

Mr S N Patel

# Deer Lodge

## 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

Deer Lodge is a residential care home providing accommodation and personal care to 14 older people, some who had dementia, at the time of the inspection. The service can support up to 14 people. The home accommodates people over two floors, with common lounges and garden.

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

At our last inspection we found the current management processes did not enable staff to receive sufficient training for their roles, that people did not receive activities of their choice, there were poor IT systems in place, quality assurance checks did not look to develop the service and senior staff did not have clearly defined roles.

At this inspection we found the provider had taken positive steps to develop staff skills and personal development, introduced more activities, upgrade their IT systems and had effective quality assurance systems.

People we spoke with were happy with the care they received and with the staff who assisted them. People were protected from avoidable harm, discrimination and abuse. Appropriate staff recruitment checks were made. Procedures were in place to reduce the risk of the spread of infection. Medicines were administered, stored and disposed of safely. Risks in the environment were well managed, which helped to ensure the premises were safe.

Staff were suitably trained and supported. 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. People were supported to maintain a healthy balanced diet and to stay healthy, with access to health care services as and when required.

People received support from staff who were kind and compassionate. Staff treated people with dignity and respect and ensured people's privacy was always maintained.

The provider was meeting the Accessible Information Standard for communication. The provider had effective systems in place to deal with concerns and complaints and to assess and monitor the quality of the service people received.

The service had a registered manager who we found to be open and transparent. They were working in partnership with other health and social care professionals and agencies to plan and deliver an effective service that met the needs of the people they supported.

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 and update

The last rating for this service was Requires Improvement (published 18 September 2018) and there was one breach of regulations. 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

This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection.

#### 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?

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.

# Deer Lodge

## **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 carried out by one inspector.

#### Service and service type

Deer Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. 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. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with eight people who used the service about their experience of the care provided. We spoke with

six members of staff including the registered manager, the senior care worker, the cook and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files, of staff recently recruited. A variety of records relating to the management of the service.

# 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

- People were supported safely by staff. The registered manager took appropriate steps to protect people from abuse, neglect or harm and knew they had to report abuse to the local authority and CQC.
- Although people did not directly say they felt safe in the home, we observed they knew staff by name and visa versa and could chat and speak freely in a friendly and homely way. People did describe living at Deer Lodge as a 'home from home.'
- Staff had received training in safeguarding adults at risk of harm.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments and management plans which explained clearly the measures staff needed to follow to keep people safe. This included, risk assessments and plans associated with people's mobility, nutrition and hydration needs, falls and personal care.
- People also had a risk assessment for the use of emollients, skin cream. These may contain paraffin that is highly flammable. The registered manager had contacted people's GP to change some prescribed cream to non-flammable.
- People were free to move safely from one area of the home to another including an outdoor secure garden. The home was free of hazards and obstructions.
- Risks in the home environment were well managed by records of weekly, monthly and quarterly checks of the environment including, water temperatures, emergency lighting and the emergency call bell system. An independent contractor carried out annual health and safety inspections of the home.

Staffing and recruitment

- The provider followed appropriate recruitment procedures when employing staff. Recruitment files were clearly laid out and included job application forms, CVs, professional and/or character references, proof of identification and address and Disclosure and Barring Service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.
- Overall, we observed there were sufficient staff on duty to meet the needs of people.
- A volunteer was also in on the day of our inspection and knew people well and was well liked by people and staff.

Using medicines safely

- We observed the administering of medicines and saw this was undertaken in accordance with the National Institute for Health and Care Excellence (NICE) guidelines. People's medicine administration records (MAR) were well organised, fully completed and up to date.

- The MARs included important information such as allergies and an up to date photograph of each person to help prevent medicines errors. Medicines were stored correctly in accordance with the provider's policy.
- Staff were suitably trained and assessed to administer medicine.

#### Preventing and controlling infection

- We also observed that the requirements of the control of substances that are hazardous to health (COSHH) were met by staff. Clinical waste was segregated and disposed of correctly. Laundry was separated and dealt with correctly. These processes helped to prevent and control the spread of infection.
- We observed the home was very clean with no adverse odours. People's rooms, the toilets and bathrooms were all fresh and suitably stocked for people's personal hygiene needs.
- The Food Standards Agency had inspected the kitchens in January 2019 and awarded the service a score of five, where one is the lowest score and five the highest.

#### Learning lessons when things go wrong

- The provider kept records of any incidents and accidents that occurred, including details on any incidents that related to the safeguarding of vulnerable adults.
- The provider took appropriate steps to mitigate the risk of further accidents.



# 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.

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

- People's care and risk management plans were based on people's pre-admission assessments, which included a full health history. These were carried out prior to people using the service, to ascertain people's dependency and care needs.
- Staff were aware of people's individual support needs and preferences and had sufficient information to meet an individual's needs and wishes. This helped ensure people received the care and support that was in line with their identified needs and wishes.

Staff support: induction, training, skills and experience

- People were cared for by staff who were experienced and who received appropriate training and support. Staff spoke positively about the training they received.
- The provider offered staff a training plan of both mandatory and specialist training, the majority of which was eLearning, undertaken on the computer. Moving and handling and first aid were both class room style learning.
- Staff could choose three courses a month to help enhance their knowledge of caring for people. The training was in line with the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

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

- People's nutritional needs were met. We saw that people were regularly offered drinks and snacks of their choice.
- Where people required assistance to eat or drink this was given by staff who spoke with people in an unrushed individualised manner.
- People's weight was updated monthly to help ensure people's nutritious needs were being met.
- We joined people for breakfast and lunch and saw the food was freshly prepared and served individually to people. People spoke positively about the food and the choices they were given. The cook served the meals, as and when people came to the dining room. People could choose to eat in their rooms or to eat later during the day.

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

- The home had good communication links with the local GP service and other healthcare professionals when they needed them, such as the district nurses, a dentist, or chiropodist.
- Staff received training in oral healthcare to help ensure people's teeth, mouth and gums were kept as

healthy as possible.

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

- Deer Lodge was a large family home with each person having an individual room, some of which had ensuite toilets. Bath and shower rooms were adapted to meet people's mobility needs.
- Rooms were homely and decorated and furnished to people's personal preference. Some people had chosen to take their own furniture, and this was accommodated where possible.
- The main lounge and dining room were bright and airy with doors leading onto a patio and accessible garden. People had full access to the garden at any time.

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.

- We watched and listened as staff gave people the time and encouragement to make decisions and choices for themselves.
- When required a mental capacity assessment had been conducted, documented and an application made to the local authority to deprive a person of their liberty. Details of the MCA and the outcome were included in a person's care plan.

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

- People commented, "The staff are lovely here, so helpful" and "This place is very friendly and homely."
- We observed that staff were caring and had a genuine interest in people they were supporting. They spoke to people kindly and helped people in a gentle and supportive way. They listened to people and showed a genuine interest in what they spoke about.
- The staff knew the personal history of people and when chatting to people used their preferred name. We observed that people and staff knew one another well and could speak freely to one another.

Respecting and promoting people's privacy, dignity and independence

- During our visit we could see that people's privacy and dignity were respected by staff. We observed that people were nicely dressed and had been appropriately supported to maintain their personal appearance.
- One person who went into the garden was asked if they wanted their coat on, when they refused, staff respected their decision.
- Family and friends could visit at any time, day or night.

# 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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We saw that care plans were person centred and informative, helping staff to support people in the way they wanted to be supported.
- The care plans we viewed were up to date and contained relevant information and guidance for staff. This guidance included notes on people's dependency levels, how they liked to be supported, medical information, including an oral hygiene plan, and goals that people wanted to achieve.
- Care plans were reviewed on a regular or as-required basis, dependent on people's healthcare 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 exploring ways of ensuring they were meeting the AIS. The registered manager explained that currently the systems they used for communication were sufficient for the people living at Wren Lodge, but they would make necessary changes as and when they were needed.
- Staff took their time to explain situations to people, wait for a response and act on the response. We saw that the daily menu was written on a board in the dining area. Staff told us, this was what people preferred and to be shown the actual meal rather than a picture.
- WiFi and a laptop computer was available to all residents and visitors could bring their own laptops, so that people could keep in contact with family and friends through Skype.

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

- During our visit we sat and chatted to people, who were happy to tell us about their lives, both now and when they were working. We saw and heard that staff did the same and knew people extremely well, reminiscing with them about passed events and visits from family and friends.
- A volunteer at the home told us about the work they all did together in the garden, maintaining the flower beds and planting the tubs with bulbs. People joined in the conversation, saying which bits they did and enjoyed.
- Care staff told us that they organise a short exercise class each day before lunch. We saw this in action and people appeared to be enjoying the exercises. There was also a singalong and a quiz. Staff told us this helped people become alert and engaged and ready for their meal. People who chose to stay in their rooms were equally busy reading the paper, a book, or the Bible, watching television or listening to music.

- The provider also organised small group outings to the nearby park, café and riverside.

#### Improving care quality in response to complaints or concerns

- We asked people if they had any complaints and if they would be happy making a complaint and those we spoke with said they would. People commented, "I don't have anything to complain about but if I did, I'd talk to staff" and "We all know one another here [staff and people] and can talk easily, so we don't need to complain."
- The home had a complaints policy and procedure, which was followed by the registered manager and staff.

#### End of life care and support

- Staff were able to give us examples of when people who were nearing the end of their life, had received compassionate and supportive care. This included adhering to people's religious or non-religious preferences.
- People's care plan clearly stated if they wanted to be resuscitated and where appropriate a do not attempt cardio pulmonary resuscitation (DNACPR) order was 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the current management processes did not enable staff to receive sufficient training for their roles, that people did not receive activities of their choice, there were poor IT systems in place, quality assurance checks did not look to develop the service and senior staff did not have clearly defined roles. This was a breach of regulation 17 of the HSCA (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The range of training, including specialist subjects available to staff had increased and the eLearning training was available in several languages to help staff whose knowledge of written English was poor.
- The range and scope of activities had increased, and people were being asked what they would like to do.
- The service now had an additional laptop available for use and the data on the system was downloaded each evening, to help protect vital information. Paper copies of care plans were also available.
- The provider conducted annual surveys for residents, families and professionals. From these an action plan was developed to help improve the service delivery.
- The previous deputy manager left in June 2019 and a senior care worker was now training to be the deputy manager. Both the manager and senior staff members had clearly defined roles for who conducted staff supervision and appraisals, pre-assessment visits, care plan and risk assessment development. Staff were happy with these clearly defined roles.
- The quality and safety of the service people received was routinely monitored. Audits were undertaken and analysed to identify issues, learn lessons and implement action plans to improve the service they provided to people.

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

- People received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

- The registered manager had good links with the local authority and community health and social care professionals to help ensure staff followed best practice. When required staff were in regular contact with people's GPs or other healthcare professionals.
- This ensured staff received all the external health and social care professional guidance and advice they required to meet the needs of the people they supported.