

Mr & Mrs M Sharif

Dearnlea Park Residential Care Home

Inspection report

Park Road
Thurnscoe
Rotherham
South Yorkshire
S63 0TG

Tel: 01709893094

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Dearnlea Park is a residential care home providing personal and nursing care to 47 people aged 65 and over at the time of the inspection. The service can support up to 65 people.

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

Governance arrangements were not effective or reliable. Further improvement was needed in the quality assurance processes to identify shortfalls and to drive improvement.

Support plans and risk assessments relating to people's health needs and the environment had been completed but did not contain sufficient information to help staff protect the health and welfare of people who used the service.

Aspects of medicines management were not operated effectively. Systems to check staff competency and training required improvement. Appropriate health and safety checks to the buildings and premises had not been carried out, placing people at risk of harm.

Systems to safeguard people from abuse were implemented effectively and monitored. Safe recruitment procedures were followed. There were appropriate numbers of staff employed to meet people's needs and provide a personalised service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update) The last rating for this service was good (published 15/11/2018).

Why we inspected

We received concerns in relation to quality assurance systems, the management of the service and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence the provider needs to make improvement. Please see the safe and well-led questions in this report.

You can see what action we have asked the provider to take at the end of this full report.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines, assessing risk, health and safety and governance.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Dearnlea Park 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 Care Act 2014.

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

Inspection team

The service was inspected by two inspectors.

Service and service type

Dearnlea Park 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 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

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. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with ten members of staff including the provider, the registered manager, three care workers, the housekeeper, the laundry assistant, the domestic and the chef. We also spoke to four visiting health professionals.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Whilst we found people received their medicines as prescribed, we found other aspects of medicines management were not operated safely or effectively.
- For those staff who had been trained in the safe administration of medicines, checks of staff competency should have been reviewed at least yearly. We found not all staff had their competency checked at the required frequency. We discussed this with the management team who carried out a full audit of all staff's competency checks and took appropriate action.
- Protocols to safely manage the administration of as and when required medicines (PRN) were not in place. These are needed to help staff understand when people are displaying pain, anxiety or illness.
- Medicines audits had not always been completed regularly to identify errors, concerns and areas for improvement.

We found no evidence that people had been harmed, however, the management of medicines was not always safe and effective. This placed people at risk of harm. This was a breach of regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks were not managed or effectively monitored to ensure people's safety.
- Health and safety checks had not been carried out which put people at risk of harm should there be an emergency. For example, there was no review of the fire risk assessment in place and the service did not have an effective system for making sure staff knew how to support people in the event of a fire. Following our inspection, the provider took action to review their fire safety arrangements.
- Records of care and support were not accurate or up to date and staff did not always have access to clear information about the people they were supporting. This meant we were unable to identify if people had received the care and support, they required. For example, one person was assessed as requiring a nebuliser, but this was not recorded in their care plan. Another person had been recently admitted to the service but there were no care records to guide staff in how best to support the person.
- The provider was in the process of changing over from paper care records to electronic care records, we found not all information had been transferred over. We told the provider about this who agreed to take immediate action to ensure all risk assessments would be fully transferred to the new electronic system.

We found no evidence that people had been harmed, however, risks associated with people's care were not always mitigated. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the provider about our concerns regarding health and safety checks and asked them to take immediate action to address this concern. The provider took immediate and responsive action to address this concern.

Preventing and controlling infection

- We were somewhat assured the provider's infection prevention and control policy was up to date. However, IPC audits not been completed regularly to identify errors, concerns and areas for improvement.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People we spoke to spoke highly of the care provided. One person said, "I feel safe. It's the best move I have ever made." Another person said, "It's a nice place to live, the staff are great they really look after us."
- Staff understood the importance of keeping people safe. We saw staff sitting with people and were engaged in meaningful conversations. Staff were able to confirm they knew how to report any incidents of abuse.

Staffing and recruitment

- During our inspection we spent time observing staff interacting with people. We found there were enough staff available to meet people's needs in a timely way.
- We looked at staff recruitment files and found staff had been recruited in a safe way. Pre-employment checks had been carried out prior to staff commencing in post.

Learning lessons when things go wrong

- The provider had a system in place to record and analyse accidents and incidents. Trends and patterns had been identified.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We received positive feedback about the quality of care provided by the service. However, the services monitoring quality performance required improving.
- Quality assurance systems were not in place to check the quality of the service and manage risks. For example, there were no formal audits undertaken at the service.
- The service had a range of policies and procedures in place. However, the registered manager had not ensured they were always being followed. For example, the medicines policy and procedures were not being followed.
- Records of care and support were not accurate or up to date and staff did not always have access to clear information about the people they were supporting. This meant we were unable to identify if people had received the care and support, they required.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider acknowledged all the shortfalls in the service and took immediate and responsive action to address the concerns we found on inspection. The registered provider sent us a service improvement plan immediately after the inspection. This gave us confidence the registered provider recognised the immediate areas where improvements were required to improve the quality of the service.

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

- Throughout the inspection the manager was honest and open with us. They acknowledged the shortfalls identified at this inspection and were eager to put processes in place to ensure people receiving care and support were safe and protected from harm.
- People told us the service was well managed and made positive comments about the registered manager and staff. The registered manager was described as friendly and approachable.

- We received positive comments about the manager from staff. One staff member told us, "I can go to the registered manager with anything and I know they will sort it out." The staff member also told us they would recommend the service to family and friends.

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

- The provider understood their legal responsibilities to be open and transparent about when things went wrong.
 - The registered manager operated an 'open door' policy where people, relatives and staff could speak to them at any time.
 - The manager was aware of their obligations for submitting notifications to CQC, as required by law.
- Working in partnership with others; Continuous learning and improving care
- The registered manager had developed a good working relationship with visiting healthcare professionals and without exception the feedback we received from visiting professionals was positive.
 - Staff routinely made referrals to other services and were familiar with health professionals and their scope of support. This included the dietician, speech and language therapy, GP's, district nurses, mental health team and occupational health.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks associated with people's care were not always mitigated. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had failed to ensure the safe management of medicines.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

Warning notice