

Deepdene Care Limited

Deepdene Court

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Summary of findings

Overall summary

About the service

Deepdene Court is a residential care home registered to provide care and accommodation for up to 36 people who have a range of mental illnesses, including people who have complex and enduring needs as well as substance misuse needs. The home is divided into two buildings, St Catherine's and Fieldings. St Catherine's accommodates people who also require nursing care. On the day of the inspection there were 34 people living at the home.

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

People were supported to make choices about how they lived their lives. People were able to access the community when they wished were encouraged to follow current COVID-19 guidance by wearing face coverings. People told us that they could talk to staff and that they felt safe living in the home. Staff were respectful of people's choices and rights. Care and support documents were detailed and written in a person-centred manner.

Safeguarding concerns had been appropriately identified and escalated in line with the provider's policy. Staff had a good understanding of safeguarding and the processes they followed.

The manager confirmed that the service had been experiencing challenges which had impacted on the delivery of care. The manager had been supported by the provider and they had a detailed action plan that they were working through. This had identified areas to improve, this included the management of medicines. People were being supported to have medicines in accordance with guidelines, however, information about medicines that people have as and when required (PRN) was not detailed. This increased the potential risk that people might not receive PRN medicines when needed. We did not find any evidence that harm had occurred and were assured by the measures the provider had put in place in response to this feedback.

We looked at Infection Prevention and Control as part of this inspection and observed staff not always wearing masks in accordance with the current guidelines. We informed the manager who addressed this with the staff concerned. The service had staff who were responsible for maintaining the hygiene of the home, we observed them showing a good awareness of the need to maintain records along with understanding the need to manage chemicals safely.

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

Rating at last inspection

The last rating for this service was Good (published 24 October 2018). The overall rating for the service has not changed following this targeted inspection and remains good.

Why we inspected

The inspection was prompted in part due to concerns received about risks to people's safety, medicines and infection control. A decision was made for us to inspect and examine those risks.

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 coronavirus and other infection outbreaks effectively.

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. We have found evidence that the provider needs to make some improvement. Please see the Safe sections of this full report.

The provider had identified areas in need of improvement as part of its internal auditing process and had an effective action plan that was mitigating the risks it had identified. This inspection identified further actions around Infection Prevention Control (IPC) that the provider had acted on following this inspection to mitigate risks.

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

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Deepdene Court

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection on a specific concern we had about people being at risk of exploitation from others living at the service, staff not being suitably trained to support with medicines and concerns around infection prevention and control measures that are required during the Coronavirus pandemic.

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

This inspection was completed by one inspector.

Service and service type

Deepdene 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 did not have a manager that was registered with the Care Quality Commission at the time of the inspection. This meant that the provider was legally responsible for how the service was run and for the quality and safety of the care provided. We were informed that a manager was in the process of registering.

Notice of inspection

We gave a short period notice of the inspection. This was to enable CQC and the provider to consider any infection prevention and control protocols due to the COVID-19 pandemic and to be aware of the provider's infection control procedures.

Inspection activity started on 10 November 2020 and ended on 20 November 2020. We visited the office location on 12 November 2020

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information the provider had sent us in the form of notification of incidents and concern we had received.

During the inspection-

We spoke with two people who live at Deepdene Court. We observed people taking part in activities, people being supported with medicines and one person showed us their accommodation. We spoke with nine staff in total,. We reviewed a range of records including care plan and risk assessments for four people, safeguarding documents, incident reports and medication records for two people. We reviewed records relating to staff recruitment, support and training. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We spoke with two domestic staff and two support staff.

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 good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check a specific concern we had received about safety of people living in the service, specifically these concerns related to people being at risk of exploitation from others living at the service, staff not being suitably trained to support with medicines and concerns around infection prevention and control measures that are required during the Coronavirus pandemic. We will assess all of the key question at the next comprehensive inspection of the service.

Preventing and controlling infection

- We looked at the infection control and prevention (IPC) 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. The concern we had received had alleged that current guidance on IPC was not always being followed.
- We were partially assured that the provider was using PPE effectively and safely. On inspection we observed most staff using PPE effectively, however, several staff were observed to have face masks that were not covering both nose and mouth. This was not following current Public Health England guidance, 'COVID-19: how to work safely in care homes'. The manager confirmed immediately that this was to be addressed.
- We were assured that the provider was preventing visitors from catching and spreading infections. We observed the measures in place on entry to the service. People were provided with support to understand the importance of managing social distancing when in the community.
- We were assured that the provider was admitting people safely to the service. The manager informed us of the process they followed when anyone was admitted to the home. This involved ensuring that people had received testing prior to coming into the home. The service was accessing regular testing for staff and people.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed staff carrying out their regular hygiene routines and were also informed of the increased measures they have in place in response to managing the risk of infection one example being additional cleaning of high touch areas.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place to protect people from abuse and there were appropriate systems in place to help protect people from potential exploitation from others. People felt supported by the staff team. One person told us, "I feel safe here, I can talk to staff". The provider had informed CQC of allegations of abuse or potential abuse and records detailed that they had reported allegations appropriately and were working with stakeholders to manage risk. We observed staff showing a good understanding of the support

needs of people, there was evidence that staff had provided advice and guidance. This ensured that people were supported to discuss concerns with staff who knew them well. Staff were aware of the processes for identifying and reporting safeguarding concerns. This included supporting the person to contact the police if required. The provider had ensured CQC were notified of any incidents when police had been informed of concerns.

- Care plans were detailed and had included reference to risks of harm and details of actions staff would take when a potential incident was identified where a person could be at risk. They had also included the aims of the person to maintain personal safety. The provider detailed how they monitored incidents which meant that any trends of concerns were being managed effectively.
- The provider had suitable systems in place that safeguarded the people who use the service. We found that these systems were being used appropriately.

Assessing risk, safety monitoring and management

- Concerns had been raised with us that there were safety concerns about people's rooms. The provider worked closely with people to manage risks whilst balancing their rights and choices.
- Risk assessments were being managed appropriately. Risk assessments were detailed and personalised to identify risks to the person. These detailed the choices that people made and provided evidence of discussions that staff had with people. People were involved in decisions that were made and supported to live in a way they chose whilst understanding potential risks they might be taking. For example, some people displayed behaviours that challenged and guidance for staff was clear in how to support them. Whilst people had very detailed care and risk plans in place, people did not have formal assessments around mental capacity. This had been identified as part of the services regular auditing and the manager had an action plan to ensure this was addressed. We found no evidence that this lack of formal assessment had a negative impact on people as other records evidenced where people had demonstrated their capacity to make decisions.
- People told us that they were able to personalise their rooms, this evidenced that the provider and staff recognised and supported people in line with their individual characteristics. People's privacy was respected, and systems were in place to support people with household tasks should they wish. One staff member told us about work they had completed to encourage a person to organise their room in a way that reduced the risks to themselves and others. This resulted in agreements that were recorded within care plans.
- The provider completed reviews and audits of the information held in the care records and from this was monitoring trends of incidents and had taken follow up action when necessary which included support from other stake holders.
- During the COVID-19 pandemic the provider had considered the additional risks to both people and staff and had suitable risk assessments in place to help mitigating risk. This was in line with current government guidelines.
- The environment and equipment within it was subject to regular checks this ensured that safety was being managed effectively and any concerns were addressed in line with statutory requirements. The provider was monitoring health and safety regularly as part of their auditing process and actions identified were being followed through within the home's improvement action plan.

Staffing and recruitment

- There were sufficient numbers of staff employed, who had the appropriate skills, training and qualifications to safely meet the needs of people
- A staffing dependency tool identified the skill mix and number of staff required to ensure safe staffing levels. The manager had recently increased the number of staff working on shifts due to reviewing the dependency tool. A staff member told us, "I thanked the manager for giving us a third person the new

management is trying to improve things".

- People were supported by staff who knew them well and we observed staff interacting in a sensitive and knowledgeable way.
- Staff told us that there had been some staff changes recently that had an impact on the morale of the team. Staff told us that the past few months had been challenging, however, since the new manager had joined, they had seen a lot of improvements. The service was in the process of recruiting staff and working to induct.
- The provider had safe recruitment measures in place with staff receiving an induction and training programme and regular support from senior staff members.

Using medicines safely

- We focused on staff training and practices around people receiving medication as and when required (PRN).
- Nurses were responsible for auditing and managing the medication processes, in addition, support staff who had suitable training were supported to administer medicines. This ensured people received support to take medicines when they needed them. Staff told us their understanding of administering medicines and were clear about when to seek support from a trained nurse or contact a clinician for further advice.
- PRN medicine is that which has been prescribed to be taken as required in accordance with guidelines from the prescribing clinician. People were receiving PRN medicines when they needed, staff knew people well and were able to assess when it was appropriate for that person to have that medicine. PRN protocols were in place for people, however, they lacked detail that would ensure these were always administered safely. The manager told us their plan to improve the detail available to staff when assessing whether it was appropriate for the person to have PRN medicine.
- Staff told us of the training process they had completed and that their competence was regularly assessed by one of the nurses. The home employed nurses who had oversight of medication and were responsible for managing the administration of medication.
- The manager had recently made changes to the medicine administration system to help improve the level of oversight and ensure auditing was more effective. An action plan was in place to address shortfalls they had identified.
- We found on inspection that there were some shortfalls with regards to medicine records being kept relating to medicine stock count that the manager had begun to implement changes to address those shortfalls. We have not found evidence of people being at risk of harm