

Phoenix Care Homes Limited

Deer Park Care Centre

Inspection report

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Date of inspection visit:
30 May 2017

Date of publication:
06 July 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This unannounced inspection took place on 30 May 2017.

Deer Park Care Centre is a privately owned residential care home supporting up to 38 people with mental health issues. At the time of our inspection there were 32 people living at the service, however one person was in hospital. Accommodation is arranged over two floors and not all of the rooms had en-suite facilities. One part of the service supported people living with dementia and the main part of the home, supported people who had a diagnosed mental health condition.

There was registered manager working at the service. The registered manager was supported by a deputy manager, business manager and team of staff. 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 and associated Regulations about how the service is run.

On the day of the inspection the registered manager was not available but they did come to the service briefly and introduce themselves. The deputy manager, business manager and a senior care worker supported the inspectors throughout the visit. We spoke with the registered manager after the inspection.

We previously carried out an unannounced comprehensive inspection of this service on 19 and 20 October 2016. Breaches of regulations were found. We issued requirement notices relating to staffing levels, safe care and treatment, medicines management, consent and good governance. We asked the provider to take action. The registered manager sent us an action plan telling us what action they would take to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found some improvements had been made but there were continued breaches of the regulations.

At the previous inspection there was a lack of management oversight by the provider to check delegated duties had been carried out effectively. The quality monitoring systems included reviews of people's care plans, health and safety checks and checks on medicines management. These checks and systems were not regularly reviewed and completed so it was difficult for the provider to be confident people received a safe service. At this inspection improvements had been made in some of these areas but shortfalls were still found. Some checks and audits had not been completed and some were not effective as they had not identified the shortfalls found at this inspection. Records were not always detailed to ensure that staff had the guidance to provide safe care. This was a continued breach of the regulations.

There were systems in place to receive feedback from people, relatives and staff. Feedback received had not been analysed and acted on to improve the service. Accidents and incidents were recorded and were reviewed to identify if there were any patterns or if lessons could be learned to support people more effectively. However, when patterns had been identified the required action to reduce re-occurrence had not

been implemented.

The culture at the service was outdated and not in line with current good practice guidelines which did not support people's individual development.

There was open communication between staff and the management team. Staff told us they were able to give honest views and had regular staff meetings to discuss any concerns. People said they could go to the management team and said they would be listened to and get the support that they needed. They thought the service was well-led.

The registered manager and staff had knowledge of their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). When people lacked capacity, they received support in making more complex decisions, such as decisions around medical procedures, finances or where they wanted to live. However, people were not fully involved in their MCA assessments and in some cases people were being restricted when it was not the least restrictive option. There were restrictions in place at the service which did not promote openness and transparency that enhanced inclusiveness and empowerment for people. We have made a recommendation to improve this shortfall.

At the previous inspection risks had been identified to people's health and welfare but these were not always effectively managed. At this inspection improvements had been made but full guidance to make sure all staff knew what action to take to keep people safe and manage risks was not always available. This left people at risk of not receiving the support they needed to keep them as safe as possible. This was a continued breach of the regulations.

The registered manager and staff carried out environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order, but some checks and audits had not been completed. When shortfalls had been identified action had not been taken to reduce risks.

Emergency plans were in place so if an emergency happened, like a fire, staff knew what to do. There were regular fire drills. However, not everyone's people's personal evacuation emergency plans (PEEPS) contained the all the information to explain what individual support people needed to leave the building safely. Staff had not received training on how to use specialist equipment needed for some people in the event of having to leave the building in an emergency.

There was a lack of supervision, appraisal and regular training for staff. Staff had completed induction training when they first started to work at the service but all staff had not received all the training and updates they needed to carry out their roles effectively and safely.

Improvements had been made to make sure people received their medicines safely and when they needed them. There were areas that needed further improvement. We made a recommendation to address the shortfalls.

On the whole people were supported by staff that were kind, caring and respectful and knew them well. However, we observed a few occasions when staff were not as caring and respectful as they should have been. We have made a recommendation that this issue is addressed.

People received a personalised service but people were not fully involved in planning their care. People's care was kept under review and the service was flexible and responsive to their individual needs. People were not consistently encouraged and supported to keep occupied. People were not always offered the choice of activities.

People's privacy was respected. The atmosphere at Deer Park was relaxed and calm. People appeared content in the company of each other and staff. Staff promoted people's privacy and dignity. People's confidentiality was respected and their records were stored securely.

There were enough staff to support people safely. Recruitment procedures ensured that only staff of a suitable character to care for people were employed.

The staff monitored people's health needs and sought professional advice when it was required. If people were unwell or their health was deteriorating staff contacted their doctors or specialist services

People were supported to eat and drink food that met their dietary requirements and that they enjoyed. Staff were familiar with people's likes and dislikes, such as how they liked their food and drinks and the activities they enjoyed. People were given individual support to carry out their preferred hobbies and interests.

People felt safe using the service and were protected from the risk of abuse because staff knew the possible signs of abuse and how to alert the registered manager or the local authority safeguarding team. There was a complaints policy in place and people said they knew how to complain if they needed.

The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines

We found continuous breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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

Risks to people were assessed but there was not always full guidance to make sure all staff knew what action to take to keep people as safe as possible.

On the whole medicines were managed safely but further improvements need to be made.

People were protected from harm by staff who were able to recognise abuse and take the appropriate actions to raise concerns.

There were sufficient numbers of safely recruited staff to ensure that people's needs were met.

Requires Improvement 

Is the service effective?

The service was not consistently effective.

There was a lack of supervision, appraisal and regular training for staff.

People were not always fully involved in decisions about their care. Further guidance was required to ensure people were being supported in the least restrictive ways in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported with their dietary needs and staff ensured their health and wellbeing was maintained.

Requires Improvement 

Is the service caring?

The service was not consistently caring.

Not all staff treated people with respect.

Staff were attentive, kind and caring when providing support.

Staff supported people to maintain their independence.

Requires Improvement 

Is the service responsive?

The service was not consistently responsive.

People received a personalised service but people were not fully involved in planning their care. People's care was kept under review and the service was responsive to their individual needs.

People were supported to participate in some activities but this needed improving.

People and their relatives were listened to and arrangements were in place to respond to complaints.

Requires Improvement 

Is the service well-led?

The service was not consistently well-led.

The provider did not promote a culture that was person centred, inclusive and empowering.

Systems were in place to gather feedback from people, staff and relatives; this had not been used to improve the service.

Checks and audits had been completed. These had not been effective as they had not identified the shortfalls found at this inspection.

Staff and people told us that the management team were approachable and visible within the service

Records were not always detailed to ensure that staff had the guidance to provide safe care.

Inadequate 

Deer Park Care Centre

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 took place on 30 May 2017 and was unannounced. The inspection team consisted of two inspectors and two experts 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.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law, like a death or a serious injury. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This 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.

We spoke with nine people, staff and the deputy manager; We also spoke with the business manager and the cook. We spoke with the registered manager after the inspection. We observed the lunchtime meal being served and observed how staff supported people. We spent time with people in the garden and lounge areas.

We looked at the results and comments from the last quality assurance survey.

We checked a variety of records including care plans, medicines records, staff files, training records and quality assurance and audit records.

We last inspected Deer Park Care Centre October 2016 when breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified.

Is the service safe?

Our findings

People said that they felt safe living at Deer Park Care Centre. They said they received support from staff to make sure they got everything that they needed.

At the last inspection care was not provided in the safest way for people because sufficient action to mitigate risk to people had not been taken. This mainly related to the risks when people smoked and staff not observing people when they were smoking in the outside shelter. At this inspection improvements had been made. People who were at risk of burning themselves when they smoked wore fire retardant aprons over their clothes while they were smoking so they were protected from burning themselves and their clothes. Staff made sure that people's cigarettes and lighters were kept safely and securely so that people did not smoke in places of the service where they posed a risk to themselves and others. When people were smoking in the designated areas there was a member of staff observing so they were close at hand to remind people to be safe. This happened throughout the day of the inspection. The registered manager told us they were considering what more they could do to reduce the health risks from passive smoking for people and staff and were working on a solution to the issue. The health risks from smoking had been discussed with people and as a result some people had cut down on the amount they smoked and other people had taken up alternative smoking habits.

Other risks to people had been identified but the guidance on how risks should be managed varied. Some risk assessments contained the information needed to keep people as safe as possible but other risk assessments did not. One person had behaviours at times which may have posed a risk to others. The guidance for staff stated 'Use short simple instructions', there was no further information about the action staff needed to take to support the person in the way that suited them best and keep them and others as safe as possible. When we spoke with established staff they were able to say what other action they would take. The deputy manager told us they made attempts to explore the reasons for the unsettled behaviours and how the behaviours were being managed. They said they had contacted the local specialist team which had resulted in a change of medicines but the options explored were not always recorded, so it was not clear that staff were doing all they could to mitigate potential risks.

Some people had conditions like diabetes. Information about reducing the risks associated with diabetes varied in people's care files. There was limited guidance for the signs staff should look for if a person's diabetes was becoming unstable and what action they should take to try and prevent this from happening. In some risk assessments there was limited instruction on what they should do if this did happen. The deputy manager and staff were able to explain the risks the condition posed, the signs they should be looking for if a person's diabetes was becoming unstable and what action they should take but records needed updating.

Accidents and incidents involving people were recorded. The registered manager reviewed accidents and incidents to look for patterns and trends so the care people received could be changed or advice sought to help reduce incidents. For example, when a person had an increase in falls the action to be taken had been identified as increasing observations at certain times of the day. There was no evidence to show that these

observations were happening and the person's risk assessment had not been reviewed and updated.

Regular checks were made on the fire systems including the doors and emergency lighting. Fire drills had taken place for staff. Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency. However, not all PEEPS were detailed enough to enable staff to move them in an emergency. Three people needed a hoist to support them to move and this had not been mentioned on their plans. It was noted that two people required to be evacuated using a 'ski pad' but staff told us that they had not received training to do this effectively. One plan stated, '2 staff are to use the ski pad situated on the wall'. Staff told us they did not know how to do this. The fire safety audit dated 21/4/2017 identified that this training was required but there were no timescales when this would be completed. At the time of the inspection this training had not been arranged.

The checks on the temperature of the water had been completed and ranged from 33 degrees to 50 degrees. We spoke with the deputy manager who told us that the hot tap running at 50 degrees was currently in room 37 which was not occupied. There was no evidence of what if any action had been taken to reduce the risk of scalding and ensure the water temperature was 43 degrees, the recommended safe temperature. People were able to enter this room as it was not locked.

Although improvements had been made with regards the risks of smoking, the provider did not have sufficient guidance for staff to follow to show how all risks to people were mitigated. The provider and not taken all the necessary action to make sure the premises and equipment were safe.

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

Changes in people's physical health had been identified and the increased risks, like the risk of skin problems had been addressed. For example, when one person was identified as being at risk developing sore skin. A skin integrity risk assessment had been completed and their care plan had been updated. The risk had been reduced as staff were applying special spray to the area to prevent it from becoming sore. Pressure relieving equipment like a special mattress had been provided for the person to relieve the pressure on their skin.

Some people were identified as being at risk of choking. There was information available to give staff the guidance on what to do to prevent this from occurring and what to do if the risks actually occurred. Staff were able to say what they would do in these risky situations.

At the previous inspection people had not been fully protected against the risks associated with the unsafe use and management of medicines. At this inspection improvements had been made, however, there was need for further improvements

People told us they received their medicines when they needed them and as prescribed by their doctor. There were policies and procedures in place to make sure that people received their medicines safely and on time. All care staff were trained to give people their medicines safely and their competencies to do this was regularly checked. Some people were asked if they wanted support to take their medicines independently but the majority had decided that they would like the staff to give them their medicines. When people had decided to take their medicines independently there were checks and observations in place to make sure they did this safely.

We observed senior staff administering medication at lunch time on the day of our visit. This was done safely. The staff member made sure that the medicine trolley was locked when they had to go to different areas of the service to give people their medicines. They only signed the medicines administration record (MAR) after they had observed people take their medicine. The medicines given to people were accurately recorded.

Sometimes people were prescribed tablets that had to be written by hand onto the medicines records by staff. When staff had received these tablets they had not entered the amount of tablets that had been received and they had not signed and countersigned to make sure there was the correct amount of tablets and that they were writing in the correct person's record. There was a risk that people might not receive their tablets safely and if errors were made the staff members would not be identifiable.

There was evidence of stock rotation to ensure that medicines did not go out of date. The majority of bottles of medicines were dated when they were opened and staff were aware that these items had a shorter shelf life than other medicines. However, some bottles were not dated so there may be risk that they would be used after their shelf life and may not be effective as they should be.

Some items needed storage in a medicines fridge. The fridge temperature was checked daily and room temperatures where medicines were stored was checked daily to ensure medicines were stored at the correct temperatures to make sure they remained effective.

Some people were given medicines on a 'when required basis'. There was guidance for each person who needed 'when required medicines'. People were only given medicines for their behaviours as a last resort. People were monitored for any side effects. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

We recommend that the provider should take into account 'The Royal Pharmaceutical Society of Great Britain Guidelines' with regard handwritten entries to MAR and dating bottles of medicines when they are opened.

At the previous inspection in October 2016 the service did not have enough staff on duty to ensure that people needs were fully met and safe care was being provided. At this inspection staffing levels had been assessed and increased to ensure that at all times there was sufficient staff on duty to support people and keep them safe. Staff were observed chatting and supporting people when they wanted to smoke and checked on people in their rooms to ask if they needed anything. People told us there was enough staff around when they needed them. The deputy manager told us that since staffing levels had increased the number of incidents/accidents had reduced and risks were being managed.

The four weekly staff rota showed there was consistently seven care staff on duty in the morning and six in the afternoon. In addition there were two domestic staff, one laundry person and a cook and a kitchen assistant. Staff told us that the service had improved since staffing levels were increased and in times of sickness or absence the shifts were always covered. On occasions agency staff were used if no permanent staff were available to cover.

Staff knew people well and were able to recognise signs if people were upset or unhappy. Staff explained how they would recognise and report abuse. They told us they would report this to the registered manager or outside agencies if necessary. One member of staff had not received any training but was aware of how to report issues and what constituted abuse.

Staff had a good understanding of different types of abuse and most staff had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. There were clear procedures in place to enable this to happen. Referrals had been made to the local safeguarding authority when required and action had been taken by the staff to reduce the risks from happening again.

Systems were in place to protect people's finances. Those that were able signed when they received their monies. Records showed all monies received and spent, and receipts were kept. The balances were checked regularly. People had access to their monies when they wanted it.

Staff were recruited safely to make sure they were suitable to work with people at the service. Staff files were well organised and contained all the information required. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. New staff told us they were invited to look around the service and meet people before their interview. Written references from previous employers had been obtained and checked. Checks were carried out with the Disclosure and Barring Service, who carry out criminal background checks, before employing any new staff to check that they were of good character. Staff declared any health issues that may need to be supported with and any gaps in their employment history were checked. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

Is the service effective?

Our findings

The business manager told us that not all staff had received an appraisal and the programme of supervision was not up to date. Although staff told us they felt supported by the management team they were not receiving regular supervision to discuss any concerns or training needs. Staff told us that the management team was approachable and available if they needed additional guidance or assistance. One staff member stated that they felt supported and enjoyed getting to know people using the service. They said, "I enjoy working here, the staff are friendly and it is a good place to work compared to other places I have worked before".

The training programme was a mixture of on line training and face to face training. The business manager kept a training record which showed when training had been undertaken and when 'refresher training' was due. They were aware of the shortfalls in the training programme and further training sessions for safeguarding, health and safety, mental capacity, and fire training had been booked for June 2017. In addition in July 2017 further sessions on infection control, food hygiene, first aid awareness, equality and diversity, and challenging behaviour had been arranged.

The matrix showed that there were shortfalls in most areas of the training, such as 17 staff had not completed emergency first aid awareness, nine required health and safety training, nine fire training, 16 mental health awareness training, 11 dementia training and 22 challenging behaviour training.

One member of staff told us that they had not received safeguarding training, challenging behaviour or mental capacity training. Records confirmed that this was the case and the business manager told safeguarding training had been booked for 7 June 2017 and mental capacity booked for 14 June 2017.

The lack of supervision, appraisal and regular training did not ensure that staff had the knowledge and information to apply this in practice to ensure people were receive the care they needed.

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

New staff received an induction when they first started to work at the service to ensure they had a good basic understanding about their roles. The induction included shadowing experienced staff to get to know the people and their routines. One member of staff said, "My induction was very good and very thorough".

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 make 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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At the last inspection the provider was not working to the principles of the MCA. At this inspection improvements had been made but further improvements were needed. People's capacity to consent to care and support had been assessed and assessments had been completed for people by the deputy manager. People had not been involved in completing the assessments.

Some of the people living at Deer Park had full capacity to make their own decisions. However, people could not go in and out of the service as they wished as the front door was locked and only staff had the keys. People also could not access the downstairs kitchenette when they wanted to as it was locked and they had to ask permission from staff to enter the kitchenette to get drinks and snacks. The staff told us these imposed restrictions were in place as the risks to people were 'too high'. There was a sign on the door of the dining room which stated that drinks were not to be taken past that point into other communal areas. Staff told us drinks might be spilt and cause a risk to people. We observed that people did not take any notice of the sign and took their drinks into different areas. People would benefit from having these restrictions reviewed to make sure they were the least restrictive options. We were told that these restrictions were being addressed and changes would be made. The deputy manager removed the sign from the door.

When people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. When a person was unable to make a decision, for example, about medical treatment or any other big decisions, then relatives, health professionals and social services representatives and independent advocates were involved to make sure decisions were made in the person's best interest. Everyone got together with people to help decide if some treatment was necessary and in the person's best interest

Staff knowledge about the Mental Capacity Act varied. Established staff understood about the Act. Staff understood about asking people for consent and permission before they gave care and support. They took time to explain to people what they were doing and staff were aware of people who needed support to understand their choices and how to provide this support. During the inspection people were supported to make day to day decisions, such as, where they wanted to go, what they wanted to do, and what food or drink they wanted. However, new staff would benefit from training in the subject to have a full understanding of the MCA and all it entails.

Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. Applications had been considered; checked and granted for some people ensuring that the constant supervision was lawful, other applications were still under consideration.

We recommend that staff have further training on the MCA and that any imposed restrictions on people are reviewed to ensure they are the least restrictive option.

People said "The food is good and they make a cup of tea when you want it".

Menu choices were displayed on a board in the dining room so people knew what the choices were that day. If people did not like what was on the menu they could ask for an alternative and this was provided. People were supported and encouraged to eat a healthy and nutritious diet. People were able to have their meals when they wanted them. Some people preferred to get up later and have a late breakfast.

Most people ate their lunch time meal in the dining room. The atmosphere was calm and quiet. One person said "I enjoyed my lunch, it was my favourite". Some people chose to eat in other areas of the service and their wishes were respected. Staff asked people what they would like to eat for their main meal which was served by the kitchen staff. The food was well presented and looked appetising. There was a cold drinks station in the dining room area so people could help themselves to drinks throughout the day. There was also a kitchenette off the dining room where people were supported by staff to make drinks, however this was limited as the door was on a key pad lock and people had to ask for staff permission access to this facility. People sometimes went out to eat in restaurants and local cafés.

The head cook was aware of people's individual dietary needs and preferences and was knowledgeable about food that people enjoyed eating. When people were not eating their meals because their mental health was deteriorating or they were unwell the staff encouraged and supported them to have enough food to maintain their weight to remain as healthy as possible. Some people had specific health needs like diabetes and staff supported them to manage their diets to make sure they were as healthy as possible.

Staff knew about people's likes, dislikes, allergies and how people's food should be prepared if they were not able to eat because of swallowing difficulties. People who had difficulty swallowing were seen by the speech and language therapists to make sure they were given the correct type of food to reduce the risk of choking. Staff understood people's eating and drinking needs. People's weight was checked at intervals to make sure that it remained stable.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People said, "I get to see the GP in town when I need it" and "The staff arrange my appointments for me as I find that difficult". One person told us how they had an appointment to go to the dentist. When people's physical and/or mental health declined and they required more support the staff responded quickly. Staff contacted local community healthcare professionals and made sure that the appropriate treatment, care and support was provided. Staff told us they had a good relationship with the professionals who were involved with the service.

People were supported to go to the GP, dentist and opticians. Staff made appointments with people's consent and when necessary to accompanied people to these appointments. Staff closely monitored people's health and wellbeing in line with recommendations from healthcare professionals.

Is the service caring?

Our findings

A lot of the people living at Deer Park had lived there for many years. People said they were happy living at the service. People told us, "The staff are kind, they are good here". "People are reasonable here". People said, "The staff are kind and supportive they treat people with respect"

On the whole people were treated with dignity and respect. Many of the interactions between people and staff were positive, caring and inclusive. However, on some occasions staff treated people in a disrespectful way. On one occasion we observed a staff member impatiently put meal in front of a person, they did not engage with them, when the person dropped something on the floor the staff member 'huffed and tutted'. On another occasion a staff member gave a person a drink and biscuit that were on a plate. They did not ask the person if they would like to sit down with their drink and biscuits. They handed the person the drink and then took the biscuits off the plate and gave them to them with their hand while standing in the middle of the dining room. At other times staff had the opportunity to engage and interact with people; instead they stood around watching people. People were not always fully considered and were not treated with respect and dignity.

We recommend that staff practise is monitored and appropriate action taken if not in line with best practise.

Other interactions were positive. Staff sat with people and chatted with them. They laughed and joked together. The atmosphere was relaxed and friendly. We observed staff reassuring people by stroking their hand and listening to what they were saying. People were included in conversations and staff explained things to them and took time to answer their questions. People and staff chatted together about their families and about their plans. Staff shared information about themselves with people which encourage people to feel involved, included and valued. On one occasion a person had lost paperwork and a staff member immediately went to help them look for the paper work which was quickly found.

Staff told us that they worked well as a team and were kind and caring. Staff said, "We take care of people well, we ensure they have plenty of fluids and anything they want". "I would recommend this service and consider this as a home if I needed to place a relative here".

People said the staff were kind and caring, one person referred to a member of staff, they said, "I love that lady that one always helps me. My keyworker is my friend".

People told us they were able to follow their religious beliefs, by regularly visiting the church of their choice and receiving visits from the local clergy. People found comfort in this. Staff were chatting and laughing with people whilst in the garden supporting them to smoke. People responded and were enjoying the banter.

The smoking area was near to the doors to a communal area and at times the cigarette smoke drifted into the premises. We observed that people approached staff when they wanted something and staff responded positively.

When they could staff spent time with people. Staff said, "It's busy in the mornings as we have lots of things to do like helping people with washing and dressing and making sure their rooms and beds are tidy. In the afternoon we have more time to spend with people. We can sit and chat or if people want to go out we take them where ever they want to go". We observed two members chatting to people about the music that they liked. People and staff were interested in each other's opinions and the conversation was lively and meaningful. When people became distressed or anxious staff reacted quickly and spent time with them to give them reassurance. Staff held people's hands and spoke quietly and softly until they felt better

Staff took care to ask permission before intervening or assisting and spoke with people in a friendly and pleasant manner. People's privacy and private space was respected. Staff knew when people wanted some privacy or space and made this happen. People were addressed by their chosen name and told us they got up and went to bed at the times they wished. Staff knocked on people's doors and waited to be invited in. When staff wished to discuss a confidential matter with a person they did so in private.

Staff said that they kept themselves up to date about the care and support people needed by reading people's care plans and from the handovers at the beginning of each shift. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for. Staff involved people in making decisions about their care

If people had family then their views and opinions were sought. Some people did not have relatives who could support them. The staff told us they accessed independent advocates to support people who did not have any one to speak up on their behalf. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially.

Is the service responsive?

Our findings

People told us that the staff working at the service were friendly and kind and that the staff spent time talking to them when they could. Some people wished that there could be more activities and things to do. One person said, "The staff sit and talk, but sometimes there could be more things to do".

Before people came to live at the service the registered manager went to visit them and assess whether or not Deer Park would be the best place to meet their needs. The last person who had come to live at the service had been seen by the registered manager but the pre- assessment document had not been completed. There was a risk that information about the person may not have been captured and passed on to other staff. A further assessment had taken place when the person came to live at the service and a care plan developed so that staff had the information and guidance they needed to respond to the person needs and give them the care and support that they needed.

The management had recently introduced a key worker system. Each person had a key worker. This was a member of the care team who took responsibility for a person's care to maintain continuity and for the person to have a named member of staff they could refer to. People knew who their key worker was. One person said "I have a new key worker. I am very happy. She is my friend and she helps me a lot. I can go to her if I am worried or if I need anything".

The deputy manager said they were in the process of changing the care planning format for all the people. They said that key workers would have more responsibility in developing the care plans with people so that people were involved in planning their own care and were able to make decisions about how they would like to receive care and support. At the time of the inspection this had not been implemented. People were not fully involved in making decisions about what care and support that they needed.

The care and support needs of each person were different and each person's care plan was personal to them. Parts of the of the care plans recorded the information needed to make sure staff had guidance and information to care and support people in the safest way. In people person hygiene plans there was information on what they could do for themselves and the areas where they needed support. The information in the care plans varied. Some care plans contained detailed guidance on how people preferred to be supported and were person centred. For example, there was information on what time people liked to go to bed and get up, their likes and dislikes, how to communicate and information about people's physical and mental health and the signs and symptoms to be aware of if their health was deteriorating. One care plan stated, "XXX likes a cup of cold milk and a biscuit at 22:00. Does not like to be disturbed at night. Another care plan detailed how to place pillows on a person's bed to make sure they were as comfortable as possible. Observations and records showed the plans had been followed. Eating and drinking care plans were precise and gave detailed information on how to support a person to eat safely.

Another plan stated that a person needed to be turned in bed every two hours to prevent their skin from becoming sore. The document to record that the person had been turned two hourly had not been consistently completed by staff. There was a risk that the person may not be receiving the care that they

needed. However, the person's skin was intact. Another care plan stated, 'Aggression displayed' the action for this was 'Managed well with staff support.' The plan did not explain what support the person needed. The person had not recently displayed any signs of aggression and was happy and content.

People told us that for the past few months they had not been doing as many activities as they used to as the activities person had not been available. People said that they would like to do more. Staff said "The activities coordinator has been off, so there are less activities for people at the moment." "The activities person is normally in, but has been off for a while. One of the good things is that a trolley comes around and people are able to buy from the shop, which sells things like crisps and sweets. This is handy for people who do not go out as much".

One person said, I do house work. I keep my room clean and tidy. I help in the kitchen, make tea, do the washing up.

One person liked trains they had books and information about trains which they showed us. They were excited talking about their interest. They said that their key worker took them to look at trains

After the inspection the registered manager told us that they planned to employ another activities person to organise daily activities and to make sure people were supported to do what they wanted to.

On the day of the inspection people who were able were doing what they wanted. Some people went out on their own. Others went out with relatives. Some people preferred to stay in their rooms and or watch T.V in the communal areas this was respected by staff. Staff chatted and engaged with people but there was a lack of meaningful and purposeful activities that people could have been involved in. Staff, especially in the morning were carrying out tasks that they said had to be completed at certain times, like changing people's beds, tidying bedrooms. They did not encourage people to join in these tasks. People could have been living more fulfilling and interesting lives if they were helped to do this. We observed some out of date and at times, institutional practice. Staff were doing things for people rather than with them and there was a feeling of watching and looking after people rather than enabling and involving.

The provider and registered manager had not provided person centred care that fully met people's individual needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff encouraged and supported people to keep in contact with relatives and friends. Relatives came to visit and people went to visit their families. People said, "Friends take me out. My relative visits every other week" and "We can have visitors whenever we want" On the day of the inspection some people were going out for lunch with relatives and this happened regularly

There were arrangements in place to record complaints and what action had been taken about resolving the issues of concern. Complaints had been logged in a file, investigated, responded to and resolved. There was a complaints procedure available for people. There could have been more information displayed within the service in how to make a complaint if people were unhappy with something.

Is the service well-led?

Our findings

A professional who has regular contact with the service said, "The home manager is always very co-operative with the any enquiries I have. They keep me informed and updated when there are any concerns".

People said, "I love being in Deer Park, It's the best place I have ever been in. I love the registered manager. They help me the most" and "The registered manager and deputy always have time to listen".

At the last inspection four requirement notices were served, the provider had partially met three regulations and fully met one, therefore the service remained non-compliant in some areas. At this inspection the quality assurance systems or processes in place were not robust, established and did not operate effectively to ensure risks to people were reduced and to provide a good quality service. In addition another requirement notice was served at this inspection for the lack of supervision and training. Where improvements had been made and further work was required we have made recommendations in the report.

There were action plans in place to improve the service but they were not always completed to confirm what action had been taken. There was a home refurbishment plan in place which did not show that the windows at the back of the service were in need of repair. The business manager told us that the management team were meeting in June 2017 to discuss the home refurbishment plan and these areas were on the agenda to be addressed. The fire safety audit did not have timescales when the work would be completed, such as updating the PEEP's and providing training to use the 'ski pad' to evacuate people.

The shortfalls found at this inspection had not been identified in the checks carried out by staff. People's care plans and associated risk assessments had not been audited therefore the shortfalls found at the inspection had not been identified. There were audits in place to make sure medicines were managed safely but the shortfalls at the inspection had not been identified. People who were at risk of developing pressure areas had pressure relieving equipment in place, such as mattresses and cushions. Although people did not have any pressure sores, there was no safety audit in place to ensure that this equipment was set at the correct weight for each individual and to ensure they were working properly.

Staff had been sent surveys in November last year, however the results had not been summarised or fed back to staff to show that the outcome would be used for the continuous improvement of the service. Relatives had also been sent a quality survey in September 2016 but these had not been summarised and there was no evidence to show what if any action had been taken. One comments made by a relative was 'maybe a bird stand in the garden to watch the birds', this had been noted but no action had been taken. No surveys had been sent to health care professionals to enable them to feedback about the quality of the service. Surveys had been sent to people at the service in May 2017. The management team were waiting for these to be returned. The deputy manager told us these would be summarised, analysed and improvements made as a result.

There was a culture of containment at times where staff watched over people and a focus on reacting to

people rather than supporting people to live a meaningful life. There was little emphasis in developing people's day to day skills, independence and understanding. Staff did for some people rather than with them and the providers' audits had not picked up this controlling culture including imposed restrictions that may not be the least restrictive option.

Records were not always detailed to ensure that staff had the guidance to provide safe care, such as recording information in the risk assessments to ensure that staff had clear guidance of how to mitigate potential risks and people's medical conditions such as diabetes.

The provider had failed to identify the shortfalls at the service through regular effective auditing. The service had not significantly improved or developed. Surveys had not been analysed and improvements had not been made as a result. Records were not always completed accurately. This was a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other checks on the service had been carried out such as the infection control audit in February 2017, there were no shortfalls and no actions were needed. The deputy manager carried out environmental audits each day to check on the safety of the service. The outcomes of these checks were recorded and actioned. Records showed that all the identified issues were listed in the repairs book for the maintenance person to action. The shortfalls in staff training had been identified and training was being planned.

The registered manager knew there was work to do to bring the service up to working within best practice guidelines and was putting plans in place to prioritise the improvements needed to meet the regulations. Without the right staff training and support and effective checks there continued to be a risk that people received outdated poor care. People appeared comfortable with the staff and management team. Staff and people told us they felt supported by the registered manager and deputy manager.

People and staff said that the registered manager and deputy manager were available and gave practical support, assistance and advice. There was clear and open dialogue between the people, staff and the deputy manager. Despite constant demands, the deputy manager remained calm and engaged with people and the staff. A staff member said "You can contact one of the management team at any time. Even if they are not at work they are always there at the end of the phone to give advice and support".

The registered manager's office and the staff office were on a key pad lock so people could not go in and out as they pleased. People had to knock and wait for the door to be answered. The windows in the office doors upstairs were covered with paper so that people could not see in. This restriction did not promote openness, transparency that enhanced inclusiveness and empowerment for people. It is acknowledged that staff do need time and privacy to undertake their roles effectively but how this is achieved should be reviewed.

We recommend that the provider, management team and staff review their practices to promote openness, transparency that enhances inclusiveness and empowerment for people.

Staff handovers between shifts highlighted any changes in people's health and care needs. The staffing structure ensured that staff knew who they were accountable to. Regular staff meetings were held where staff responsibilities and roles were reinforced by the management team. Staff said that they were able to raise concerns and ideas at the meetings and that they were listened to. Records of the staff meetings showed discussions about quality monitoring, first aid and people falling. Staff told us communication was good and they worked as a team to ensure people's needs were met.

People were encouraged to feed back their opinions through resident meetings which were held regularly.

Records showed people had discussed and talked about the food, activities, fire alarms and laundry care. People said that they felt listened to.

All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. The registered manager notified CQC in line with guidance.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider and registered manager had not provided person centred care that fully met people's individual needs.</p> <p>This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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>Care and treatment was not being provided in a safe way because risks were not managed and action was not taken to minimise the risks to people's health and wellbeing</p> <p>The provider and not taken all the necessary action to make sure the premises and equipment were safe.</p> <p>This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to identify the shortfalls at the service through regular effective auditing. The service had not significantly improved or developed. Surveys had not been</p>

analysed and improvements had not been made as a result.

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The lack of supervision, appraisal and regular training did not ensure that staff had the knowledge and information to apply this in practice to ensure people were receive the care they needed.

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