

Deepdene Care Limited

Deepdene House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Deepdene House is a care home providing residential care without nursing for up to 20 people with mental health needs. At the time of the inspection there were 19 people using the service.

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

Deepdene house was a safe environment where people felt comfortable and at home. They were supported to take acceptable risks by staff who knew what steps to take if they were concerned about people's safety. Incidents and accidents were reported and used as an opportunity for learning. There were enough staff employed to keep people safe.

Prior to moving into Deepdene House, a pre-admission assessment was completed which helped to ensure people's care needs could be met. 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 received training and supervision which meant they were able to support people effectively. People were supported to eat a healthy diet and their mental and physical health needs were looked after.

Staff cared for people in the best way possible, supporting them to maintain their independence. People were treated as equals with no discrimination. People were supported to express their views.

There was a thriving activities programme available to people with a number of activities taking place within the home. People were also supported to access community-based services, such as day centres. Support plans were reviewed regularly and helped to ensure people received care that was in line with their wishes. People were encouraged to feedback about the service and their concerns were acted upon.

The registered manager and the staff team were highly thought of by people and by health and social care professionals. There was an open culture with the home where people and staff were able to have their say. Robust quality assurance checks such as audits were in place. Good links had been established with community teams to ensure joined-up care.

Rating at last inspection

The last rating for this service was Good (published 16 May 2017).

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Deepdene House

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

This inspection was conducted by one inspector and an Expert 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.

Service and service type

Deepdene House 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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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

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

After the inspection

We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection, this included assessment forms and training records. We also contacted four health professionals for their feedback.

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. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with said they felt safe and they were happy with the care provided. One person emphasised that the staff were vigilant and so they had no concerns. Comments included, "Yes, I am safe, nothing can happen in here; staff know their job" and "It is reassuring to know that other people are watching out."
- Details of the national whistleblowing helpline and a safeguarding poster were on display in the staff office. Staff were aware of safeguarding procedures and had received training in safeguarding and identifying different types of abuse and harm a person could come to.

Assessing risk, safety monitoring and management

- Risks to people were managed through safe and appropriate care planning. Risks were suitably identified and interventions were in place advising staff on how to manage the risk. For example, where people had behaviour that could be seen as challenging, de-escalation techniques and what to do in the event of verbal and or physical aggression were in place. One person said, "Here is the safest place I can be. Staff are very observing, if things escalate, get out of hand, staff calm down the situation." Care workers were aware of risks to people.
- An internal health and safety audit, verifying electrical safety and gas safety, appropriate pest control, disposal of clinical waste and completion of fire drills was undertaken, demonstrating that risks to the environment were managed.
- An independent health and safety audit completed in September 2019 concluded the service was safe. There were some minor actions for the service to act upon and we saw the registered manager had an action plan in place to rectify these.

Staffing and recruitment

- There were enough staff on shift to support people. There were eight staff on duty on the day of the inspection, including the registered manager and three care workers. Care workers supported people to attend appointments or go out in the community.
- There were robust recruitment procedures for recruiting new staff which included checking references, work history and identity and Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.

Using medicines safely

- Medicine care plans and risk assessments were in place where people needed some assistance to take their medicines in a safe manner.
- The provider had safe systems for managing the delivery and management of medicines. The provider

used a fully electronic system, where medicines were scanned on the system when delivered and administered. This helped to minimise errors.

- We observed a care worker carrying out a medicine round. This was done in a safe way following good practice, checking medicines against a photo of the person and confirming the medicines on the medicine administration record (MAR) chart, gaining consent and observing people taking their medicines.

Learning lessons when things go wrong

- The provider had a system in place to record any incidents that occurred. Each incident was followed up by a debrief to discuss what had happened.
- Meetings were held where any incidents were discussed and to learn from any poor practice issues.

Preventing and controlling infection

- Procedures were in place to ensure the home was protected against the risk of poor infection control. The provider employed cleaners throughout the week who helped to maintain good cleaning standards. One person said, "My room is cleaned by the staff and myself."
- The provider had achieved a food hygiene rating of 5, which meant standards were upheld in relation to hygienic food handling, cleanliness and condition of facilities and management of food safety.
- An infection control audit completed in November 2019 scored the service an overall rating of 85%.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training which meant they were equipped to carry out their roles effectively. New staff were supported to complete the Care Certificate and shadowed an experienced member of staff for two days, observing practice, going through a shift planner, and meeting people. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to. It is the minimum standard that should be covered as part of induction training of new support workers.
- Staff also completed mandatory training which included topics such as medicines management, mental health, managing behaviour and manual handling.
- A training matrix was maintained which highlighted any training that had been completed or needed to be refreshed. This showed staff were monitored regularly to ensure their training did not expire.
- Staff received appraisals and regular supervisions.

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

- Prior to moving into Deepdene House, a pre-admission assessment was completed which helped to ensure people's care needs could be met.
- People were gradually introduced to the service which gave an opportunity for them to meet other people, staff and for the service to start developing and implementing the relevant care plans and risk assessments.
- One professional said, "In my experience the assessment process is always thorough and person centred, thus enabling both the client and the care home a holistic overview of the individual and services required and provided. Deepdene assessments also take into account the residents already at the care home and how the referred individual will fit in with the residents, thus ensuring that the homely ambiance is not disrupted by inappropriate intakes or individuals whose needs they feel they may not be able to meet."

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

- Comments included, "Food is nice, I like the stews and meat, they are delicious", "I can ask for something different if I don't like the meal" and "Food is really good; we have options for vegetarians. Sometimes I have veggie option."
- Fruit and juices were on tables in the dining room and were available throughout the day. Tea, coffee and biscuits were offered frequently.
- Care plans for people included any nutritional support needed. This also included their food preferences and what staff could do to encourage them to eat healthily.
- There was a four-week menu which was changed seasonally. People's views were considered when planning menus and consideration was also given to any people with dietary needs such as those with

diabetes, vegetarians and those who preferred cultural food.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us their healthcare needs were met. Comments included, "If I need to see my GP the manager books me an appointment" and "If I am unwell I go to see a doctor."
- Care plans for people included their diagnosis and medical history. Details of rehabilitation services, crisis teams and GP support for urgent care were on display for staff to refer to if needed.
- People's health, such as blood glucose levels, weights and vital signs were recorded on the care planning system. This allowed for trends and any changes to be identified and reviewed by professionals such as the GP if needed. The provider used guidance from health professionals which helped to ensure they were responding appropriately to people's needs.
- The provider worked closely with community psychiatric nurses (CPN) who were involved through the Care Programme Approach (CPA). This is a package of care for people with mental health problems.
- People had regular reviews of their medicines and annual health checks. This promoted their wellbeing and good health. People were also supported to lead healthier lives by encourage them to reduce smoking.

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 said staff always asked for their consent prior entering rooms or providing care. Staff were aware of the importance for seeking consent from people before supporting them and encouraging them to make informed choices.
- Staff were familiar with the MCA and its application from their mandatory training and through discussions in staff and supervision meetings.
- People had signed consent forms agreeing to receiving care within the home and there were behavioural contracts in place where people had agreed certain conditions regarding their stay.
- Where people did not have the capacity to make decisions and did not have anyone to advocate for them, the provider ensured their rights were protected and sought the input of independent mental capacity advocates (IMCA) to support them.
- The provider followed statutory procedures and applied for DoLS authorisation for those people that were under continuous supervision and control.

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

- The home was suitable for people using the service. There were places to socialise in, including a large

dining/lounge area and a separate lounge which was mainly used for activities.

- There was a large garden which was used for events such as BBQ's, people were encouraged to take part in gardening.
- There was a kitchenette where people were encouraged to make breakfast and prepare snacks during the day.

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. 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 were treated with care and respect. One person said, "Staff are very nice; they are good people. The manager is a really nice girl."
- Staff told us they worked without prejudice to ensure people were treated with respect and equally. Training records showed they received equality and diversity training. The registered manager was keen to ensure this was embedded into the home and held discussions around respect and fairness during staff and residents meetings so that everyone understood these principles. For example, she had a discussion with people around LGBTQ+ issues and respecting people's choices. During black history month, people and staff celebrated black culture by wearing traditional African outfits and watching a documentary about the Windrush generation.
- We read a number of compliments from relatives and professionals including, "Thank you for all the love and support you have shown [family member]", "A wonderful, warm, supportive and relaxed environment", "Residents are calm, and workers engage, encourage and befriend everyone" and "Impressed by Kerry [registered manager] who fronts truly person centred care." One professional said, "We have noted the improvement of the quality of life for our clients some of whom were previously in different placements / care homes but moving them to Deepdene has improved their quality of life due to the 'person centred' approach they use."

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

- People told us they were able to express their views in the day to day running of the home. Through residents and key worker meetings, they were given the opportunity to discuss any issues they felt relevant such as activities and menu planning. Comments included, "I can choose when to wake up", "I decide when to get up and go out. I used to go to the gym, but not now."
- People were encouraged to attend monthly resident's meetings. A resident representative, nominated by their peers was given the opportunity to speak on behalf of people, particularly those who were not confident to articulate their views. One person said, "The meetings are good, we can put forward any ideas."
- Care and support plans captured information about how people preferred to be cared for and had profiles in place which contained person centred information such as their likes and dislikes and cultural preferences.

Respecting and promoting people's privacy, dignity and independence

- People told us, "Staff are really helpful; they help me cleaning my room and look after me" and "Staff know their job. They make the atmosphere here nice and relaxed and we have independence."

- Care plans included details about people's level of independence and confidence with daily household chores such as laundry and maintaining their room. They also included their daily routines and how they like to spend their day.
- The registered manager said they worked towards facilitating rehabilitation for people with a focus on, where possible, a move back into the community into low support services or to live independently in their own flats.

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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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 told us they were happy with the activities provision in the home and the opportunities available to them within the community. Comments included, "I like playing scrabble and bingo with others. We also go out for a coffee with the other residents" and "I go out every day; I go to the library. If I stay here, I like reading newspapers, drawing, colouring. When the weather is nice, we play table tennis and darts in the garden."

- There was a thriving activities program in the home, this included daily activities and day trips. Pictures were on display showcasing the activities that people had taken part in. These included, pub lunches, swimming, visiting famous places in London, excursions to the beach and community events. An activities timetable was on display, notifying people of regular activities within the home such as keep fit classes and a book club.

- The provider had also developed some activities to encourage people to improve their skills and become more independent. For example, they held IT days where staff showed people how to use the computer. One person had completed an IT skills entry course at a day centre where they had received a certificate of completion. People attended various day centres and went out into the community, travelling independently.

- One professional told us, "I have been particularly impressed with the trips and mini breaks organised by the placement."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were electronic and were reviewed every three months, this helped to ensure they were relevant and up to date and continued to meet people's needs. They included progress notes and entries in relation to people's care.

- Care plans were based on people maintaining their independence and included steps that care workers could take to support people.

- Key workers were allocated to each person, they were responsible for meeting with people and ensuring their needs were being met.

- One professional said, "They are very firm with placement review dates. Additionally, all paperwork, plans and reviews are completed and shared in a timely manner and the care home goes out of its way to chase up any planned actions which remain outstanding. Changes of need are well communicated and documented also, which ensures that the client does not fall through the gaps or remain supported inappropriately for more than the minimal time possible."

- Nobody was receiving end of life care at the time of the inspection. However, care plans for people

included wishes for the future and their end of life care needs. This included their preferences on where they would like to be cared for, any funeral arrangements and any cultural or religious needs.

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.

- The provider was meeting the AIS. One person was registered blind. Their communication needs were identified in their care plan which included steps for care workers on how to support and communicate with them in the most appropriate way. This person was being provided with further support from a charitable organisation delivering emotional and practical support to blind and visually impaired people.

Improving care quality in response to complaints or concerns

- People told us any concerns they had were dealt with effectively. Comments included, "I know the manager Kerry. I had concerns in the past, talked to her and the problem was resolved. I am happy with everything in the moment", "I can always talk to Kerry if I need to" and "I know who to talk to if I have concerns, Kerry, she is always around."
- The provider used a number of ways to obtain feedback from people. This included a suggestion box and a comment book, resident's meetings, key worker sessions and feedback surveys. Informal feedback and concerns were dealt with promptly.
- Where formal complaints were raised, these were responded to in writing advising the complainant of the outcome.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred 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 had an open-door policy and encouraged people, relatives and staff to be open and honest with her. Comments from people included, "Kerry (registered manager) is marvellous" and "The home is well-managed, Kerry and the staff make sure that we are happy here." Staff told us, "Kerry is very good, she is approachable" and "Everyone has been very welcoming and available to help."
- The registered manager ran weekly 'chat time' with people where she sat with them in an informal setting just to get an idea and a feel of how they were feeling which demonstrated an open culture.
- A noticeboard in the hallway had the details of staff employed and the CQC Ratings on display.
- The registered manager was aware of their responsibilities under the Duty of Candour. This was evident through records that we saw in relation to complaints, surveys and feedback from health professionals. One professional told us, "It's a homely environment, with an organised, responsive and pro-active manager and staff base."

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

- Spot checks were completed regularly by the registered manager and senior care workers.
- The provider's regional managers carried out quality audits, any improvements were identified in action plans with deadlines given for completion.
- Monthly managers meeting were held where managers were able to discuss issues, share best practices, discuss significant events, learn from any mistakes or poor practices and drive improvement.
- Electronic care planning enabled good oversight from managers and allowed for effective monitoring and auditing of records. For example, progress notes, medicines records and care plans were checked by managers and discuss in staff or one to one meetings.

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

- The provider had introduced resident representatives to listen to the views of people and feedback to the managers. People told us, "Yes, I go to the residents' meetings" and "At the meetings, staff want to know what we want and what we need. I have everything I need, can't ask for more."
- Regular resident meetings took place and people were also asked for their views through surveys. For example, a food questionnaire was recently sent to people asking for their views about the quality of meals in the home. This was followed up by a menu planning residents consultation where the feedback received

was taken on board.

- Staff felt well supported and feedback about the service and their work practice through regular supervisions and staff meetings.
- A new initiative, employee of the month, had been started where peers were asked to nominate a care worker who they felt was deserving of this.
- The registered manager encouraged visits from stakeholders and had developed strong working partnership with community health and social care professionals. A professionals day had been arranged for December where relevant people were invited to the home.

Working in partnership with others

- The provider had established strong working relationships in the community with multidisciplinary teams including local authorities, mental health care teams, day services and charities.
- Feedback received from stakeholders pointed to strong working relationships. This included, "We do work in partnership with Kerry's team and they have been fantastic with provision of care and support to our clients. We have had series of meetings with them as a joint working arrangement to discuss issues, care and support of clients when needed."