

LJ Care Limited

Deansfield Residential Care Home

Inspection report

Deansfield
Kynnersley
Telford
Shropshire
TF6 6DY

Tel: 01952603267

Date of inspection visit:
31 March 2023
03 April 2023

Date of publication:
27 April 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Deansfield Residential Care Home is a residential care home providing accommodation for up to 16 people who require personal care. The service provides support to older people, some of whom live with dementia. At the time of our inspection there were 14 people using the service.

The home has a communal bathroom and shower room and all bedrooms have a wash basin. People also have access to a communal dining room and lounge.

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

People were protected from the risk of abuse. The provider took a proactive approach to assessing and mitigating risks to people's safety. There were enough staff on duty to meet people's needs. Medicines were received, stored, administered, and disposed of safely. Staff had received appropriate training to administer medication. Staff and visitors wore PPE in line with the care home policy. There were systems in place to identify when things go wrong.

There were clear, person-centred information in people's care plans. People were supported to share their views and make their own decisions about their care. The provider ensured people's privacy and dignity was respected and promoted.

People achieved good outcomes from their care. There were investigations when things went wrong. The registered manager ensured people, relatives and professionals were informed and updated. There was a system to monitor and assess the care provided. Where audits identified errors or gaps, these were followed up and the lessons were cascaded through team meetings. There was a culture of continuous learning and improvement.

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 February 2023). 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.

Why we inspected

We received concerns in relation to the governance of the service. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Deansfield Residential Care Home on our 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Deansfield Residential 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 Health and Social Care Act 2008.

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 team consisted of 2 inspectors.

Service and service type

Deansfield Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Deansfield Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who lived at the care home and 4 relatives. We also spoke with the nominated individual and the registered manager whilst we were on site. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 3 members of staff including 1 senior care worker and 2 care workers.

We looked at the care records for 3 people. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There was a safeguarding policy in place which was in line with local procedures. Accidents and incidents were recorded, reviewed and measures were put in place, where required, to reduce or remove any risk.
- Staff completed training in safeguarding. Staff we spoke with said they understood potential signs of abuse and would feel confident to report these to the registered manager.

Assessing risk, safety monitoring and management

- The provider took a proactive approach to assessing and mitigating risks to people's safety. Risk assessments in place identified potential risks to people's safety and guided staff how to keep people safe from harm.
- People felt safe. One person said, "I feel safe. When I raised an issue about another resident entering my room, the manager dealt with it straight away." A relative said, "I have ultimate faith in the care home and the manager would follow up on any issues."
- When people's needs changed, the assessments in their care plans were updated to reflect this.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. One staff member said, "I know if people have capacity, I have to respect their choices but if I make a choice it has to be in the persons best interests."

Staffing and recruitment

- There were enough staff on duty to meet people's needs. One relative said, "There has been a marked improvement since the new manager came in. There are enough staff on, and it is a consistent staff team."
- Staff told us they were a good team and worked together well which led to people receiving good care.
- Staff were safely recruited. New staff were subject to pre-employment checks such as reviewing their

education and employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were received, stored, administered, and disposed of safely. Staff involved in handling medicines had received training around medicines.
- People received their medicines as prescribed. One relative said, "There have never been any issues with medicines. There has been a recent update with pain management, and this was followed up with the hospital."
- There was an up to date medicines policy in place. There was guidance in people's care plans instructing staff how people preferred to take their medicines.
- Medicine Administration Records [MAR] were completed. The provider carried out audits to ensure there were no mistakes.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

People visiting the care home were required to take a lateral flow test and to record the test number and outcome before entering. Staff and visitors wore PPE in line with the care home policy.

Learning lessons when things go wrong

- There were systems in place to identify when things go wrong. When an audit of daily care notes identified missing dates, this issue was addressed by the registered manager in staff meetings and by sending a memo to staff.
- The management team ensured there was a culture of learning within 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- There was clear, person-centred information in people's care plans. This included their lifestyle preferences, likes and dislikes and cultural beliefs. The information guided staff how to support people in the way they chose to be supported.
- Staff were kind and caring. All the people and relatives we spoke with felt staff were caring. One person said, "Staff are good and nice and there is never any rudeness. Staff have arranged for me to get a TV magazine which is very nice." A relative told us, "Staff always go that bit extra, and I have complete peace of mind."
- Staff told us they knew the residents well and that the residents knew them. One staff member told us, "It is busier in the morning, but in the afternoon, we do get chance to spend quality time with people and that's nice. We might do activities with people or spend some 1:1 time with a person."

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

- People were supported to share their views and make their own decisions about their care. One person said, "Staff come and speak to me to ask if I'm alright. When I had concern about my medicine, staff listened to me and now do things the way I like."
- We observed a staff member entering a person's room and asking if they would like assistance to get up. When the person declined, the staff member respected their wishes and offered to come back in half an hour.
- Where people were assessed as lacking the mental capacity to make their own decisions, relatives were involved in their care planning. One relative said, "I was asked to complete a survey and I had meeting with the owner about my views and I felt I could be open and honest."

Respecting and promoting people's privacy, dignity and independence

- The provider ensured people's privacy and dignity were respected and promoted. People were encouraged to maintain their independence.
- The information in people's care plans guided staff how to support people to be as independent as possible. This included reference to what people were able to do for themselves.
- All of the people and relatives we spoke with felt respected by staff. One person said, "The staff here are helpful, dedicated and respectful of my privacy. Staff help me to be as independent as I can be." A relative said, "Staff facilitate telephone contact between my mother and father, ensuring they hear each other's voice."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People achieved good outcomes from their care. All people, their relatives and staff we spoke with praised the caring, inclusive and approachable management team.
- One relative said, "My mother has had a couple of falls since she has been here, they always keep me informed about how she is and if she needs anything."
- One staff member said, "I have regular supervisions with the manager and have an annual appraisal. Seniors also meet with the manager regularly to discuss the home, residents, and any concerns." A different staff member said, "I feel really supported in my role. The management have been brilliant."
- Management used relatives' questionnaires and residents' meetings to take suggestions and acted on feedback. One person said, "I really like the managers and I can talk to them about anything." One relative said, "The manager is very approachable and would undoubtedly follow up on any issues."

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. Working in partnership with others

- The provider understood and met the duty of candour.
- The registered manager ensured people, relatives and professionals were informed and updated when things went wrong. One relative said, "My husband had a fall recently. Staff called for medical assistance and the manager rang me up and kept me updated."

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

- There was a system to monitor and assess the care provided. Where audits identified errors or gaps, these were followed up and the lessons were cascaded through team meetings.
- Where an issue with the communal bath was identified at the last inspection, this had been addressed.
- During this inspection, we identified issues with a broken toilet lock, a sticking door to the conservatory and PAT testing. When raised to the management, these were dealt with straight away or a plan put in place to address them.

Continuous learning and improving care

- There was a culture of continuous learning and improvement. For example, the registered manager attended a management network and was undertaking a management course. The nominated individual

was undertaking continuous learning on strategy which would help to improve the care home.

- Management had put a plan in place to audit staff training following a recommendation from the Local Authority in their recent visit to the care home.
- One staff member said, "Training is good, it's a mixture of online and face to face training. I have also done a foundation degree in social care and my level 3 NVQ, but it is always good to refresh my knowledge and often there is a change in how we should work."
- There was an improvement plan in place. One staff member said, "I think we could improve the environment and I know there is a plan to re-decorate over the next few months."