

D Clough

Deerplay Care Home

Inspection report

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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?

Requires improvement



Is the service well-led?

Good



Overall summary

We carried out an inspection of Deerplay Care Home on 15 and 16 October 2015. The first day of the inspection was unannounced.

Deerplay Care Home is registered to provide accommodation and personal care for up to 15 older people. At the time of the visit there were 12 people accommodated in the home. Accommodation is offered on two floors in single occupancy rooms, 13 of which

have an en-suite facility and five have separate lounges. Communal rooms include a lounge with dining area. The home is a detached property set in its own grounds in the semi-rural village of Weir near Bacup.

The provider was also the manager. There was no regulatory requirement to have a separate registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

We last inspected this service on 27 May 2014 and found it was meeting the regulations in force at the time. During this inspection we found there was a breach of one regulation related to the recruitment of new staff. You can see what action we told the provider to take at the back of the full version of the report. We also made two recommendations in respect of the implementation of the Mental Capacity Act 2005 and ensuring people were able to discuss their ongoing care choices.

People told us they felt safe and were well cared for in the home. Staff knew about safeguarding procedures and we saw concerns had been dealt with appropriately, which helped to keep people safe. Risks to people had been identified, assessed and managed safely. Premises and equipment were managed safely and we noted safety checks were carried out on a regular basis.

There were adequate numbers of staff on duty to help support people safely and ensure that people's needs were met appropriately. Staff were trained in all essential areas and participated in a comprehensive induction programme. Staff were well supported by the management team and received regular supervision and an annual appraisal of their work performance. However, the provider had not always operated a robust recruitment procedure and we found some information was missing from one staff member's records.

Staff had been provided with training on the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and the provider had made four DoLS applications to the Local Authority. However, we noted people's mental capacity to make decisions for themselves was not considered as part of the assessment and care planning processes.

All people had a care plan which covered their needs and any personal preferences. We saw the plans had been reviewed and updated at regular intervals. However, people spoken with were not aware of their care plan and could not recall discussing their needs with staff.

People had opportunities to participate in a variety of activities and we observed staff actively interacting with people throughout our visit. All people spoken with told us the staff were caring and kind. People's privacy and dignity was respected.

The provider carried out a number of quality monitoring checks to ensure the service ran safely and effectively. This included audits in relation to medicines management, providing a safe environment and records relating to caring for people. The provider ensured people had the opportunity to express their views about the service and held regular meetings in the home. Arrangements were in place for dealing and responding to any complaints.

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 was not consistently safe.

Whilst people told us they felt safe and secure in the home, we found a robust recruitment procedure for new staff had not always been followed.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about the procedures to follow to help keep people safe.

There were sufficient numbers of staff to meet people's needs.

The systems in place for the management of medicines assisted staff to ensure they were handled safely and held securely at the home.

Requires improvement



Is the service effective?

The service was not consistently effective.

Whilst applications had been made to the Local Authority for Deprivation of Liberty Safeguards, we found people's mental capacity to make decisions for themselves had not been routinely considered.

People were cared for by staff who were well trained and supported.

People received good support with food and drink and experienced positive outcomes regarding their healthcare needs.

Requires improvement



Is the service caring?

The service was caring.

People told us they found the staff caring, and they liked living at Deerplay Care Home.

People told us their rights to privacy and dignity were respected and upheld. People were supported to be as independent as possible.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised care.

Good



Is the service responsive?

The service was not consistently responsive.

Whilst all people had a care plan which was reviewed at monthly intervals, people were unfamiliar with their plan and had not been involved in the care planning process.

People were satisfied with the care provided and were given the opportunity to participate in a range of activities.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Requires improvement



Summary of findings

Is the service well-led?

The home was well led.

People and staff had confidence in the management at the service. Staff were provided with support from the management team and understood their roles and responsibilities.

There were effective systems in place to seek people's views and opinions about the running of the home.

Good



Deerplay Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 15 and 16 October 2015 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we looked at key information we held about the service. This included notifications the provider

had submitted about the service. A notification provides information about important events which the provider is required by law to send to us. We also asked for feedback from the local authority contracts unit who are responsible for contracting and monitoring people's care at the home.

During our inspection we spoke with six people living in the home and one visitor. We also spoke with two staff, a cook, a deputy manager and the provider. We observed how care and support was provided by staff in communal areas and we looked at four people's care plans and other records associated with the management of the service. For example, meeting minutes, staff recruitment and training records, medicines records and checks of quality and safety.

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. One person said, “It is a very nice home. They can’t do enough for you” and another person commented, “Honestly and truthfully we are very well looked after.”

Similarly a visitor spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their friend.

We looked at two staff member’s files to assess how the provider managed staff recruitment. The recruitment process included a written application form and a face to face interview. We also noted a DBS (Disclosure and Barring Service) check had been sought before staff commenced work in the home. The Disclosure and Barring Service carry out a criminal record and barring checks on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

However, on checking the recruitment records we noted that whilst appropriate documentation and checks were in place for one member of staff, we found the other member of staff had not provided a full history of past employment with a satisfactory explanation of gaps. This is important so appropriate background checks can be carried out. We further noted evidence of satisfactory conduct in previous employment with vulnerable adults had not been sought and the recruitment and selection policies and procedures did not fully reflect the current regulations. The provider updated the application form during the inspection.

The provider had not operated an effective recruitment procedure. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with the provider and the staff. Staff spoken with understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns. They said they had read the safeguarding and whistle blowing policies and would use them, if they felt there was a need. The staff informed us they had received safeguarding training within the last 12 months and we saw a sample of certificates to confirm

this. Staff also had access to internal policies and procedures, information leaflets and a flow chart. The flow chart set out the expected staff response in the event of any safeguarding concerns. Records showed that previous safeguarding referrals had been addressed in partnership with the local authority.

We looked at how the service managed risk. We found individual risks had been assessed and recorded in people’s care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, skin integrity, nutrition, hydration and falls. Other areas assessed for potential risks included fire safety and the use of equipment. We also noted all people had a personal emergency evacuation plan, which set out the assistance they would need in the event of an urgent evacuation of the building. We saw from the training records that staff had received training in first aid and fire awareness and they knew to call the emergency services when needed.

Following an accident or incident, a form was completed and the events surrounding the situation were investigated by the provider or a member of the management team. We saw completed accident and incidents forms during the inspection and noted appropriate action had been taken in response to any risks of reoccurrence for instance referrals had been made to the falls team. The provider also maintained a log of any accidents and incidents so the information could be analysed for any patterns or trends.

The staffing levels consisted of one senior staff and one care staff during the waking day and two staff on waking night duty. The provider provided leadership throughout the day and told us he and other members of the management team were on call outside normal office hours. Staffing rotas confirmed staffing levels were consistent across the week and feedback from staff and people living in the home confirmed there were sufficient staff on duty. One person told us, “They always come straight away whenever I need help.” Our observations showed staff were always available and care and support was provided in a timely manner.

We looked at how medication was managed in the home. All people spoken with told us they were satisfied with the support they received to take their medicines. Staff designated to administer medication had completed a safe handling of medicines course and undertook tests to

Is the service safe?

ensure they were competent at this task. Staff had access to a set of policies and procedures which included a copy of the NICE (National Institute for Health and Care Excellence) guidance.

The provider operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. Medicines were stored in locked cupboards and cabinets in line with guidelines.

We noted a monthly audit was undertaken of the medication systems and an action plan was devised to address any shortfalls. We carried out a stock check of controlled drugs and found this corresponded accurately with the register.

We looked at how the provider managed the safety of the premises. We found documentation was in place to demonstrate regular health and safety checks had been carried out on all aspects of the environment. For instance, water temperatures, emergency lighting and the fire systems. We also noted servicing certificates were available to demonstrate equipment had been serviced at regular intervals. Staff spoken with confirmed all equipment was in full working order. The provider carried out ongoing maintenance and repairs and arranged for professionally trained people to undertake any specialist work. On a tour of the home we noted all areas seen had a good level of cleanliness.

Is the service effective?

Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person told us, “All the staff know exactly what they are doing” and another person said “The staff are always very thorough”.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the provider. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

There were policies and procedures available on the MCA and DoLS and staff had completed appropriate training. The provider had submitted four DoLS applications to the Local Authority and was aware of when an application should be submitted to the supervising body for consideration. However, we noted mental capacity issues were not routinely considered as part of the assessment and care planning process. This is important to ensure the MCA’s code of practice is followed and people’s rights and freedoms are respected.

We looked at how the provider trained and supported their staff. From discussions with staff and looking at records we found staff were trained to help them meet people’s needs effectively. All staff had completed induction training when they commenced work with the home. This included an initial induction on the organisation’s policies and procedures, the Care Certificate and the provider’s mandatory training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We saw induction training records during the inspection.

A member of staff told us about their induction training and said they found this valuable. It helped them to understand people’s needs and gave them the opportunity to shadow more experienced staff, so they could learn from them and understand the expectations of their new role. All new staff

completed a minimum probationary period of eight weeks, during which their work performance was reviewed at regular intervals. There were arrangements in place to extend the probationary period depending on the staff member’s level of confidence and experience.

There was a rolling programme of training available for all staff, which included safeguarding vulnerable adults, moving and handling, health and safety, fire safety, nutrition, food hygiene, safe handling of medication and the MCA 2005. We were given a copy of the staff training matrix and noted staff had completed their training in a timely manner. The variety of training offered meant staff were equipped with the correct knowledge to help provide people with effective care. All staff spoken with told us their training was beneficial to support their role.

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. Supervision provided staff with the opportunity to discuss their responsibilities and to develop in their role. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. Staff also had an annual appraisal of their work performance and were invited to attend bi-annual meetings. Staff told us they could add to the agenda items to the meetings and discuss any issues relating to people’s care and the operation of the home. We saw minutes of the meetings during the inspection.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. All people spoken with made complimentary comments about the food provided. One person told us, “The food is very good. It is cooked perfectly and we always get plenty” and another person commented, “The food is nice and the menu is varied.” Refreshments and snacks were observed being offered throughout the day. These consisted of a mixture of hot and cold drinks and a variety of biscuits and cakes.

Weekly menus were planned and rotated every two weeks. Details of the meal were displayed on a white board in the dining area. People could choose where they liked to eat, some ate in their rooms, lounge or the dining areas. We observed the lunchtime period. The tables in the dining areas were dressed, with place settings, tablecloths and condiments. Staff ensured that people had drinks and that these were topped up when required. Staff explained what

Is the service effective?

they were serving and helped some people to eat, either by cutting up food or offering encouragement. Staff engaged people in conversation and the atmosphere was cheerful and good humoured.

The service used a Malnutrition Universal Screening Tool (MUST) to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines which can be used to develop people's care plans. We noted there were good communication systems between the care staff and cook. The cook told us she was aware of people's likes, dislikes and dietary requirements.

We looked at how people were supported to maintain good health. Records looked at showed us people were registered with a GP and received care and support from other professionals. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental

health. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

We spoke with a healthcare professional during the visit and they gave us positive feedback about the care provided at Deerplay Care Home.

We looked round the premises and noted the lounge and dining areas had been redecorated. People told us they were happy with their bedrooms, one person told us, "I really like my room it's very comfortable." People were able to personalise their bedrooms with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

We recommend the service consider the relevant guidance and principles associated with the implementation and use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Our findings

People told us that the staff were respectful and caring. One person commented, “The staff are so lovely. Everything is perfect” and another person said, “The staff are well and truly exceptional.” Similarly, a visitor spoken with told us, “Everything is fine. I have no complaints.”

The visitor spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives and visitors visiting throughout the days of our inspection.

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, “I absolutely love it here, everything is so relaxed. The staff are lovely and the residents are happy.” People were relaxed, happy and cheerful throughout our visit and there was good staff interaction. Staff displayed kind and caring qualities and it was clear they knew people well and had built up positive caring relationships with them.

There was a ‘keyworker’ system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. One person told us their keyworker was “Ideal”. Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance where they wished to sit and what they wanted to eat.

People’s privacy and dignity was respected. People told us they could spend time alone in their room if they wished. We observed staff knocking on doors and waiting to enter during the inspection. One person told us, “The staff are very careful about privacy. They always insist the bedroom door is closed when they are helping me.” There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people’s privacy, dignity and confidentiality in a care setting. There was also information on these issues in the service user’s guide.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For instance people were encouraged to maintain their mobility.

People were encouraged to express their views as part of daily conversations, residents meetings and customer satisfaction surveys. We saw records of the meetings during the inspection and noted a wide variety of topics had been discussed. People told us staff were always available to talk to and they felt that staff were interested in their well-being.

People’s religious faith was respected and their cultural needs had been met. Representatives from local churches visited on a regular basis for communion and prayers.

There was information about advocacy services displayed in the hallway. This service could be used when people wanted support and advice from someone other than staff, friends or family members. At the time of the inspection none of the people living in the home were using this service.

Is the service responsive?

Our findings

People told us staff were helpful and responded to requests for assistance in a prompt and timely manner. One person told us, “The staff are very good. I find them very considerate” and another person commented, “The staff are lovely. I really get on with them.” People also said the routines were flexible and they could make choices about how they spent their time. One person told us, “It’s completely up to me how I spend my time. It’s very free and easy.” We noted breakfast was served throughout the morning to enable people to get up later if they wished to.

We saw staff took time to ensure people’s needs and requests were understood and listened to. During lunchtime, we observed staff made sure people were happy with their meals and arranged for second helpings on request. We also saw staff regularly checked on people’s welfare throughout the day to ensure they were comfortable and had everything they needed.

We looked at the arrangements in place to ensure that people received care that had been appropriately assessed, planned and reviewed. We noted each person had an individual care plan which was underpinned by a series of risk assessments. The plans were split into sections according to people’s needs and were easy to follow and read. All files contained a one page profile and details about people’s life history and their likes and dislikes. The profile set out what was important to each person and how they could best be supported. This provided staff with some insight into people’s needs, expectations and life experience.

Whilst we saw evidence to indicate the care plans had been reviewed on a monthly basis, people spoken with were not familiar with their care plans and could not recall discussing their needs with staff. It is important people have continual involvement in the care planning process so appropriate adjustments can be made to the delivery of their care.

We noted an assessment of people’s needs had been carried out before people were admitted to the home. We looked at completed assessments and found they covered all aspects of the person’s needs. The provider told us people had been involved wherever possible in their

assessment of needs and he had gathered information from relatives and health and social care staff as appropriate. This process helped to ensure the person’s needs could be met within the home.

The provider had systems in place to ensure they could respond to people’s changing needs. For example staff told us there was a handover meeting at the start and end of each shift. The handovers gave staff an overview of people’s needs, any changes to their health and welfare and any activities participated in that day.

When people were admitted to hospital they were accompanied by a transfer form containing a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people’s needs were known and taken into account when moving between services.

People had access to a range of activities and told us there were things to do to occupy your time. Some people told us they preferred not to take part in activities and this choice was respected by the staff. Activities were arranged on a daily basis inside the home and details were displayed on a board in the lounge. The activities included armchair exercises, jigsaws, cards and bingo. We saw a member of staff had recently collated newspaper articles to discuss with people. The provider also told us a professional entertainer visited the home approximately every three weeks. We observed people participating in a game of dominoes and bingo during the inspection. A person also visited the local shops with the provider to buy some personal items.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the provider if they had a concern or wished to raise a complaint. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the provider would deal with any given situation in an appropriate manner.

The provider sent us a copy of the complaints policy immediately after the inspection. The purpose of the policy was to ensure all complaints were handled fairly, consistently and wherever possible resolved to the complainant’s satisfaction. The complaints procedure was

Is the service responsive?

displayed round the home and in each person's bedroom. This informed people how they could make a complaint and to whom they should address their concerns. The procedure also included the timescales for the process.

We received one concern during the inspection, which was investigated and resolved by the provider. There had been no other matters of concern or complaint raised about the service.

We recommend the service seek guidance and advice from a reputable source to ensure people are able to continually discuss their care choices in order to make any changes to their care if they wish.

Is the service well-led?

Our findings

People told us the home was well managed and run. One person told us, “The is managed perfectly. I would recommend it to anyone.” A visitor told us “Everything seems well run.” They went on to say they were always kept up to date with any problems or difficulties and they enjoyed visiting the home. A member of staff spoken with told us the provider offered good leadership and was, “Flexible and supportive.”

Staff told us, and we saw the deputy manager and senior staff were very involved in the day to day activities and caring in the home. Staff also told us the provider took an active role and would assist people and the team when required. Staff told us the management team were very approachable and they would take time to have a discussion. They said everyone was kept informed of any changes or requests from the provider. This was achieved by means of daily meetings, memos and the staff communication book. We were told that problems and concerns were listened to and acted upon. This demonstrated to us the management structure was working together to provide a cohesive team. One member of staff told us there was not a high turnover of staff and they believed this to be a reflection of how well they worked together to care for the people living in the home.

The provider also took on the role as a manager and was responsible for the day to day operation of the service. There was no regulatory requirement to have registered manager. The provider told us he was committed to the continuous improvement of the service. He described his key achievements in the last 12 months as maintaining and promoting teamwork and improving the environment of the home. He told us his key challenges were embedding the principles of the Mental Capacity Act 2005 within the care planning system and retaining the staff team.

People were regularly asked for their views on the service. Residents’ meetings were held on a monthly basis. The

residents’ meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions. This showed the provider was willing to listen to people and implement changes to improve the service.

People were also given the opportunity to complete a bi-annual customer satisfaction questionnaire. The questionnaires were last distributed to people living in the home in February 2015. We saw the collated results and returned questionnaires during the inspection and noted people had expressed satisfaction with the service. One person had written, “The home is very comfortable and homely” and another person commented, “The staff are caring and attentive.”

Relatives, friends and staff were also invited to complete questionnaires. We looked at the returned staff questionnaires and noted staff spoke positively about their work and role. For example, one member of staff had written they enjoyed working in the home and “Caring for the residents and seeing them happy.” The provider had made a record of the actions taken to address any suggestions for improvement in the surveys.

The provider recognised the need for continuous assessing and monitoring of the service to mitigate and reduce potential risks relating to health, safety and welfare of the people. The provider and the deputy manager told us they carried out a number of checks and audits to ensure they provided a good quality and safe service. These included audits of the medication systems, staff training, falls, bathing records, care plans, infection control as well as checks on the environment including maintenance and repairs, water temperatures and fire systems. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. We noted action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider had not always operated a robust recruitment procedure. (Regulation 19 (1) (2) (3)).