caring to everybody."
- All the visitors we spoke with said their relatives liked the staff members that were caring for them. One said "Yes my relative likes the staff, I would know if they did not, and so would [the staff]. Staff are kind and patient." Another relative said, "[My relative] loves the staff and gets on with them all, they are so kind and patient."
- We read compliments relatives had taken time to write on the back of survey questionnaires. These all echoed how very caring the staff were and praised the positive relationships they had developed with people living at Damfield Gardens.
 - Staff told us how much they enjoyed caring for the people living at the service.
 - Staff were respectful when talking to people. They supported people patiently and in an unrushed way. We observed a calm, relaxed atmosphere throughout the service.
 - We observed warm, kind interactions that showed clearly that staff and people had got to know each other well.
 - The provider had adjusted doors people told us at the previous inspection they at times found difficult to open. Additional door guards had been installed. We considered together how this could be monitored further to ensure people's dignity and independence were ensured.
 - People's confidential records had been moved to a dedicated storage room to help ensure sensitive information was protected.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make everyday decisions as much as possible.
- We considered that people could at times be more actively involved in the planning of their care. However, within care plans we saw that staff had completed assessments of people's preferences, to detail people's choices in certain situations.
- Where people might find it difficult to get involved themselves, family members had contributed to care decisions and planning.

- When people needed someone to speak up on their behalf, the service signposted to independent advocacy services.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- When we considered whether the service was responsive, we particularly looked at people's lived experience within the service, which had much improved.
- The provider had employed two full-time activities coordinators. This had made a significant difference for people's experience. There were now a variety of meaningful, engaging and stimulating activities on offer.
- People enjoyed new activities and particularly the trips out that had been introduced by the activities coordinators. One person said, "I go to the exercise classes and I went for a pub lunch last week. I take part in any activity I can."
- Relatives confirmed how much their family members enjoyed the new activities on offer.
- We observed the activities coordinators engaging with people in groups or on an individual basis, in an enthusiastic and skilled way.
- It was clear from our conversations with people, relatives and staff that the team had got to know people's needs well and had become more responsive to them.
- A relative told us for example, "[Staff] know [relative] very well and include them in everything. They noticed [my relative] was not eating breakfast so asked me what they preferred for breakfast at home. They now cut the crusts of their toast and they are eating fine." Another relative stated, "[My family member] has bad days, sometimes very bad. But those are the days staff reassure and comfort until they feel better. On the good days, they sign, dance and play ball!"
- People had a variety of care plans in place, although the standard, consistency and review of these needed to be improved. However, staff were able to tell us about people's needs and how they would respond to certain situations. We therefore considered the improvement needs to records as part of the question whether the service was well-led
- The provider was aware that people's care plans were a particular area of focus for development.
- In people's care plans and 'grab books', which provided a short overview, we found that relatives had helped to write about people's life stories, what was important to them and their life ambitions.
- Care plans included information about how staff could best support people's communication.
- Menu choices for meals as well as activities were presented in different formats, to make them more accessible and easy to understand.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. They gave us examples of how they had been listened to by staff.
- The complaints procedure was included in an information booklet every resident had received. This was available in larger prints for easier reading.
- The service manager recorded and addressed complaints, noting whether the outcome had resolved the issue for the complainant.

End of life care and support

- At the time of inspection none of the residents were receiving care at the end of their life.
- We saw staff had recorded that they had tried to consult people on their end of life wishes, however that people had wished to speak about this at a later time.
- We discussed with managers that this was an area for development, to ensure care plans reflected the person's wishes as much as possible.

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

Service governance was inconsistent. Leaders and the culture they created supported the delivery of quality person-centred care, however this was not always underpinned by robust quality assurance and record-keeping. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- At our last inspection, we asked the provider to make improvements to their quality assurance processes and record-keeping. We found that although some progress had been made, there continued to be issues.
- The provider was aware that person-centred plans underpinning people's care needed to be improved. We understood that the provider had prioritised improvements to people's lived experience over updating records.
- However, we considered that what staff had learned about people and learning from incidents needed to be shared more effectively to prevent reoccurrence and keep people safe. We discussed that such learning had not been reflected in care plans to guide all readers clearly.
- Care plan reviews were taking place regularly, but as part of a wider record-keeping issue, these reviews were not always effective at identifying inaccuracies or missing information. The standard and content of care plans needed to be improved.
- Quality assurance processes had been developed and we saw that action plans had been developed in places. However, actions were not always signed off as completed within time frames identified.
- Audits did not identify some of the issues we found during our inspection and their effectiveness therefore needed to be further improved.
- Governance and record-keeping also needed to ensure more robustly that information was kept up to date, for example about staff suitability and competence.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- It was positive that the provider and registered manager had engaged with us continuously through action plan updates and showed their improvements. We saw that although some issues remained, actions had been effective at promoting people's overall experience.
- The service manager had started to bring the variety of quality audits together, to have greater oversight over service quality and development. They were discussing with the provider a new tool to complement existing tools, to help identify issues previously missed.
- Managers had also developed a more robust care plan audit, which was to be implemented as person-centred files developed. The provider was supportive of staff to contribute to this and offered paid overtime

to encourage staff to help out. Staff told us they enjoyed getting involved with this.

- The provider, managers and staff acknowledged that there was still much work to do, but that the service had developed greatly.
- Staff and managers agreed that through developing the service together, as a team, staff had become closer to each other and took pride in being part of Damfield Gardens.
- A registered manager was in post and the service manager had started their application process to register with the Care Quality Commission (CQC). The provider and managers continued to have a clear, approachable presence within the service.
- Managers had sent notifications about specific events to CQC in line with legal obligations.
- Ratings from our last inspection were displayed in the reception area of the service.

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

- All the people we spoke with told us they would recommend the service to others.
- The service had introduced regular residents' and relatives' meetings. It was positive that improvement needs and suggestion from these meetings had been acted on promptly by the service.
- Team meetings took place regularly to involve staff in the service delivery and design. The service had introduced staff champions
- The provider had sent out satisfaction surveys to relatives. These were yet to be fully analysed, however the registered manager sent us a snapshot overview and this looked positive overall.
- We read compliments relatives had recorded on the back of surveys, which praised the care their loved ones received. One stated, "I have never seen my relative as happy in a long time."
- Relatives told us the service was "getting better all the time" and one said, "It is a lovely atmosphere in this home. I feel very comfortable when I visit. It is like a home from home."
- A range of policies were in place to guide staff. These included a policy to protect the equality and diversity of people living at the service and staff. The registered manager had arranged further training to support this.

Working in partnership with others

- The service worked with a variety of stakeholders, including local commissioners, as well as CQC, to support their ongoing improvement.
- The registered manager attended registered manager meetings to learn from best practice and had identified other networking opportunities.
- Feedback from stakeholders noted that the service continued to improve.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The management of people's medicines and related records was not always safe.</p> <p>The assessment, monitoring and management of people's risk needed to be more robust.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Audits, systems and processes to assess, monitor and improve the quality of the service needed to be developed to be more effective. This included the ensuring of up-to-date, accurate data and information across different parts of the service.</p> <p>Records to underpin safe, quality person-centred care varied in content and standard. Records had not always been completed and reviewed effectively to assess, monitor and mitigate the risk relating to the health and safety of people, particularly following incidents.</p>