Deepdene Care Limited

Deepdene House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 21 April 2017. Deepdene House is a care home that provides care and support up to 20 people with mental health needs. At the time of the inspection there were 20 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last carried out an unannounced focused inspection on 4 November 2014 and made a recommendation in relation to safe medicines management. We also found one breach in regulation relating to cleanliness and infection control.

At this inspection we found the service had made improvements around the safe management of medicines. People received their medicines in line with good practice and as prescribed. Records relating to the administration, recording and storage of medicines were up to date.

At this inspection we found the service had taken action to improve the cleanliness of communal bathrooms. The service had ensured hallways, stairs and landings were adequately cleaned to minimise the risk of infection.

People were protected against the risk of harm and abuse because staff were aware of the signs of abuse and how to report their concerns. Staff received safeguarding and whistleblowing training and told us they felt confident in raising their concerns and that these would be acted on. The service had devised risk assessments that gave staff clear guidance on how to manage and mitigate the risks safely.

The service employed sufficient numbers of suitable staff that had undergone criminal checks and other vetting procedures. The registered manager and staff confirmed that the rotas were flexible to ensure people could attend activities and health care appointments. Staff received training to ensure they met people's needs. Staff reflected on their working practices through supervisions and appraisals.

People did not have their liberty restricted unlawfully. The registered manager and staff were aware of their responsibilities of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS authorisation requests were submitted by the service to the local authority when they required to place restrictions on people's liberty.

People confirmed they were supported to access health care appointments when required. People's health was monitored and maintained. The service ensured people had access to sufficient amounts of food and drink to meet their dietary requirements and preferences. The service encouraged people to maintain a

healthy lifestyle. People spoke positively about the food provided.

Care plans were person centred and detailed people's health, social and medical needs. Staff were aware of the importance of following the guidance set out in care plans and deliver care in a way people wanted. Care plans were reviewed regularly to reflect people's changing needs.

People confirmed they were encouraged to make decisions about their care and told us staff respected their decisions. Staff treated people with dignity and respect and encouraged people to maintain their dignity. Staff were aware of the importance of confidentiality and the impact breaching confidentiality can have on people. The service maintained people's records securely, with only those with authorisation having access to them.

People accessed both in-house and community based activities, that met their preferences and choices. Staff encouraged people to participate in activities and could identify how people may present if socially isolated. People knew how to raise concerns and complaints. People told us they would speak with staff, the registered manager or their relatives if they were dissatisfied with any aspect of the service. The registered manager and staff knew how to respond to complaints in line with the providers procedures.

The service carried out regular audits to drive improvements. Records confirmed audits related to the health and safety of the service, care plans, risk assessments and medicines management. The service sought feedback on the quality provision. Where issues were identified the registered manager took action to address these in a timely manner. People and staff spoke positively of the registered manager and told us they found her to be approachable and firm but fair. The registered manager operated an open door policy where people could meet with her at a time that suited them.

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. People received their medicines in line with good practice and as prescribed.

People were supported to live in an environment that was maintained to protect them from the risk of infection.

People were protected against the risk of harm and abuse. Staff received safeguarding training and knew how to identify and report suspected abuse. Risk assessments were detailed and gave staff clear guidance on responding to identified risks.

The service deployed sufficient numbers of suitably qualified staff that met people's needs safely.

Is the service effective?

Good

The service was effective. People were not deprived of their liberty unlawfully. The registered manager and staff were aware of their responsibilities of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service submitted DoLS requests to the local authority when they it was required to restrict people's liberty. And abided by the outcome.

People were supported by staff that received effective training to meet their needs.

People had access to sufficient amounts of food and drink that met their dietary needs. People were given choices about the food provided.

Is the service caring?

Good

The service was caring. People's privacy and dignity was maintained and respected by staff that demonstrated kindness and compassion.

People were given information about the care they received in a manner they understood.

Staff were aware of the importance of maintaining people's confidentiality. Records containing personal information was

kept securely with only authorised personnel having access to them.

Is the service responsive?

Good

The service was responsive. Care plans were person centred and reflected the way in which people chose to be supported. Care plans were reviewed regularly to reflect people's changing needs.

People were encouraged to participate in activities both in house and in the community that met their preferences.

People knew how to raise a complaint. Complaints received by the service were investigated and action taken in a timely manner to reach a positive resolution.

Is the service well-led?

Good

The service was well-led. The registered manager and staff delivered care that focused on empowerment and independence. The registered manager actively sought partnership working.

Audits and quality assurance questionnaires were undertaken to improve the quality of care provided and improve the service delivery. Issues identified were acted upon in a timely manner.

Deepdene House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 April 2017 and was unannounced. The inspection was carried out by two inspectors.

Prior to the inspection we looked at information we held about the service. This included information received by health care professionals, the public and statutory notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with five people, one relative, three care workers, the chef and the registered manager. We looked at five care plans, five medicine administration recording sheets (MARS), five staff files, maintenance records and other records related to the management of the service.

After the inspection we contacted three health care professionals to gather feedback on the service.

Good

Is the service safe?

Our findings

At our last inspection on 4 November 2014, we found people and staff were at risk of infection because the standard of cleanliness was poor in some parts of the building. Communal areas on the ground floor were clean. However, we noted that a ground floor shower room used by one person was not adequately clean, neither were toilets throughout the building. We found the floor in one of the toilets was sticky due to being unclean. On the upper floor the stairs, landings and corridors were not clean. We found that wall and floor tiles in a bathroom were cracked. This was a breach of regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control.

At this inspection on 21 April 2017 we found the service had taken action to address the cleanliness of the service. We found communal areas had the flooring replaced, with a non-slip and easy to clean floor. We also found floor tiles in the bathrooms had been replaced and were safe. We carried out a check of all floors and found all communal areas were free from odour and were clean, with no visible dirt. The registered manager informed us all work identified as requiring action had been completed, including a replacement bathroom suite. One person we spoke with told us, "It's a clean place [service]." An area on the middle landing previously had water damage from a leak. At this inspection we noted refurbishment of the water damaged area had taken place and the area was in good decorative repair.

At our last inspection on 4 November 2014, we found medicines given on an 'as needed' basis did not have an entry on the Medicine administration record (MAR) to explain the reason why the medicine was needed. There was a plan of care describing the circumstances when this medicine should be administered, so staff had sufficient guidance to be able to administer this medicine appropriately. However because staff did not record the reason when they administered doses of this medicine, and there was no evidence that this medicine had been administered appropriately. We made a recommendation that the provider refer to current guidance on managing medicines in care homes in relation to the recording of medicine administration.

At this inspection on 21 April 2017, the service had taken action to address our concerns. PRN (as and when required) medicines were signed for and the reason for administration was noted on the MARs. One person told us, "The staff always help me with my medicine. They [staff] would give me pain relief if I needed it." People received their medicines in a safe way. MAR were maintained electronically. These were signed by staff who had administered people's medicines. Medicines were stored in a locked cabinet in the medicine room. Only trained staff had access to this room and the temperature of the room was checked daily. All medicines received in the home from the pharmacy were recorded. Unused medicines were returned to the pharmacy each month and records of what had been returned were maintained. Medicine audits were carried out daily to ensure medicine errors were identified quickly and action taken to address the errors undertaken without delay. The pharmacy that supplied medicines to the service carried out a medicines audit in October 2016 and had not identified any issues. We carried out an audit of the medicines stored within the service and found all medicines were accounted for.

People were protected from the risk of harm and abuse. People we spoke to told us they felt safe living in

the service, with one person saying, "I'm happy here. I am safe." Staff were able to identify the different types of abuse and how they would respond when faced with suspected abuse or harm. For example, one staff member told us, "It's our [staff] duty of care to protect people and I would inform the registered manager immediately if I was concerned." Staff received on going safeguarding training. Records showed, monthly house meetings discussed safeguarding and what people's understanding of safeguarding is. This meant that people were empowered to raise their concerns regarding suspected abuse.

People were protected against identified risks. The service developed risk assessments that covered physical health conditions, mental health, and self-care. Records showed risk assessments were updated regularly to reflect people's changing needs. Triggers to people's mental health were detailed and signs to recognise a relapse were also noted. Action plans were in place on how to support people. For example, one person's mental health relapse indicators included self-harm, self-neglect and non-compliance with medicine. Actions for staff to take included 1-2-1 keywork meetings to listen to their feelings and concerns and involve the community psychiatric nurse. Staff were aware of the importance of familiarising themselves with risk assessments. One staff member told us, "The risk assessments are person centred and highlight individual risks. It gives us [staff] a clear insight of the person and what they can and cannot do, the risks and what support they may need."

People received care and support from staff that had completed the service's employment vetting process. Records showed staff files contained two references, proof of address, photo identification and a disclosure and barring services (DBS) check. A DBS is a criminal check providers undertake to make safer recruitment decisions.

People received support from sufficient numbers of staff to meet their needs. One person told us, "Staffing levels are okay. They [staff] attend to us. I don't see any reason why I would think it's not ok." Another person said, "There are lots of staff about. If there were more staff it would make it easier for the staff already here". We received mixed feedback from staff regarding staffing levels, one staff member said, "The number of staff is not enough. Sickness absences gets covered by agency staff, but sometimes it's difficult to find cover especially at short notice. We have raised issues at meetings and are told they are recruiting but we don't see any results for it. Not sure what's happening." We looked at the rota for four weeks prior to our inspection and saw that staff absences and leave from work had been appropriately covered by agency staff.

Good

Is the service effective?

Our findings

People were supported by staff that underwent on-going training to effectively meet their needs. One person told us, "I think they [staff] are trained. They are knowledgeable and manage well." Staff said the training met their learning needs and when required they could request additional training. One staff member told us, "Yes, I think the training is good enough. The registered manager will push for more training if I request it." Records showed staff received training in first aid, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), safeguarding, data protection and safe medicines management.

Staff received a comprehensive induction on commencing employment. One staff member told us, "I received an induction. It helped me to learn about people and how to care for them." Inductions covered the principles of care, organisational roles, health and safety, effective communication and recognising and responding to abuse. Staff shadowed more experienced staff to gain experience of people and the service. Staff confirmed they were required to successfully complete their induction competencies prior to working without direct support.

Staff reflected on their working practices to improve the quality of care provided. One staff member told us, "I have had supervision recently. If I had any concerns I could raise them with the registered manager and call for a supervision." We looked at records relating to supervisions and appraisals and found that these were not always completed in a timely manner. We discussed our findings with the registered manager who confirmed that after a period of absence she had returned and had identified supervisions had not always been completed. However the registered manager was carrying out supervisions to ensure all staff received one in line with the provider's guidance. Staff told us that despite not receiving a frequent supervision prior to the return of the registered manager, this had not had an impact on their work ability. After the inspection the registered manager provided us with a list of the staff that had received a supervisions or appraisal since the inspection. We were satisfied that staff were receiving support and guidance on monitoring and improving their working practices.

People were not deprived of their liberty unlawfully. 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.

At the time of the inspection there were two people subject to a DoLS authorisation. Staff had sufficient knowledge of the MCA and DoLS and their responsibilities in line with legislation. One staff member told us, "We [staff] must always assume the person has capacity, unless the assessment dictates otherwise. For example, this could relate to them taking medicines or looking after their finances. If they lack capacity we would hold a best interests meeting." Another staff member said, "The MCA's are about decision making and finding out if people have the capacity to make decisions. If they don't [have capacity to make informed decisions] we would arrange a best interest meeting with outside agencies."

People's consent to care and treatment was sought prior to care being delivered. One person told us, "I am asked what I want and I then give consent or I don't." Staff were aware of the importance of ensuring consent was sought. One staff member told us, "We [staff] will explain the options and make sure people are aware of what we are doing. Give them [people] the information they need to make a choice or decision and make sure we explain it in a way they understand." Throughout the inspection we observed staff seeking people's consent to deliver care, for example, if people wanted support with activities.

People had access to sufficient amounts to eat and drink that met their dietary requirements and preferences. One person told us, "Yes I like the food. He's [chef] on board with what I like. You can have a choice of food and there's always a fruit out and you can help yourself." Another person said, "Food is very good. Freshly made. They cater for our specific requirements. For example for vegetarians." During the inspection we observed large fruit bowls on each table and a plate of croissants available for people to help themselves as and when they chose. We spoke with the chef who told us, "I know who has a health condition that means they have to have some adjustments to their meal." People told us they looked forward to their meals and were observed accessing the dining room early. We also observed people were encouraged to come down to eat in the dining room, however were able to eat at times that suited them. This made for a relaxed atmosphere during meal times.

Good

Is the service caring?

Our findings

People were supported by staff that were compassionate, respectful and who empowered them to reach their full potential. We received mixed feedback from people and their relatives about the care and support people received. One relative we spoke with told us, "I don't think they [staff] care." We found no evidence to support this statement. One person we spoke with told us, "They're [staff] a lovely lot. Look at what they have to do. They [staff] look after us very well indeed." Another person said, "Staff are always very helpful, polite and considerate. They are genuinely concerned about us living here. They [staff] are helpful and very attentive." Throughout the inspection, people were supported by staff that spent time listening to them and showing compassion.

People had their privacy and dignity respected and encouraged. One person told us, "I don't need help with washing or anything like that. Staff always knock on my room door when they want to talk to me. Yes, they [staff] wait for me to answer before coming in." Another person said, "I have the privacy I need." Staff were aware of the importance of ensuring that people's dignity was maintained at all times, especially during personal care and informed us they would ensure doors and curtains were closed. One staff member told us, "Respecting people's privacy is important. If people's don't want you to be present in their GP's appointments, you need to respect that." During the inspection we observed staff speaking to people respectfully and lowered their voices when discussing matters of a personal nature.

People had their confidentiality maintained. Staff had a clear understanding of the provider's confidentiality policy. Staff were aware there may be times when they were unable to maintain people's confidentiality, for example, if someone disclosed alleged harm and abuse. People had their personal records kept securely in locked filing cabinets in a locked office, with only those with authorisation having access to them.

People were supported and encouraged to make decisions about the care they received in line with their preferences. One person told us, "I do make decisions. I make a lot of them and yes the staff do respect my decisions they [staff] always do." Throughout the inspection we observed staff supporting people to make decisions by offering them choices and giving them information to enable them to make decisions. For example, staff gave one person options on the meals available to them as they did not like the two choices on the menu. Staff were patient with people and allowed them sufficient time to make decisions in an unhurried environment.

The service supported people to maintain and enhance their independence wherever possible. One person told us, "I'm independent. I'd like a bit more independence but I need to work on that, I have some things I need to get better at first." One staff member told us, "Rather than do things for people, we encourage and motivate them to do things for themselves. If someone wants a cup of tea, take them to the kitchen and help support them to make it. It's important to get people involved." Staff had a clear understanding of the importance of encouraging people's independence and supporting them to do things for themselves.

People had access to health care services to monitor and maintain their health care needs. The service worked in conjunction with health care professionals to ensure people received care that met their health

needs. One person told us, "Staff help me to attend medical appointments." Another person said, "My experience is that they [staff] understand mental health and how to deal with it. If they [staff] have a question, they seek advice from professionals." Records confirmed where staff were concerned about people's health care needs, advice, guidance and support was sought and adhered to.

Good

Is the service responsive?

Our findings

People were supported by a service that delivered responsive care to meet their needs. One person told us, "I'm not sure if I have one [care plan] but I wouldn't want to see it anyway." Another person said, "My Care plan is being produced at the moment. They [staff] are still working out what I need as it's not clear yet. They may have discussed it [care plan] with me but I get confused sometimes." We reviewed people's care records and found these contained information about people's background, medical history, mental health conditions, daily routines and likes and dislikes. Records documented the contact details of health care professionals and relatives involved in their care. Care plan reviews were undertaken monthly with people and their keyworkers and progress reports shared with care professionals so they were aware of any identified concerns and a record of people's achievements. Care plans were reviewed regularly to reflect people's changing needs. One staff member told us, "The care plans are person centred and give a good idea of how to support the person. Everyone is different and can't receive the same care. It's their [people's] home and the care plan tells you have to treat people in a way they like and how they want it done."

The service offered people a wide range of activities they could participate in. One person told us, "They [staff] do their best and offer us different things to do. We go to the library, cinema, museums and to the coast. Sometimes I go shopping. The staff always ask if I want to go, so I do get a choice. I go out every day, seven days a week." One staff member told us, "There are a lot of activities if people choose to do them. We have coffee mornings, reviews of newspapers, trips to the west end, day trips, trips to the cinema and shopping." Another staff member said, "It's important that we encourage people to do activities."

Staff encouraged people to participate in planned activities and were aware of the importance of people not isolating themselves. One staff member told us, "If they don't want to spend time with others, we make sure we engage with them. We sit with them and find out what's going on." The service monitored the amount of activities people engaged in and where concerns were identified, these were shared with the registered manager. We noted feedback shared with the service from a relative stating, staff needed to improve people's engagement in activities. From discussion with people and records, we did not find any evidence to support this statement.

People told us they knew how to raise any complaints or concerns they may have. One person told us, "If I need to make an official complaint I would tell the registered manager. But there's nothing to complain about." Another person said, "I guess I would have to ask to speak to the [registered] manager if I have concerns." Staff demonstrated good knowledge on how to respond to people's concerns and told us they would document the complaint and raise it with the registered manager immediately. We looked at the service's complaints file and noted three complaints were received in the last 12 months. The service had responded to the complaints in a timely manner.

Good

Is the service well-led?

Our findings

People told us they received a service that was well-led. People and staff spoke positively of the registered manager. One person told us, "She's [registered manager] really nice, a really pleasant lady. I certainly could talk to her." Another person said, "I'm not certain who the overall manager is but if I wanted to I would find out." A staff member told us, "Yes, the [registered] manager is approachable. She listens to ideas and I think she is a fair manager." Another staff member told us, "She's [registered manager] alright, I can approach her. She will listen to ideas and if she can she will act on them." Throughout the inspection we observed people and staff seeking guidance and support from the registered manager.

Staff were aware of the provider's ethos and values. Staff told us they delivered a good service under the registered manager's guidance as they supported people to become more independent. One staff member said, "By helping people to move on to less supported services, we can make people's lives better." The registered manager told us, "We promote independence and help people to rehabilitate and move on to live in more independent services."

Staff completed comprehensive audits of the service to drive improvements. Records showed people were protected against an unsafe environment by the service carrying out audits on a daily, weekly, monthly and annual basis. Audits covered medicines management, fire safety, maintenance and finances. We found all audits were up-to-date and any issues identified were reported to the registered manager or appropriate person to address in a timely manner.

The registered manager had systems in place to check the quality of the care provided. One person told us, "They [staff] ask us how things are going and if there's anything we need. They [staff] ask us a lot." Staff confirmed keyworker and house meetings took place and feedback was gathered. We looked at the meeting minutes and found action had been taken in response to feedback. For example, a suggestion was made by people to have both women's and men's groups within the service. This was being actioned by the registered manager. The registered manager sent out quality assurance questionnaires to people and their relatives annually, the last being March 2017. Quality assurance questionnaires looked at all aspects of the service including, staff, activities and communication. The service had received five completed questionnaires. Feedback relating to care, environment and quality of care was positive.

The registered manager actively sought partnership working with health care professionals. The registered manager told us, "It's [partnership working] extremely important to learn from others and this helps to ensure we deliver good quality care. Health care professionals help us to support people and is a platform to seek guidance." Records showed that the registered manager and staff actioned the guidance given by health care professionals.