

Phoenix Care Homes Limited

Deer Park Care Centre

Inspection report

Detling Avenue
Broadstairs
Kent
CT10 1SR

Tel: 01843868666

Date of inspection visit:
16 July 2019

Date of publication:
23 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Deer Park Care Centre is a residential care home providing personal care to 31 people who are living with a mental health diagnosis. The service can support up to 38 people.

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

People told us they were supported by staff who knew them well and who were caring. People were treated with dignity and respect. Staff supported people to maintain their independence and manage their relationships with other people at the service.

Improvements had been made to the management of risks and the environment. Risks to people were assessed and guidance was in place to minimise risk. People were supported to understand risk and to keep themselves safe when leaving the service. Staff understood their responsibilities in safeguarding people from abuse. The service was clean and smelt fresh. Improvements had been made to the storage and management of medicines, some of these changes were new and we will check at our next inspection if they have been sustained.

People's needs were assessed and reviewed regularly. People had a choice of food and drink, they were supported to manage their diet to stay healthy. Staff supported people to understand and manage their health needs, both mental and physical. Referrals to health professionals were made as required. 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. Staff respected people's right to make unwise decisions.

People were involved in planning their own care. People's care plans were detailed and gave staff clear guidance about how people liked to be supported. People were given the opportunity to take part in a range of activities including redecorating the service. Information was available in an accessible format including the complaints procedure. There had been no complaints since the last inspection. People had been spoken with about their end of life wishes and these were recorded in their care plans.

People and staff told us the management team were approachable and supportive. There were enough staff to meet people's needs. Staff were recruited safely and had the training and support needed to carry out their roles. There was a culture of learning and staff were happy to seek advice and support to improve people's care. There had been an improvement to audits, which were carried out to monitor the quality of the care. Some of these changes were new and the service had previously been rated requires improvement for the last four inspections. In order for a service to be rated good we need to be sure that changes are embedded and sustainable. Therefore we will check at our next inspection if they had been sustained.

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 11 March 2019) and there were multiple breaches of regulation. 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. This is the fifth time the service has been rated requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring 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 not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Deer Park Care Centre

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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Deer Park Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 inadequate. At this inspection this key question has now improved to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the previous inspection the provider had failed to ensure the safe management of prescribed medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 12.

- The management team had reviewed the medicines management and had put in place new systems which meant medicines were now managed safely. Some of the systems were newly in place and were not yet embedded into the culture of the service. The service has been rated requires improvement or inadequate in safe for the last four inspections. In order to be rated good, it needs to be clear that improvements are fully embedded and sustainable. We will follow this up at our next inspection.
- Medicines were stored securely, and action had been taken to ensure storage areas were at a suitable temperature. For example, one storage area was found to have consistently been at the higher end of the acceptable temperature range. An air conditioning unit had been purchased which had reduced the temperature.
- People told us they had their medicines the way they preferred and on time. People's medicines administration records told staff how people liked to take their medicines.
- When people had 'as and when required' (PRN) medicines there were PRN protocols in place to give staff guidance about what the medicine is used for, when to offer it and the maximum dosage over 24 hours.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection the provider had failed to ensure that premises and equipment were properly maintained. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 15.

- At the last two inspections risk had not been managed in relation to water temperatures being too high. This had now been resolved and water temperatures were monitored, and valves were in place to regulate temperatures at safe levels.

- When risks to the environment were identified action was taken, the maintenance team responded quickly to resolve the issue.

At the last inspection the provider had failed to take appropriate actions to mitigate risks to people's health and welfare this was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people had been assessed and plans were in place to minimise risks and give staff guidance. For example, risks relating to people who smoked, and also used paraffin-based medical creams had been assessed and staff were aware of the risks and how to minimise them.
- Some people could show behaviours which were challenging, staff constantly reviewed their behaviours to identify triggers and themes. Action was taken to try and minimise the need for behaviours. For example, additional training had been arranged about autism to improve staff's understanding of people's needs.
- Accidents and incidents were reviewed for themes and causes. One person had a number of falls, referrals were made to professionals to assess the person and advise how to prevent falls. The person's room had also been rearranged with their agreement to reduce the risk of injury if the person fell.

Staffing and recruitment

At our last inspection we recommended the provider reviewed current guidelines and practice in relation to recruitment. We also recommended that staffing levels were reviewed to ensure they met people's needs. The provider had made improvements.

- People told us there were enough staff to support them. People did not have to wait for support and had their needs met quickly.
- Staffing levels could be adjusted if people were unwell or needed additional support. The registered manager and deputy manager used a dependency tool to monitor any changes and adjusted the rota when required.
- Staff were recruited safely and appropriate checks were completed to ensure they were suitable to support vulnerable people. This included references and their full employment history.

Systems and processes to safeguard people from the risk of abuse

- People told us they could speak to staff if they were feeling unsafe and that they would help them.
- People were supported to understand the risks of abuse and how to stay safe when leaving the service. People were encouraged to talk about any issues they had whilst out.
- Staff understood their responsibilities in relation to keeping people safe from abuse. They could tell us the types of abuse they may see, and the action they would take if they were concerned.

Preventing and controlling infection

- There was dedicated cleaning staff who ensured the service remained clean and odour free.
- When people's mental health affected their hygiene, plans were in place to encourage people and help them to understand the need for infection control measures. Support was given in a way which enabled people to feel in control of their choices whilst improving their self-care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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 outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and reviewed on a regular basis, using recognised tools to assess areas such as skin integrity. People's support was planned using the information gathered.
- Assessments took into account people's lifestyle choices and covered protected characteristics under the Equality Act (2010) such as religion and sexuality.

Staff support: induction, training, skills and experience

- Staff had a comprehensive induction when starting to work at the service which included training and working alongside experienced staff. During their probation period staff's performance, knowledge and competency were assessed to ensure they were fit for their role.
- Previously there were gaps in staff training. Staff told us they had enough training and support to meet people's needs. There was an ongoing schedule of training which covered core subjects and those related to people's needs such as mental health and autism.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food and always had a choice. People could choose where to have their meals. Some people ate in the dining rooms and others in lounges or their bedrooms.
- When people needed their food to be pureed or mashed to eat, this was provided. Kitchen staff knew people's needs and preferences.
- Previously people who required support to eat had been made to wait, resulting in their food cooling down. At this inspection people were supported to eat in good time and their food was still hot.
- Staff encouraged people to stay hydrated and people had access to a small kitchen to prepare their own drinks at any time.

Adapting service, design, decoration to meet people's needs

- The service had been designed to meet people's needs. There were hand rails in corridors to assist people with their mobility. There was a covered smoking area for people to use and seating areas in the garden which had been made more accessible since the last inspection.
- People had been involved in choosing colours for the redecoration of the service and took part in the painting. Each person's room was personalised and decorated how they wished.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to manage their mental and physical health. Staff contacted health professionals when required. One person told us, "I had an issue with my back, doctor was called and it was seen to straight away, that was good."
- When people were living with long term health conditions staff worked with people to manage their health and help people understand how their condition affected them.
- People sometimes refused to attend appointments or see health professionals. Staff respected this choice and worked with health professionals to build relationships with people or help manage health conditions. For example, some people were reluctant to have observations completed by GPs or nurses but would allow staff, so staff regularly took people's blood pressure and other observations to monitor their health.
- Staff used their knowledge of people to push for them to get the health care they needed. One person was unwell and initially health professionals could not find anything wrong. Staff supported the person to have further assessments and they are now having the treatment they need.

Ensuring consent to care and treatment in line with law and guidance

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 take 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were offered choices by staff throughout the inspection. When people did not want to respond, staff would give them time to consider before asking again. Staff told us they understood people's capacity could fluctuate and be impacted by their mental health.
- People's choices were respected, even when they were considered unwise. Staff spoke to people about the possible consequences of their actions and then supported their decision.
- When required DoLS were in place and there was a system to ensure that they were applied for again prior to their end date.
- When people lacked capacity, decisions had been made in their best interest. For example, about living at the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they got on well with staff and that staff knew them well. One person said, "They [staff] always know if I am on a good day or a bad day."
- Staff tailored their interactions to each person. When people became agitated or upset staff were quick to offer reassurance and support.
- People could be anxious about professionals reading their care plans or seeing their rooms. Staff reassured them that the inspectors would not look at their notes and gave support throughout the day to manage their anxiety.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in planning their care. One person said, "I have seen my care plan, I know what's in it. I sign it when it is changed or reviewed. I am involved."
- People attended meetings where they gave their views about the service. They made suggestions about the decoration, food and activities and changes were made as a result.
- People's care plans clearly showed how they liked to be supported and how staff should involve them in planning their care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity in gentle and kind ways. One person's trousers were sliding down as they walked. A member of staff approached them and said, "Let's make you more handsome" whilst pulling up their trousers. The person smiled and thanked the staff member.
- People were supported to be independent. One person told us, "I am quite able still, thankfully. They help me stay as independent as I can. I go to the shops. Buy stuff for other residents who can't go out."
- People were offered the opportunity to talk to staff in a private room if they were upset or agitated. Staff spoke quietly to people ensuring others could not over hear.
- Some people could disagree with each other. Staff role modelled being respectful and reminded people about how to speak to each other.

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 the last inspection we made a recommendation that the provider reviewed guidance around oral health care. Improvements had been made.

- People's care plans were detailed and gave staff the guidance needed to support people in the way they preferred.
- Each person had a risk assessment and care plan about their oral health. This detailed the support they needed from staff to manage their oral health and what they could manage themselves.
- People's care plans covered all areas of their support needs and highlighted where their mental health could impact on the amount of support needed.

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 could access information in a range of formats.
- For example, menus were written and had photographs of planned meals. Activities planned were displayed using pictures.

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

- People had access to a range of activities. There was an activities co-ordinator in post who knew people well and was passionate about engaging them in activities.
- When people chose not to be involved in group activities, they were offered one to one time with staff to go out or do activities in the service.
- People were supported to spend time in the local community. They told us about how they went to local shops or attended church with staff.
- Staff supported people to maintain relationships with people who were important to them. People could have visitors at any time and some people were supported to visit friends and family at their homes.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and who to speak to if they had any concerns.
- There had been no formal complaints since the last inspection. A complaints procedure was in place which included an easy read format.

End of life care and support

- People were supported to stay at the service for their end of life care if the management team felt they could meet their needs.
- People and their loved ones had spoken to staff about their wishes for end of life care and funeral plans.
- Some people had decided they did not want to be resuscitated if they were to become very unwell. This was clearly recorded in their care plan and staff were all aware.

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 remained the same, requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider had failed to operate effective quality monitoring systems and failure to ensure records were accurate and complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The management team completed a range of audits to monitor the quality of the service. Audits were also completed by an external consultant and the provider. Some of these auditing processes were new and the service has been rated requires improvement or inadequate in well-led for the last four inspections, in order to be rated good a provider must be able to show that improvements are embedded in the culture of the service and sustainable. We will follow this up at our next inspection.
- Staff understood their roles and were aware of the expectations placed on them by the management team.
- The registered manager understood their responsibilities in relation to regulations. Information they were required to tell us about was submitted in a timely way and the previous rating was displayed in the entrance way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and the management team had shared values and a shared vision for the service. This focussed on supporting people to manage their mental health and live the life they chose.
- People and staff told us both the registered manager and deputy manager were approachable, knowledgeable and supportive.
- The management team role modelled their interactions with people and supported staff to build positive relationships with people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were invited to complete surveys on the quality of care at the service. Feedback was

mostly positive, there were some negative comments about the décor in the service. The majority of the service had been redecorated and there was a plan in place to finish the work.

- People and staff had regular meetings. They told us they felt happy to voice their opinions and that they would be listened to. Some people did not like to attend meetings, staff spent time with them individually, getting their views on what had been discussed by those who did attend.

Continuous learning and improving care; 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 was aware of their duty of candour and had been open and transparent when issues had arisen.
- Staff had sought the support of other professionals as required to make improvements to the service and to meet people's needs.
- The registered manager attended forums and training to stay up to date with new and good practices. Any learning was shared with staff through team meetings and supervisions.

Working in partnership with others

- Staff worked closely with health professionals to meet people's needs. They were aware of waiting times for appointments so worked in a proactive way, requesting support early so people did not go into crisis.
- One person had been given notice by the service over two years ago, as the management team felt it was not the right service for the person. There was still no date for the person to move, however the registered manager had worked closely with the local authority safeguarding team to manage the situation.