

## Contemplation Care Limited

# Deerhurst

### Inspection report

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Date of inspection visit: 6 & 7 July 2015  
Date of publication: 03/09/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

Deerhurst is a small residential home for up to three people with a learning disability and autism. The home is set in a quiet cul-de-sac location on a residential estate. It has a large open plan living area with a conservatory leading out into an enclosed garden surrounding the house which provides facilities for growing vegetables, playing games and a barbeque.

The home had recently appointed a new manager who was in the process of applying for their registration with the Care Quality Commission. 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. The operations manager had managed the home during the absence of a manager. The new manager was under close supervision of the operations manager during their induction period.

# Summary of findings

Staff understood how to recognise the signs of abuse and how to report their concerns if they had any, including to external agencies such as CQC. There was a safeguarding policy in place and included relevant contact details and telephone numbers for reporting concerns.

Staff felt respected and listened to by the manager who involved them in the development of future plans. Training and support was in place to ensure staff were competent to carry out their role.

There was a positive and caring atmosphere in the home. Staff interacted with people with respect and promoted their independence.

Care plans were detailed and included a range of documents covering every aspect of a person's care and support. The care plans were used in conjunction with person centred plans which included pictorial versions with photographs of activities. This helped to ensure that people's wishes and skills were recorded along with their support needs. However, staffing was minimal and did not enable staff to provide responsive person centred support every day of the week. There were few opportunities for people to access activities outside of the home, especially at weekends and in the evenings when there was only one member of staff on duty.

There was evidence in care plans that the home had responded to behavioural and health needs and this had led to positive outcomes for people. However, people's weight management was not always monitored effectively and menus did not always reflect a balanced diet.

Risks to people had been appropriately identified and addressed in relation to people's specific needs. Staff were aware of people's individual risk assessments and knew how to mitigate the risks.

Medicines were stored safely and administered by staff who had been trained to do so. Staff gave people the time they needed and respected people's dignity when giving their medicines.

People were asked for their consent before care or support was provided and where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005. People's mental capacity was assessed when specific decisions needed to be made, and were made in their best interest involving relevant people. The operations manager was aware of their responsibilities under the Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications for people using the service.

Systems were in place to assess and monitor the quality of the service although these were not always effective. Medicines audits had not identified some errors with the recording of medicines. Regular checks were carried out in relation to the environment and equipment, and procedures were in place to report any defects. Learning took place from incidents and accidents which were recorded, investigated and action taken to minimise the risk of re-occurrence.

We identified two breaches of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We have made two recommendations to the provider. You can see what action we have told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 is safe

People were supported by staff who knew how to safeguard them from harm.

Risks to people had been identified and measures put in place to minimise these risks.

Incidents and accidents were investigated and learnt from.

Good



### Is the service effective?

The service is not always effective

People were supported to eat and drink sufficient for their needs, although menus were not always nutritionally balanced.

Staff had received relevant training to support them to provide care to people that met their needs.

People were supported to maintain their health and wellbeing and were referred to healthcare professionals when necessary.

Requires improvement



### Is the service caring?

The service is caring

Staff were friendly and interacted with people positively and with compassion and understanding.

Staff respected people's privacy, dignity and choices, and treated people with respect.

Good



### Is the service responsive?

The service is not always responsive

People's care plans were person centred and took account of their individual preferences. However, minimal staffing levels did not enable people to receive personalised support every day of the week.

Care plans were regularly reviewed by the provider. However, two people had not been supported to receive an external review for between eighteen months and two years to ensure they still received an appropriate care package.

Complaints and concerns were investigated and responded to appropriately.

Requires improvement



### Is the service well-led?

The home is not always well led.

Requires improvement



# Summary of findings

Systems were in place to assess, monitor and develop the quality of the service, although these were not always effective.

There was an open door culture within the home and staff told us they felt supported by the manager.

People were asked for their ideas and opinions and were involved in running their home.

# Deerhurst

## 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 was carried out on 6 & 7 July 2015 and was unannounced.

The inspection was carried out by one inspector, due to the small size of the home and people's complex needs.

Before the inspection, we reviewed all the information we held about the service including notifications received by the Care Quality Commission. A notification is when the provider tells us about important issues and events which have happened at the service. We reviewed the Provider Information Return (PIR) during the inspection. A PIR is a

form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helps us decide what areas to focus on during inspection.

People were not able to talk to us in detail about their care because of their limited communication. However, during our inspection we observed how staff interacted with people. We spoke with one person living at the home and one relative to obtain their views on the quality of care. In addition, we spoke with the manager, the operations manager and three care staff. We reviewed three people's care records which included their daily records, care plans and risk assessments. We viewed three people's medicine administration records (MARs). We looked at recruitment and training files for four staff. We also looked at records relating to the management of the home. These included audits, minutes of meetings, maintenance and health and safety records. Following the inspection we spoke to three healthcare professionals.

# Is the service safe?

## Our findings

People were protected from abuse because safeguarding procedures were in place and staff understood them. Staff told us they had access to the manager and the operations manager and felt confident they would act if they raised a concern. Staff had received safeguarding training and were able to explain how they would identify and report suspected abuse. Staff also knew who to report concerns to outside of the home if they needed to such as the Care Quality Commission or the local authority safeguarding team.

The home had a safeguarding policy which included contact details of external agencies for staff to report any concerns to. Staff knew about the safeguarding policy, including the whistleblowing procedure and confirmed they would use it if they had to. Whistleblowing is when a staff member can raise concerns anonymously outside of their own organisation.

Staff told us they had sufficient staff on duty to keep people safe and there were systems in place to obtain support in the case of an emergency, such as using the on call system, or getting staff to support them from a nearby home.

Staff received training in administering medicines and this was reviewed when required. The provider had systems in place for ordering, receiving and disposal of medicines which were well managed. The storage of medicines met the required standards. There were no controlled drugs on the premises. Controlled drugs are medicines that must be managed using specific procedures, in line with the Misuse of Drugs Act 1971.

We observed a member of staff dispensing medicines to people. They took time with people and asked them for their consent before giving their medicines. They ensured

each person had a drink to assist them to take their medicines easily. Medicine administration records (MAR) were signed after each medicine was given to record that the person had taken it successfully.

People were cared for by staff who had demonstrated their suitability for the role. The provider had carried out relevant checks on staff skills and experience, and satisfactory references and criminal records checks were completed.

People were protected from foreseeable harm because the provider had carried out environmental and individual risk assessments and measures had been put in place to reduce the risks. Accidents and incidents were recorded and analysed for trends. Learning from these was shared across all of the homes within the group.

The home and its equipment were maintained to a safe standard. Policies were in place for the safe management of the home and were reviewed regularly. For example, for fire and infection control. Checks were carried out on equipment such as the fire alarm, emergency lighting and gas boiler and any actions required were recorded and completed.

Fire evacuation drills were carried out at regular intervals so that staff understood the process and evacuation notices were clearly displayed around the home. Each person had a 'personal emergency evacuation plan' that identified the support they would need from staff in the event that they needed to leave the home in an emergency situation.

The home had an emergency contingency plan which outlined steps to be taken if the home was unable to function. The plan included what actions should be taken and by whom, as well as key contact details and locations of alternative accommodation should this be required.

# Is the service effective?

## Our findings

People were supported to eat and drink sufficiently for their needs and were involved in choosing the menus which were planned in advance and were on display in the dining room. Staff knew about people's food preferences and there was a list of people's food likes and dislikes in the dining room for staff to refer to when preparing meals. People were supported to make choices about the food they ate, and alternatives were available if they chose not to have what was on the menu. We observed the lunch meal being served in the dining room and saw that people were given assistance to eat and drink where required.

Two people had been identified as having gained weight and this was being monitored. We were told that one person had lost weight over the past twelve months and continued to do so due to changes in the menu. However, menus did not always reflect a nutritionally balanced diet. We spoke with the manager and operations manager about the menus as there was a high reliance on processed foods, and foods high in sugar and carbohydrates. There was also a limited choice of vegetables, salad and fruit on the menus each week. They told us people chose the meals on the menus but did not always make healthy choices and it took time to change people's eating habits. They assured us that fresh foods were purchased throughout the week. Following our feedback the provider told us they are taking action to address areas of diet and nutrition.

**We recommend** the provider reviews the menus in line with national guidance and good practice in relation to nutrition with people's involvement.

Staff understood people's known likes, dislikes and preferences and how they liked to live their lives. People were supported appropriately with their specific health needs. Staff talked knowledgeably about people's health needs, behaviour patterns and interests and shared observations or changes in people's wellbeing at handover meetings. Healthcare professionals were called promptly

when there were concerns about people's health. Referrals to specialists, such as speech and language therapists (SALT), were made when necessary to access support and advice to maintain or improve people's welfare.

People were cared for by staff who received support and training which included safeguarding adults (to help staff to understand how to keep people safe from abuse), health and safety and first aid. Staff also had specific training that was relevant to people's needs, such as autism awareness, and opportunities for on-going development such as a level 2 diploma in health and social care.

People were supported by staff who received effective supervision and appraisal. The manager provided regular individual supervision meetings for staff and recorded what was discussed and the actions required so this could be followed up. Staff confirmed they received supervision, and where due, an annual appraisal. Records confirmed this. Staff told us they felt supported by the manager who was approachable and responsive. They said they could talk openly and freely about any concerns they may have.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA is designed to support people to make their own decisions, and protect those who lack capacity to make particular decisions. The operations manager understood the MCA and how it should be applied. There were mental capacity assessments that were decision specific for people, including documented evidence of who had completed the assessments, when and how the process had been applied. Best interest decisions had been made where required.

Part of the MCA relates to the safeguards that protect people's freedom of movement, known as the Deprivation of Liberty Safeguards (DoLS). If there are any restrictions on people's freedom or liberty, these restrictions need to be authorised by the local authority. The Care Quality Commission has a duty to monitor the operation of the DoLS, which applies to care homes. Staff were aware of DoLS and how it was applied. The operations manager had made appropriate DoLS applications to the local authority when required.

# Is the service caring?

## Our findings

A relative told us their family member was happy at Deerhurst.

Our observations confirmed that staff were kind, caring and respected people's dignity. For example, after giving one person their medicine, a member of staff gave them a tissue to wipe their mouth. During conversations with people the staff communicated clearly and effectively in a relaxed and informal way. Staff recognised when people needed assistance and supported them in an unhurried manner with praise and encouragement.

Staff knew people well and were able to tell us about them in detail, such as their care needs, birthdays, preferences, life histories and what they liked to do. Staff spoke sensitively and enthusiastically about the people they supported. Staff exchanged banter with people and talked about things they were interested in, such as music and films which stimulated their engagement and interaction. One member of staff joined a person in the lounge to do some exercises. They motivated the person with humour and encouragement.

Staff promoted people's choices and independence. Staff described how they recognised people's individual choices and their views were respected, such as what they wanted to do each day.

Staff provided care and support for people with respect, used people's preferred names and obtained consent before providing any care or support. For example, we saw staff knocking on people's doors and asking for permission before they entered their bedrooms. Staff were aware of one person's behaviour which could have put them at risk of compromising their dignity and stepped in quickly and discretely to reduce the risk of this happening when required.

The home was relaxed and people looked comfortable and happy with the staff on duty. People's bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom. People could spend time in their room if they did not want to join other people in the communal areas.

# Is the service responsive?

## Our findings

Staffing was minimal and did not always enable personalised support to take place. People were sometimes supported to pursue activities outside of the home although these were not available every day of the week. There was no recording of people's activities in the daily records we reviewed so it was not clear what activities they had been involved in. One person liked to go for a walk but there were not always staff available to enable this activity to happen.

The staff rota showed that on Saturday 4th June and Sunday 5th June the manager was the only member of staff on duty between 8am and 6pm and one waking night staff member from 6pm. On Sunday 28 June there was only one member of staff on duty between 8am and 6pm and one waking night staff member from 6pm. On most weekday evenings after 3pm there was only one member of staff on duty so they would not be able to provide one to one person centred support during this time. We spoke to the operations manager about staffing to cover for activities and they said they would arrange for this in advance. However, there was no record of any additional cover for these times on the two weeks rotas we viewed.

Following the inspection the provider told us they had reviewed their staffing rota. They confirmed there were no scheduled activities at weekends as people's choices had been focussed on weekday activities and staffing was increased at these times. However, people with a learning disability often need pro-active suggestion and encouragement by staff to think about and take part in activities. The provider remained unable to respond to spontaneous requests or actively encourage people to try outside or one to one activities during the weekends or evenings.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans were comprehensive and personalised, and provided guidance to staff in how to provide care in the way people wanted. These included pictorial person centred plans with photographs of each person carrying

out their daily care tasks. Care records included information about people's life history, interests, individual support needs and details such as food preferences and what was important to the person. Staff were aware of people's age and health restrictions and how these might impact on their lifestyles.

People's care plans and risk assessments included specific plans for their health conditions and how to support them if they became unwell. These were explained in sufficient detail for staff to understand people's conditions and what it meant for the person concerned. People's care plans and risk assessments were relevant to their individual circumstances and were reviewed and updated regularly or when their needs changed. However, healthcare professionals with responsibility for funding two people's placements told us that they did not have any on-going contact from the home and that people's reviews were due or overdue. Following our feedback the provider confirmed they had been in contact with the local authority and had requested reviews for both service users.

**We recommend** the provider is more pro-active in requesting on-going reviews for people to ensure they are continuing to provide appropriate care in line with their support package and funding.

Staff used a traffic light system, (green, amber, red) to monitor one person's behaviour and to identify when it was escalating. This enabled staff to proactively intervene with strategies that would help reduce the risk of the person becoming aggressive.

Questionnaires for people included pictures and they were asked to circle the picture that described their answer. For example, people were asked how they would stay safe in the community as part of their assessment. One person had put a circle around a picture of a police officer. There was a record and a photograph of the staff member who had helped them with the assessment.

The complaints procedure informing people of how to make a complaint was displayed on the notice board in the home and included symbols and pictures. Staff knew how to deal with a complaint if one was received but the home had not received any recent complaints.

# Is the service well-led?

## Our findings

Quality assurance systems were in place to assess and monitor the quality of the service but these were not always effective. For example, we found some unused tablets and medicines records did not reconcile with this. It had not been picked up during an audit. Staff and the manager were unable to tell us why three tablets remained in a blister pack and had been put away awaiting to be returned to the pharmacy when the person's MAR chart had been signed to say these tablets had been given.

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

The provider told us they have put additional measures in place to reduce the risks of this happening again. We will check they have done this when we re-inspect.

Staff told us they felt supported and involved in the way the service was run and felt valued because of this. Staff told us the home was well led and that the new manager was approachable. There were regular staff meetings which all staff were invited to. There was a positive atmosphere in the home with management and staff working together. The culture within the home was open and transparent. The manager was available and visible throughout the home and interacted enthusiastically with people and staff.

Staff meetings took place every two months. The most recent meeting discussed topics such as medicines, and updates of visits from health professionals. Residents meetings had not taken place since November 2014 due to the change of manager but this was due to take place at the end of July 2015. The manager told us staff surveys were in hand but that it was difficult to get feedback from some relatives who did not have much involvement with the home.

The home had operational policies in place which were in the process of being reviewed by the provider. There were staff signatures sheets which staff signed when they had read each policy. Staff were knowledgeable about the policies and knew where they were kept if they needed to refer to them.

There was a system in place to monitor incidents and accidents, which were recorded and investigated. These were then analysed for learning and any action that may be required. Learning points were shared across all of the homes managed by the provider to ensure consistent practice. Systems were in place to manage the health and safety aspects of the home, such as weekly fire and water temperature checks which were up to date.

The home had a complaints procedure and this was available for people's information. The home had not received any formal complaints, but any concerns raised were acted on and a response was given in writing.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not always effective in enabling the provider to identify where quality and or safety are being compromised.

Regulation 17 (2)(a)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were not always sufficient staff deployed to meet the personalised support needs of service users.

Regulation 18 (1)

This section is primarily information for the provider

## Enforcement actions

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