

Contemplation Care Limited

Deerhurst

Inspection report

20 Deerleap Way
New Milton
Hampshire
BH25 5EU

Tel: 01425619952

Website: www.contemplationhomes.co.uk/adults-with-learning-difficulties/our-homes/deerhurst

Date of inspection visit:
09 October 2019

Date of publication:
11 November 2019

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:

Deerhurst is a 'care home' registered to provide accommodation and personal care support for up to three people living with a learning disability, mental health needs, sensory disability and/or autistic spectrum disorder. At the time of this inspection there were three people living there, ages ranging from under to over 65.

People's experience of using this service:

People living at Deerhurst received personalised support which met their needs and preferences. Support plans included information about people's communication, which was well understood by staff.

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 living at the service were protected from abuse because staff had received training and were confident in raising concerns about people's wellbeing. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable. Safe medicines practice was understood.

People's rights regarding capacity and consent were respected and the service had anticipated potential complications of a lack of capacity in advance. This helped to ensure for example the person could receive appropriate treatment in line with their best interests in an emergency.

Outcomes for people using the service reflected the principles and values of Registering the Right Support in that people had opportunities to be involved with their local community, and experience as many activities and choices as possible. People were asked throughout the day about what they would like to do. Pictures and photographs were used to support people's understanding of choices for example regarding menu options.

People and their relatives were involved in the planning and delivery of their care. Risks to people's health, safety and wellbeing were assessed and acted upon. Risk assessments gave staff clear direction on how to minimise risks for people, for example for long term health conditions or distressed behaviours.

People's care and support plans were followed in practice. Staff knew people well and enabled them to share their views and live as independently as possible.

People were supported by kind and caring staff who worked hard to promote their sense of wellbeing, which

they told us was very important to them. Staff were provided with the training, supervision and support they needed to care for people well. Where agency staff supported people, they were regular staff who knew people's needs and any risks in relation to their care.

Effective quality assurance systems were in place to assess, monitor and improve the quality and safety of the services provided. People and their relatives were consulted over their care and the service was working to improve systems to make results of this more meaningful to people living at the service.

Rating at last inspection: This service was last inspected on 30 and 31 May 2017 and was rated good overall and in every key question.

Why we inspected: This inspection was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

For more details 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.

Deerhurst

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Deerhurst 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. The registered manager was not available during this inspection, but we spoke with them by telephone following the site visit. Management support cover during the inspection was provided by an area operations manager who knew the service and people living there well.

Notice of inspection:

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did:

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

As part of the inspection we spent time with all three people who received care from the service. We spoke with the operations manager, and two support staff. We looked at three people's care records and three staff files including training and recruitment. We reviewed the service's accidents and incidents, audits and complaints policies, and looked at other systems, including medicines management.

Following the inspection, we spoke with the registered manager and a relative by telephone. Another relative gave us feedback via email.

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.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- ☐ The service was managed in a way that protected people from abuse and highlighted any concerns over people's wellbeing. Where people had impaired verbal communication, staff were aware of how people would express concern or distress.
- ☐ Systems were in place to guide staff on how to report concerns. Discussions with staff members showed they had a clear understanding of the principles of safeguarding people who may be at risk.
- ☐ Recruitment practices were safe and included pre-employment checks from the Disclosure and Barring Service (police) before starting work. Where agency staff worked at the service, the service had systems to ensure they had appropriate training, and information about people's needs.
- ☐ There were enough staff to ensure people had access to care that met their needs and protected them from risks. Where additional staffing was required the service had some flexibility to support people with 1:1 care. Staff hours could also be changed, for example to provide additional support to enable people to go out during the evening.

Assessing risk, safety monitoring and management

- ☐ Risks to people from their care were mitigated where possible. These included risks from long term health conditions and from distressed behaviours. Where necessary, specialist advice from healthcare professionals was sought, for example from speech and language services to reduce risks from choking. We saw this guidance was well understood by staff and was being followed in practice. For example, one person communicated they wanted some biscuits. The person ate them unaided but sitting at a dining room table and in sight of staff to enable them to respond quickly in case the person choked. This was in line with their care plan.
- ☐ Other risk assessments such as poor understanding of road safety were in the person's support plans to ensure people had full opportunities to be safe in the community.
- ☐ Staff understood risks and had clear plans to guide them on de-escalating distress or agitation and support people positively to experience 'a good day.'
- ☐ Risks to people from the building were assessed and managed. This included risks from hot surfaces, hot water and window openings. Regular fire drills were carried out, involving people at the service, to ensure they understood what to do.

Using medicines safely

- ☐ Medicines were managed safely, and people received their medicines as prescribed. Guidance was available for staff on the safe use of 'as required' medicines.
- ☐ The registered manager conducted audits of people's medicines and medication administration records (MAR). Staff had received training on the systems in use. Medicines were stored safely, although following discussions the operations manager said they would discuss the siting of the medicine's storage with the supplying pharmacist. This was because it was situated in an area prone to changes in temperature and humidity.

Preventing and controlling infection

- ☐ The service had policies and practice guidelines in place to manage the risks of cross infection. All areas of the service were clean and odour free, and appropriate systems were in place for the disposal of clinical waste.

Learning lessons when things go wrong

- ☐ Where incidents or accidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. For example, following an incident in another service action had been taken to improve the security of financial management systems.

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.

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

- ☐ The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who used the service can live as full a life as possible and achieve the best possible outcomes, including maximising control, choice and independence in their lives.
- ☐ People's care needs had been assessed at the point of admission, and regularly re-assessed since. People were included in this process wherever possible. Holistic support plans had been created from these assessments to guide staff on how best to meet people's needs. Where changes had occurred their care plans were updated.

Staff support: induction, training, skills and experience

- ☐ Staff undertook a thorough induction to the organisation and staff who were new to care work completed the Care Certificate. This is a nationally recognised course in induction for care workers. Specific training programmes had been drawn up to support staff working at Deerhurst, which met the needs of people living there. Programmes also considered staff learning styles, experience and skills. Staff told us they had the training they needed to carry out their role. We saw them working confidently with people, supporting their communication and choices.
- ☐ Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals, and staff said they received the support they needed. One staff member said "The manager has been wonderful. All the staff, we all work together really well."

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

- ☐ People living at Deerhurst needed encouragement and support to be involved in cooking and preparing food. They were involved in making choices about shopping and menu choices. We saw one person was encouraged to make their own breakfast with staff support. Another person took a staff member by the hand to the kitchen and pointed out that they wanted some food. They were given this with a hot drink and the person demonstrated their pleasure by laughing and clapping their hands.
- ☐ Records were kept of people's daily food choices, to help ensure they ate a varied diet. On the day of the inspection people chose to go out for lunch with staff support. When they came back they discussed what they had and hadn't enjoyed about their meals, and this was written in their daily diaries.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- ☐ We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions was evidenced.
- ☐ One application for authorisation for a Dols had been made, as the person lacked capacity to make a specific decision with regard to living at Deerhurst. Other people had been assessed as having capacity to make specific decisions, such as going out safely and choosing to live at the service. People could spend time away from the service, with friends or family or attend day opportunities without staff support.
- ☐ Throughout the inspection we saw people being encouraged to make choices, about what they did in the day, foods they ate, and where they spent time. A relative told us they were satisfied their relation had plenty of choices and opportunities to experience an active life.

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

- ☐ People living at Deerhurst received an annual health care assessment, and a health action plan was developed as a result. Specialist support services were available to help guide staff on making positive changes in people's lives, including for mental health needs or monitoring long term health conditions.
- ☐ Regular support was provided by dental, optical and general practitioners, and care plans contained assessments of people's oral care and support needs.
- ☐ Medical advice had been provided that said one person needed to take more exercise. Staff told us the person was reluctant to do so. The person told us they did not feel they were able to do so. We saw and heard staff trying to support and encourage the person in positive ways to take small steps to be more active and take more control over their own health.
- ☐ We heard how the service had worked with local community services to reduce people's anxiety. Where people were worried about routine health checks for example monitoring blood pressure, practice nurses visited the person at Deerhurst. This helped to reduce people's anxiety. Other information about health needs was available in pictorial form to help staff support people's understanding.

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

- ☐ Deerhurst comprised a two-storey domestic sized property, set in a residential area of New Milton. The service was not distinguishable from other buildings in the area and was close to services and facilities people may wish to be involved with.
- ☐ Each person living at the service had their own room, which they could personalise as they wished. One room had an ensuite bathroom with two other rooms sharing the second bathroom.
- ☐ The service had spacious communal areas and pleasant well-maintained gardens. People living at the service were involved in making decisions about décor and furnishings, and had spaces where they could

choose to spend time together or individually. For example the downstairs areas had a tiled floor. People at the service had been asked if they wanted this carpeted. They had communicated they liked the tiling, so this had been kept.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- ☐ People were supported by staff who knew them well. Staff anticipated people's needs and understood their communication. For example, one person referred to things that had happened in their past, whilst also speaking about the present. Staff regularly checked with the person about the timeframe they were referring to, as a way of reducing any distress or anxiety. We saw this was effective in keeping the person focussed on positives 'in the moment' and avoided escalation of historic concerns.
- ☐ Staff spoke about people in ways which demonstrated they cared for them on an individual level and enjoyed their company. Staff told us Deerhurst was a lovely place to work "because of the people who live here. We really care about them and want to give them the best life possible."
- ☐ Staff supported people well, laughing and joking with them and offering them choices about what they wanted to do. People were clearly at ease with staff, and they sought them out for attention and support. One person demonstrated affection and closeness towards people. Guidance was available for staff on supporting the person to positively and consistently respect peoples' boundaries, and help them understand appropriate touch.

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

- ☐ People were fully involved in their care. Where people had difficulties with verbal communication, staff understood how best they communicated and ensured they were as involved as they wished to be in making decisions. Information about the service was available in a pictorial format to help support this. For example, photographs were available of meal choices to assist people express their preferences.
- ☐ Residents' meetings were held to support people to have a say in the operation of the service. Regular consultation took place every day. For example, one person's weekly planner indicated they had the option of going to a friendship group on the day of the inspection. However, the person did not want to do this. They indicated they wanted to go into town and have lunch out, which was what happened.
- ☐ People living in the service were asked their opinions when recruiting new staff, and so contribute to the staff recruitment process.
- ☐ Care plans included information about people's personal, cultural and religious beliefs where these were known. For one person, an Independent Mental Capacity Advocate had been sought to support the person's decision making in this area. This helped ensure their rights were protected.

- The service respected people's diversity and was open to people of all faiths and belief systems or none. People were protected in line with the Equality Act (2010). The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Respecting and promoting people's privacy, dignity and independence

- The organisation each year held a Dignity Action Day, where people were supported to think of ways in which their dignity was respected and what was important to them. Each person at the service had compiled and decorated a Dignity Book as a result. These showed things they enjoyed doing, and had been completed with each person in a pictorial format.
- People's right to privacy and confidentiality was respected. Care plans noted when people may wish to spend time alone, and how to support the person respectfully.
- People's independence was encouraged and promoted. Care plans highlighted what people could do for themselves and how staff should assist with this. For example with maintaining their personal hygiene and self-care.

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.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People received care and support in a way that was flexible and responsive to their needs. Positive behavioural support principles were used to develop people's plans and the regional manager had received specialist training in delivering this across the provider organisation.
- ☐ People's care plans contained information, regularly updated, to ensure they had the personalised support they needed. We saw these being used by staff and followed through in the support people received.
- ☐ Care plans provided staff with descriptions of people's abilities, risks associated with their care and how they should provide support in line with people's preferences. Care plans were regularly reviewed with people and their relatives to ensure they remained current and provided accurate information about how to meet people's needs. One relative for example told us they had been sent a copy of their relation's plan once completed using their input.
- ☐ Another relative said "I am happy with the care he is receiving and (person's name) is happy, clean and well looked after."

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- ☐ People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats, such as easy read, and were aware of their responsibility to meet the AIS.
- ☐ One person had a visual impairment. Their care plan had been provided for them in an audio format. We discussed this with the operations manager who also confirmed the aids and adaptations that had been provided to assist the person at various times. These had included talking books, but the person had not enjoyed them, so they were not continued. A relative told us how pleased they had been with their relations improvements in reading.
- ☐ People living at the service were encouraged and supported to become part of the local community they lived in. They used local services, such as shops, cafes and restaurants. Opportunities to link with other care services for larger celebrations were also encouraged. People confirmed they would be attending a Halloween party later in the month. One relative told us they were happy their relation was able to go out so

frequently.

- ☐ This year people at the service had been supported to go on longer journeys and outings of their choice. One person told us about what they had seen on a boat trip around the Solent. People were also supported with shopping, cleaning their rooms, laundry and cooking if they wished to do so. A relative said "leisure is also taken care of with lots of different outings from cinema to visiting caves."
- ☐ The service had a large passenger carrying vehicle, but on the day of the inspection none of the staff could drive it, so people were supported to take taxis to go out.

Improving care quality in response to complaints or concerns

- ☐ Systems were in place to address any concerns raised. Information on how to raise any concerns was available in a pictorial format to support people's understanding. This was regularly revisited at residents' meetings and reviews and was on display in the home.
- ☐ Following the inspection, the registered manager confirmed they had not had any formal complaints for several years. Minor day to day issues or conflicts were addressed at the time they arose.

End of life care and support

- ☐ No-one at the service was believed to be at the end of their life. However, appropriate advocacy support had been obtained to assess what would be in one person's best interests in the case of a sudden deterioration in their health. This demonstrated the service was supporting the person's rights and acting in their best interests in anticipating their potential care needs.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ The service had a clear culture of putting people and their needs first. Positive behavioural support principles underpinned all areas of care planning. The service was operated in line with Registering the Right Support best practice guidance. Deerhurst is a small domestic sized service embedded in a local residential area, with people having opportunities to be active in and involved with their local community.
- ☐ There were clear lines of delegated authority within the organisation. The nominated individual from the provider organisation was in very regular contact with the services to offer support, and there were clear systems to escalate to any concerns to board level to ensure effective oversight.
- ☐ The service informed relatives of any concerns, for example if an accident had happened, and fulfilled their duty of candour. Notifications had been sent to the CQC as required.
- ☐ Staff said they greatly enjoyed working for the organisation, felt supported and enjoyed working alongside the people being supported. Staff told us they had recently received a significant pay rise, which helped them feel their work and input was valued.
- ☐ A relative told us they had "a very open relationship with the manager." They felt they could speak with them at any time if they were unsure about anything, or felt changes needed to be made. The registered manager said "I love my job. It really is the best thing."

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

- ☐ The registered manager was registered to manage Deerhurst and another similar service close by operated by the same provider. She spent around two and a half days a week at each service. The provider had recognised they had needed additional support in this role, so was recruiting for a senior staff member to work alongside the registered manager and ensure continuity. On call management staff were available to support at any time.
- ☐ Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided. Audits covered areas such

as medicines, first aid, care planning, the environment and training.

- Policies and procedures were regularly updated and available to staff to view online. Staff signed to confirm they had read them, and they were also discussed at team meetings to ensure staff understood them. Policies covered all areas of practice including the use of social media and safeguarding.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager was continually working towards improvements. They were involved in meetings with other registered managers in the area, sharing experiences and learning opportunities. They had recently completed their Level 5 Diploma in care, which is a management level qualification and had also updated their knowledge on continence management.
- Systems were in place for people, relatives and visiting professionals to become involved in having a say about the operation of the service. Questionnaires were regularly circulated, and the results were audited, analysed and results made available, along with any changes made as a result. The operations manager told us they were attempting to devise systems to make this information more meaningful to the people living at the service.