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# Deerplay Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Deerplay Care Home is a residential care home providing personal care to 9 people aged 65 and over at the time of the inspection. The service can support up to 15 people. The home is a converted chapel set in its own grounds. Accommodation is provided in single rooms.

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

People and relatives were generally positive about the service and felt they were well cared for. Health and safety risks had not been addressed appropriately. There were issues relating to the environment and we found the lift had previously been broken for 6 months and mandatory inspections had not taken place.

People did not always have their risks and needs accurately assessed in relation to their behavioural needs. Staff did not have access to appropriate guidance in managing these risks effectively. People's medicines were generally managed safely, although we identified shortfalls in the storage of prescribed creams.

We received mixed feedback about the food. We have made a recommendation that the service review the menu to ensure that it meets the nutritional needs and preferences of the people living at the service

There were sufficient numbers of staff on duty to meet people's needs and ensure their safety. However, the care staff were also responsible for cleaning and some meal preparation. Following on from our last inspection the provider had agreed to advertise for a cleaner, but this had not materialised. The home was clean and staff followed safe infection control practices.

Recruitment was being managed safely. There were systems in place to record when accidents and incidents took place.

The service worked in partnership with external services appropriately. People's views were sought about the service. People told us the staff were lovely and we observed positive interactions between staff and residents.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published November 2020).

### Why we inspected

The inspection was prompted in part due to concerns received about the environment and that there may be a closed culture at the service. This means a poor culture that can lead to harm, including human rights breaches such as abuse. 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. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

The provider made a decision to close the home following the on site visit and at the time of writing this report all residents had been moved from the service to alternative homes in the local area.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Deerplay Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Deerplay Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The provider is registered with the Care Quality Commission and they also act as the manager. This means they 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 all the information we held about the service including statutory notifications the service had sent and feedback we had received. We contacted the local authority, environmental health and Healthwatch for additional information and feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our 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.

#### During the inspection

We spoke with three people who lived in the home, one relative and one staff member who supported us in the absence of the manager.

We carried out a tour of the premises and reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision.

#### After the inspection

We contacted the provider after the site visit to obtain further information and he told us he intended to give immediate notice to the council to close the home. People were being transferred to new accommodation and as a consequence we were unable to obtain all the information that we would normally require.



# 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 now deteriorated to requires improvement.

Assessing risk, safety monitoring and management

- The provider did not always monitor risks. Health and Safety checks on the lift had not routinely been taking place. An environmental health officer who had recently visited the service informed us that the lift had not been inspected since 2018 and it had been broken for a period of six months from February 2021 until July 2021. This impacted on people's quality of life as two individuals in upstairs bedrooms were unable to access the stairs or stairlift.
- People's individual risks were not always effectively assessed and managed. There were no behavioural strategies or guidance in place for staff who were expected to manage people who were physically aggressive towards them and had hurt them.
- Systems for monitoring the safety of the environment were not effective. The fire door in the laundry room was broken and there were two unlocked rooms with lots of furniture and equipment piled up in them. We also found wardrobes were not always suitably secured.
- Staff lacked kitchen hygiene knowledge. The chef was unaware of the need for protective clothing and hairnet to protect from the risk of contamination.

We found no evidence that people had been harmed, however, systems were not robust enough to demonstrate safety of people and the environment was effectively managed. This placed people at risk of harm. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed that fire drills were taking place regularly and fire extinguishers had been checked.
- We observed that people that required hoisting were transferred safely.
- A handover template had been implemented since our last inspection and staff handovers were being recorded

Using medicines safely

- People were satisfied with the support they received with their medicines. Although medicines were stored and generally managed safely we found that some prescribed creams were not kept in lockable cabinets and one stock count of paracetamol was incorrect.
- Staff were unaware of competency checks on their practice and we would need to check with the manager. We were also unable to check training records relating to medication as these were held by the registered manager.
- The staff maintained appropriate records for the receipt, administration and disposal of medicines. At the

last inspection the provider agreed to extend the scope of the medication audit to provide more detail of the checks carried out. Staff told us that this was still work in progress.

#### Systems and processes to safeguard people from the risk of abuse

- People were not always safeguarded from the risk of abuse. We noted there had been a safeguarding concern where an incident had occurred and had not been appropriately reported. The local authority were conducting further enquiries regarding this. We were unable to check staff knowledge of safeguarding and training as we were not given staff contact details as requested.

#### Preventing and controlling infection

- From inspecting the infection prevention and control arrangements in the home, we were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff. Following the inspection, the provider assured us the whole staff team would be tested for coronavirus on a weekly basis in line with current government guidance.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

- The provider had implemented health screening questions for essential visitors, since our last inspection. People told us they felt safe and were proud that the provider had ensured that there were no covid outbreaks at the home.

#### Staffing and recruitment

- There were 2 staff on duty at the time of the inspection and staffing levels seemed appropriate, however we observed one resident was demanding of staff time and other residents commented on this. There was no specific cleaner at the service and due to reduced resident numbers staff were preparing breakfast and tea. The provider explained night staff were getting people up early from 6am due to the low resident numbers.
- Recruitment was being managed safely. References and checks with disclosure and barring service were being completed. However, one file we requested was not available to us as the provider had taken it home.
- Staff we observed were very caring and people we spoke with told us the staff were good. One person told us, "The staff are lovely."



# 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 now deteriorated to requires improvement.

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

- People's needs were not always accurately assessed and did not always include accurate information. There was a lack of information around managing people's behaviour and the assessment form did not include a section on behaviour to guide staff. This made it difficult for staff to ensure they were supporting a person effectively and keeping people safe.
- Care plans were not always updated to reflect current needs. We found outdated information in one care plan relating to a person's healthcare needs. Although records showed that care plan reviews were taking place regularly, information was not always accurate. Staff made amendments to the care plan during the inspection and we told staff that all care plans should be checked.
- We noted, an example of a care plan that was personalised and included a personal history, with detailed information on their preferences, likes and dislikes.

Staff support: induction, training, skills and experience

- We received concerns around a lack of staff training prior to the inspection. As we were unable to access staff training records or speak to staff, we could not verify this. However, from looking at staff files, we could see that the number of training certificates varied considerably. All staff had certificates for mental capacity and safeguarding but none of the staff had certificates for food hygiene training, including the chef, despite staff assisting in the kitchen. Staff were also supporting people with specific health conditions such as learning disabilities, but no evidence of certificates completed.
- All staff received a safety induction and this was documented in all files.
- Staff received formal supervisions and appraisals. Supervisions asked direct questions around if they felt supported, if had they witnessed any abuse and if they had received adequate training. We looked at the most recent supervision records from June 2021 and no concerns were raised by staff.

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

- People were supported to eat and drink and staff were aware of people's dietary needs. People told us they were given a choice of meals and this was written on the noticeboard. There were no pictorial menus to help promote choice. One person told us that they received a third choice the day of the inspection as they did not like the sausages or fishcakes on the menu.
- We looked at the menus which comprised of mainly processed food, burgers and chicken nuggets and did not always support a balanced diet. Feedback about the food was mixed. One person told us the food was of a low quality and we observed that the teatime sandwiches looked unappealing.

We recommend that the service review the menu to ensure that it meets the nutritional needs and preferences of the people living at the service.

- The chef undertook lunch duties, and told us care staff organised breakfasts and the tea time meal. It was unclear if staff had completed the appropriate training as there was no evidence of this in their staff files.
- We observed the lunchtime period and saw that 5 people sat at the dining tables and 4 people ate their meals upstairs in their rooms. We observed staff assist one person to eat and this was done in a person centred way. One person thanked the staff and said how much they were enjoying their food.
- One person told us that they received regular drinks and staff came round at certain points during the day. We saw that jugs of juice were available for people to assist themselves. The chef told us people had access to additional snacks and this was confirmed by people we spoke with.

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

- People had brought items from home that reflected their preferences and some had personalised their bedrooms.
- Equipment to support people, such as bath chairs and hoists were in place. We could see the bath chair had been recently inspected, but it was not clear when the hoist had been checked. We queried this with the provider but did not receive a response following on from inspection.

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

- Staff supported people to access the health care support they needed. a referral was made to the advanced nurse practitioner during the inspection as one person was experiencing pain. We were also aware a referral had been received from the memory service for one individual.
- Systems were in place for management oversight of people's weight and this was updated monthly.

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.

- The service had a Deprivation of liberty file in the office containing information about mental capacity and legislation. However, actual applications for people were not kept in the file. In the absence of the provider, we were unable to check these had been appropriately applied for.
- Staff files contained certificates of mental capacity training.
- Records regarding people's consent to care were in place.

# 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 deteriorated to 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; Continuous learning and improving care.

- The provider was not present during the inspection and did not fully engage with us. We had received concerns prior to inspection that there was a possible closed culture at the service where staff were frightened to speak up. We were unable to speak with staff to clarify this as the provider made a decision to close the home giving a weeks notice. This meant that vulnerable people had to move in a crisis situation to alternative accommodation. The local authority ensured that people were safe and at the time of writing the report, all residents at the home had moved out.
- The provider had not always submitted statutory notifications to the CQC as required. Statutory notifications are certain changes, events and incidents that the registered providers must notify us about that affect their service or the people that use it. We were unaware that the lift had been out of order for a period of 6 months and we had not been informed of a safeguarding allegation that had occurred involving a member of staff.
- Systems in place for oversight and monitoring of the service were not robust. The provider had not identified or addressed the environmental issues that we had found on inspection and had not ensured that mandatory inspections of the lift had taken place.

The provider had failed to ensure systems for governance and management oversight were robust and effective. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider identified that wider implications, such as the pandemic and staffing difficulties had impacted on the quality on the service.
- The provider had previously carried out a number of audits and checks covering all aspects of the service. However, at this inspection, due to the sudden closure, we were unable to access these
- The rating from the last inspection was displayed in the office and on the website.

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

- Staff were knowledgeable of people's needs and preferences and we observed positive interactions between staff and people who used the service. We observed staff used humour and compassion in their

interactions and were very patient with people.

- We observed formal staff handovers were taking place since the last inspection and there was evidence of good communication within the service. Staff were updated on changes in people's needs.
- Staff were aware of formal complaints that had been received and advised that the provider was dealing with them. We were unable to access any information regarding these complaints but did observe that the complaints policy was visibly displayed people's bedrooms. We were unable to clarify with the provider that they understood the need to be open and honest with people when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they were content living in the home. One person said, "I am very happy here." Another person said, "It's alright, but there isn't much going on, no activities." We looked at the recording of activities and could see that only 4 activities had been recorded since January 2021. At the last inspection the provider had agreed to consider more creative ways of engaging people.
- The provider encouraged people to give feedback about the service by completing satisfaction surveys. We could see that people were satisfied with the service. We also found evidence of staff surveys which had been completed and noted that staff had not raised any issues. We raised the issue with the staff present, that they may feel more comfortable to share issues if these were anonymous.
- The provider had been working alongside other organisations to address issues. This included co-operating with safeguarding and environmental health. We could see some immediate actions had been taken following the environmental health visit. The local authority told us that the provider had worked effectively with them during the transition to other homes.

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 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The lift at the service had broke in February 2021 and had not been repaired until July 2021. Routine safety inspections on the lift had not taken place since 2018. The fire door in the laundry was broken and there were risks around furniture piled high in unlocked rooms.</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 ensure systems for governance and management oversight were robust and effective.</p>