

Deepdene Care Limited

Prema Court

Inspection report

Clifton Court
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Date of inspection visit:

16 March 2021

23 March 2021

Date of publication:

16 April 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Prema Court is a residential care home providing personal and nursing care to 29 people with mental health needs at the time of the inspection. The service can support up to 44 people.

Prema Court comprises of two buildings, Brook House and Clifton House. Each person has their own bedroom, with shared lounge and bathroom facilities. Small kitchens are available in each building for people to use as well as a central kitchen and dining room. At the time of our inspection Brook House was being re-furnished, so all the people living at Prema Court were living in Clifton House.

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

A recovery model was being embedded at Prema Court to support people with their mental health. Nurses and care support staff were engaged with people to involve them in their care and support and work towards achievable goals and aspirations.

People's care and support needs were assessed. Care plans and risk assessments were regularly reviewed and were up to date. Action was being taken to reduce the risk of people leaving Prema Court unaccompanied when they should have staff support. All incidents were recorded and reviewed to identify actions to reduce further occurrences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received their medicines as prescribed, with the service now using paper-based medicines administration records. The service worked closely with the GP surgery and pharmacist. There were enough staff on duty to meet people's needs, Staff were safely recruited.

A quality assurance system was in place, with regular audits being completed and action plans written for any shortfalls identified. The area manager had oversight of the service through an electronic recording system and monthly audits.

Infection control procedures were in place and staff used PPE effectively. Additional cleaning had been introduced during the COVID-19 pandemic. A visitors pod had been built to enable relatives to visit safely.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 June 2019) and there were four breaches of regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 30 April 2019. Four breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person-centred care, good governance and the notification of incidents to the CQC. We had also received concerns in relation to the management of risks, including people leaving Prema Court unaccompanied when they should have staff support, people not returning to the home after going out and the management of behaviours.

As a result, we undertook this focused inspection to review the concerns, check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, responsive and well-led which contain those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from the concerns that had been raised with us. Please see the safe, responsive and well-led sections of this full report. Action had been taken to reduce the risk of people leaving the home unaccompanied or not returning to the home after going out.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe 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 well-led.

Details are in our well-led findings below.

Good ●

Prema Court

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

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

Notice of inspection

This inspection was unannounced. Inspection activity started on 16 March 2021 when we visited Prema Court and ended on 23 March 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, nurse, support workers and domestic staff. We observed staff interacting with people throughout the inspection.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including quality assurance systems, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training, supervision and quality assurance records. We contacted three professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider was not managing medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People received their medicines as prescribed. The service had reverted to using paper Medicines Administration Records (MARs), which had improved record keeping and stock management.
- Where people were able to self-medicate this had been robustly assessed and monitored.
- Guidance was in place for when people needed medicines that were not usually administered (PRNs).
- Weekly and monthly medicines audits, including stock counts, were completed. Any issues identified were addressed with the relevant members of staff.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had not notified the CQC or safeguarding authorities of an incident at the home. This was a breach of Regulation 18 (Notification of other Incidents) of The Care Quality Commission (Registration) Regulations 2009.

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

- An electronic system was used to record all accidents and incidents. The registered manager reviewed these to ensure appropriate actions, including reviewing care plans, had been taken where required. The area manager could view the electronic system remotely to monitor that all incident reports had been reviewed and actioned.
- Incidents had been notified to the safeguarding authorities and the CQC appropriately.
- People and their relatives said they were safe living at Prema Court. Staff completed training in safeguarding training and knew how to report any concerns. Policies and procedures were in place for staff to follow.

Assessing risk, safety monitoring and management

- Risk management plans were in place and contained information staff needed to manage and mitigate

the risks. We saw staff took appropriate action to manage people's anxiety levels and de-escalate potential issues.

- Some people had a Deprivation of Liberty Safeguard in place to restrict their access to the community without staff support. The risk of people leaving the service unaccompanied, or not returning to Prema Court after going out on their own, was assessed and information provided on interventions to reduce this risk. Work was in progress during our inspection to improve the security of the garden areas to reduce the risk of people leaving unaccompanied when they should have staff support.
- The risks around the lifestyle choices some people made were discussed with them in keyworker sessions with care support workers and nurses, for example buying food that would affect their diabetes, not returning to the service and the importance of taking their medicines as prescribed.
- Changes had been made at the service to reduce people wanting to go out later at night. Sandwiches were available for supper, so people did not go out as often for a late night take away, which had reduced the occasions people were not returning to the home at night.
- Equipment was serviced, checked and maintained in line with regulations and manufacturer's instructions.

Staffing and recruitment

At our last inspection we recommended the provider reviewed the deployment of staff to fully support the providers recovery model. The provider had made improvements.

- There were sufficient staff on duty to meet people's needs. Additional staffing was provided to increase support and monitoring for people if required.
- The nurse's role had been changed to include regular time for supporting people with their mental health using the recovery star and recovery ladder models. Care support workers also encouraged and supported people to be involved in their care and engaged in discussions with people during regular keyworker sessions.
- Staff were safely recruited with all pre-employment checks completed prior to a member of staff starting work. The area manager told us the application form had recently been updated to ensure that an applicant's full employment history was recorded rather than the last 10 years.

Preventing and controlling infection

- The home was visibly clean throughout. Changes had been made to the cleaning schedules due to the COVID-19 pandemic, with more frequent cleaning of touch points. Night staff now also completed some cleaning tasks each night.
- Staff were observed wearing PPE appropriately. People were supported to follow government guidance on social distancing and wearing masks when they were in the community and going to local shops.
- A visitor's pod had been built with a Perspex screen and intercom system to enable safe visiting during the pandemic.
- Additional policies and staff risk assessments had been introduced to take into account COVID-19.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider was not supporting people with mental health needs to recover, rehabilitate and become independent. This was a continued breach of Regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The registered manager had introduced the recovery star model to the service. The nurse's role now included regular support sessions with people around their mental health and recovery. Care support workers encouraged people to be involved in their own care and support, for example keeping their environment and rooms clean and some people cooked for themselves.
- Training on the recovery star model had been completed and staff roles had been discussed in team meetings and supervisions with staff, so they understood their roles. The model was becoming embedded at the service.
- Care plans identified people's support needs and provided guidance for staff in how to meet these needs. Objectives for the future were discussed and recorded, for example one person wanted to join a local gym when lockdown ended. Another person said, "I want to move in to my own self-contained flat with warden access."
- Staff knew people's needs, routines and also their background and life history from information in their care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified in their care plans. Easy read or pictorial information was available. Information was also printed for those people who preferred to read information several times so they were able to understand it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- A visitor's pod had been built, with external access and a Perspex screen with an intercom system to enable relatives to have safe visits with people during the COVID-19 pandemic.
- An activity plan was in place, although many people preferred to access the local community rather than group activities in the home. Staff support was available for those people who needed it to do this. People told us there were coffee mornings, quizzes and film nights.
- Activities were monitored through activity charts to record what was offered and the reason if this was refused. This was monitored by the registered and area managers. It was acknowledged that many people living with mental health needs did not want to join in group activities. Staff encouraged people in 1:1 activities or having short conversations instead.
- One person helped the maintenance team with jobs around the service. They were very positive about this, saying, "I help [maintenance person name] five days a week. I really like it and it's helped me a lot as I have something to do."

Improving care quality in response to complaints or concerns

- The service had a formal complaints policy in place. Any complaints received were investigated and a response provided.
- We saw there had been very few complaints in the last 18 months.

End of life care and support

- At the time of our inspection no one was being supported with end of life and palliative care.
- People's care plans provided evidence that people were encouraged to discuss their futures end of life care wishes if they wanted to.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection there were continued issues with medicines management, the lack of a recovery model for people using the service. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A new registered manager had been in place since January 2020. They had embedded the recovery star model into the nurses and care support staff roles with the aim of supporting people with their mental health and to work towards realistic goals.
- There was a quality assurance system in place with a range of audits for medicines, care plans and health and safety. An action plan was written for any issues identified and this was signed off when these were completed. The registered manager completed a weekly report summarising any incidents, complaints, staffing, training and activities. The area manager also completed their own monthly audit to monitor that all checks and audits were being completed correctly.
- The service had an improvement plan in place. This showed actions already completed and those in progress, with timescales set for their completion. This meant the service was looking to further develop and improve.

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

- People, relatives and staff were positive about the registered manager, saying they were open and listened to them. One relative said, "[Registered manager] made things very personal about [relative name]; she listens and puts things into action." A member of staff said, "[registered manager] and [deputy manager] will listen to you and I know I'll get help if I need it."
- People had regular keyworker sessions with care support staff and nurses to discuss their mental health and recovery. This included the support they needed and any aspirations or goals they had.
- Annual surveys for members of staff and people living at Prema Court were co-ordinated analysed by the provider's head office. The registered manager responded to the results and comments made. We saw that

the menus had been reviewed with people following comments made in the last survey.

Working in partnership with others

- Prema Court had a good relationship with the GP surgery and pharmacist, meeting with them when required to ensure everyone's medicines cycles were synchronised. Professionals working with the service said there was good communication with Prema Court.
- The service liaised with the local community police support officer and was looking to have a closer relationship with local drug and alcohol services to provide additional support for people who needed it. The service was working with the local authority on their improvement plan.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager notified the CQC and safeguarding teams of any accidents and incidents as appropriate.