

Holsworthy Health Care Limited

Deer Park Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Deer Park Care Home is a residential care home providing personal care to older people, some of whom are living with dementia. On the first day of inspection there were 21 people living at the home, and on the second day there were 22 people, which included a person on respite. The service can support up to 56 people in a purpose-built building which has two floors and a passenger lift.

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

We identified areas for improvement in some aspects of staff training and supervision. We found there was a new breach linked to good governance. Since October 2020, the Care Quality Commission (CQC) have inspected this service eight times to address different concerns. We have taken enforcement action to drive improvement in the service. At this inspection, we saw evidence of improvements but found they still needed time to be embedded and sustained by a new staffing and management structure.

People received their medicines as prescribed, and there were safe systems in place to manage the storage, administration and disposal of medicines. Systems were in place to safeguard people; staff recruitment was well managed.

People and relatives were positive about the staff group. Relatives told us, " My relative is cared for by the staff who seem to be consistent and have been there for a while" and "The staff are brilliant, they are caring ... The staff inform us if there are any issues and keep us up to date. She has lots of family visitors and they are looked after too." We saw people had good relationships with staff.

Improving staff morale and teamwork had been an on-going process. However, on this inspection there was positive feedback from the staff group and praise for the current management team.

The interim manager recognised further work was needed to enhance the staff group's training and to maintain teamwork. They also recognised the staff group would need to develop their skills in their pre-admission assessments before people moved permanently to the service.

The home was clean, and staff adopted good infection control measures. 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. A staff member said, "I hope that Deer Park can move forward to 2023, showing the local community and further a field that it is a lovely home, that has excellent caring staff a supportive management and residents have full and happy lives in their twilight years."

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 10 May 2022). The service remains

rated requires improvement.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

The previous manager completed a service improvement plan after the last inspection to show what they would do and by when to improve. They also provided monthly reports relating to audits and how risks to people's health were managed in the service. The interim manager has continued sending CQC monthly reports and was updating the service improvement plan at the time of the inspection.

We have identified a breach in relation to the monitoring of the quality of care, consulting with people living at the service and staff performance at this inspection. We also judged there was an on-going breach relating to training, staff support and induction.

We have made a recommendation linked to the layout of the laundry to improve infection control.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Deer Park Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

Two inspectors visited the home on the first day. On the second day of the inspection one inspector and an expert by experience visited the home. On the third day, verbal feedback was given to the provider and interim manager. During the inspection, a second Expert by Experience spoke with people who visited the home. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Deer Park Care Home 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.

Registered Manager

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

At the time of our inspection there <was/was not> a registered manager in post.

Notice of inspection

The 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.

During the inspection

We met with the provider and the interim manager. The provider is also the Nominated Individual, this means they are responsible for supervising the management of the service. We spoke with nine staff members, 11 people living at the home and eight relatives. 18 staff responded to a CQC questions sent out during our inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not comment directly on their experiences.

We reviewed a range of records. This included four people's care records, including fluid and pressure relieving charts, activities, and a selection of medication records. We looked at two staff files in relation to recruitment. We reviewed accident and incident records, minutes from meetings, staff rotas, information on staff training and supervision. We looked at records relating to the management of the service, including the improvement plan for the service.

We continued to seek clarification from the provider to validate evidence found and establish what action had been taken place to keep people safe. We looked at training data and quality assurance records. During a multi-disciplinary meeting, we gathered feedback from health and social care professionals who had contact with 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- People living at the home and those visiting commented on the good standard of cleanliness and the lack of unpleasant odours. The housekeeping and laundry staff were overseen by a staff member who completed audits to ensure standards were maintained. Visitors also commented favourably on areas of the home which were being repainted and freshened up in appearance.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. On our previous inspection, we highlighted to the provider how the current layout of the laundry will not promote a robust barrier between clean and soiled laundry once there are higher volumes of laundry.

We recommend the provider seek advice and guidance from a reputable source to promote good infection control practice in the laundry.

- At the time of the inspection, there were only 22 people living at the home as opposed to the full capacity of 56 people. The laundry was small and only had one entrance/exit. The provider said they would look at the plans for the service to see how to expand the area to ensure a one way system for laundry.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines to be taken 'when required' and act to update their practice. The provider had made improvements.

- People were given their medicines safely as prescribed for them. Staff recorded on electronic Medicines Administration Charts (MARs) when people's medicines were administered. This system was being updated

to make sure people's medicines were always recorded in a clear and consistent way.

- Medicines prescribed to be taken 'when required' included guidance for staff for when these should be given, although this guidance was not always person centred. However, staff knew individual residents' needs and could describe when they would be needed. We were sent examples of updated protocols that were put in place following our inspection and feedback.
- Staff recorded when creams and external preparations were applied. There were directions and body maps available to guide staff where, and when, they should be applied.
- There were suitable arrangements for storage, recording and disposal of medicines, including those needing extra security.
- Staff had training in safe medicines handling. They also had competency checks to make sure they gave medicine safely. Updated training was being arranged.
- Regular medicines audits were completed, and we saw that areas for improvement were identified and relevant actions put in place.
- Medicines incidents were recorded and investigated, and actions put in place to prevent recurrence.

Visiting in care homes

People were supported to see visitors in line with current UK Government guidance. At the time of our inspection there were no restrictions on visiting. During our inspection there were several visitors to the home who were welcomed by staff. Visitors told us they had good communication with the staff group which reassured them.

Learning lessons when things go wrong

- During the inspection, staff assisted us to review accidents and incidents that had occurred in the last three months. Where necessary, the service had escalated concerns to healthcare professionals to help reduce the risk of recurrence.
- Staff explained how there were different records within the electronic care system where this type of information could be logged. They showed us how they had compiled information relating to two people whose needs had changed requiring intervention from mental health professionals.
- However, obtaining information regarding peoples which showed their mental health was declining was not straight forward because of the different places where it was stored. This could potentially impact on the accuracy of information gathering and delay remedial action to reduce any identified or emerging risk.
- There were systems in place to ensure all staff in the service were informed when an accident or incident had occurred, for example in handovers or staff meetings. Staff were positive about being kept up to date with changes to people's health and well-being.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff. Our observations showed people were at ease in the company of staff. Visitors were positive about their relative's safety, for example "Yes, she is safe we have never had any issues, they are the kindest nicest staff, she has been in lots of care homes this is the nicest, not the poshest."
- Since our last inspection, there had been a safeguarding incident involving an agency member of staff, which impacted on several people living at the home. The previous manager had informed appropriate professionals, and action was taken to keep people safe. A relative said, "I was informed in a timely way... There was a protocol that was followed." The agency member of staff no longer works at the service.
- The previous manager has raised appropriate safeguarding alerts and engaged with CQC and other agencies to update them on actions taken to keep people safe. The interim manager had met with CQC and the local authority and knew their responsibility to keep people safe and report safeguarding concerns.
- In response to anonymous concerns sent to CQC, the previous manager had highlighted safeguarding responsibilities to care staff in individual supervisions

- Most staff had received training on how to safeguard people; staff responses to our questionnaire and in our conversations with them, showed they also knew both internal and external reporting processes. However, we met some staff, who said they had not been provided with safeguarding training. Despite this, they knew their role to protect people living at the service and knew who to contact to report abuse.

Assessing risk, safety monitoring and management

- Assessments relating to people's risks was completed and were regularly reviewed to ensure they reflected people's current needs.
- Care records identified daily living risks in relation to matters such as falls, nutrition and pressure care. Measures to reduce risks were recorded within the records.
- The provider's electronic care planning system was set up to flag concerns and monitor risks. For example, there was a running total in people's records to show how much they had drunk throughout the day. We saw people had a good fluid intake and saw staff encouraging people to drink throughout the day to keep them healthy and reduce the risk of infection or constipation.
- The environment and equipment were effectively maintained. This included checks in relation to legionella management, fire systems, bed rails and mobility equipment.
- People had current individual emergency fire evacuation plans in place to ensure the right level of support was provided if needed.

Staffing and recruitment

- Staffing levels met people's care needs. People living at the home gave a mixed response to whether call bells were responded to in a timely way. The interim manager reviewed a seven day period in December 2022, which showed most were answered promptly.
- The previous manager had told CQC, they had deliberately overstaffed care shifts to help stabilise the staff team. We had been told the increased staffing levels were to ensure good practice was embedded amongst the staff group. At the time of the inspection, these staffing levels had been maintained by the interim manager and the provider. People confirmed they could have baths and showers at a time which suited them and on a regular basis.
- There were five agency workers who lived on site. They provided additional staffing to the permanent staff group. The interim manager told us there had been increased applications from people wanting to work at the service, with three care staff recently recruited and a new chef. The staffing structure was being reviewed to look at the different job roles within the home.
- Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure staff were suitable to provide support for the people living at the service.

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 a previous inspection we rated this key question Requires Improvement. The rating for this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At a previous inspection in 2021, the provider had failed to ensure staff were suitably qualified, competent, skilled and experienced. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Further work was needed to ensure all staff had completed key training topics. According to training records some staff had not completed training in key areas, such as the Mental Capacity Act, privacy and dignity, safeguarding and moving and handling. This included staff who had recently been promoted and were therefore acting as role models to less experienced staff.
- Further work was needed to ensure all staff had access to regular supervision, as well as appraisals, to provide guidance on their professional development and review their understanding of their role and responsibilities, for example newly promoted care staff.
- Since being in post, the interim manager had arranged for refresher training and competency checks for some staff to ensure they had the skills for their role, for example medicine administration. Where necessary, staffing roles had been reviewed and changed.
- The previous manager had made a commitment for staff to complete the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. This commitment was to address previous concerns regarding a lack of person centred care practice by some staff. On this inspection, we saw some staff still needed their awareness raised to promote person centred practice.
- The majority of staff said their induction had met their needs and they confirmed they had access to training. Several, however, felt further improvement was needed in the scope of their induction and the training available.

The provider had failed to ensure staff were suitably qualified, competent, skilled and experienced. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection, morale was high among the staff group. For example, a staff member said, "Deer Park has come alive! There is laughter in the corridors again singing in the lounge from our residents' activities with a buzz in the air."
- The interim manager recognised the importance of engaging and supporting the staff team to remain motivated after several years of some staff undermining new ways of working.
- During the inspection, a staff member completed a refresher moving and handling 'train the trainer' course, with the aim to provide in-house training and competency checks for the staff group to maintain safe practice.

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

At our last inspection the provider had failed to ensure the premises were suitable for the purpose for which they are being used. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- People were happy with their bedroom and the maintenance of their room. People chose the location of their room to meet their social needs. Currently only three people were living on the first floor. One person said they had asked to move upstairs as they preferred the view and liked the peace and quiet. Another person had moved downstairs as they needed increased staff support due to a decline in their physical health. Their health had improved but they had chosen to remain in their new room, which was in a busy area of the home.
- In the past, one area of the home had been used specifically for people living with dementia. This included a lounge/dining room. The previous manager had recognised this area needed adapting to make it a suitable environment for people living with dementia, with regards to colour schemes and appearance. On this inspection, this area was no longer in use, apart from for agency staff accommodation.
- On previous inspections, good practice around monitoring pressure mattress controls had not been sustained increasing the risk of mattresses being set incorrectly, and therefore, potentially causing harm. One member of staff had been allocated to monitor the pressure mattress settings on a regular basis. They explained the precautions they had now put in place to ensure the controls were not accidentally knocked by staff. The interim manager planned to discuss replacing mattresses with the provider. They proposed a new mattress system which self-regulated the setting to correspond with people's weight changes. They said this would reduce risks of skin damage.
- Work was continuing to make an outside space an attractive place for people living at the home to spend time. One person living at the home particularly enjoyed being able to spend time outside and growing plants and vegetables.

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.

- Information was in place to ensure decisions were only made by relatives who had the legal power to do so.
- Appropriate deprivation of liberties applications had been made, including when bed rails were in use.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's care needs were assessed before they moved to the service. The provider and interim manager worked with the local authority to ensure they could meet the care needs of people considering moving to the home. Since our last inspection, people had been jointly assessed and most admissions had been for short stays or end of life care. Admissions had been staggered to ensure people were appropriately assessed and potential risks identified.
- Information from assessments was used in planning and delivering care in a way which met people's individual needs. Staff reviewed people's assessments and ensured any changes in needs were recorded and catered for.
- As part of the service's improvement plan, a multidisciplinary meeting had been set up to discuss people's changing care needs, and if necessary, for referrals to be picked up by health professionals. Staff from the service regularly attended these meetings but attendance from some health professionals had declined. In a recent review meeting, staff from the local authority agreed to follow up this issue on behalf of the service.
- There had been some on-going issues around communication between the service, GPs and the supplies from a pharmacy. The interim manager had raised this with the local authority's quality assurance and improvement team (QAIT), who agreed to follow up this issue on the provider's behalf.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain a balanced diet. People living at the home were positive about the quality and range of food. A suggestion had been made at a residents' meeting regarding a new dish to be added to the menu. A staff member confirmed this had been included to the upcoming choices.
- Feedback from relatives showed staff supported people appropriately with their meals and different tastes and styles of presentation were catered for depending on people's choices and needs. For example, they said, "She's enthused about the food and said she had the best chicken pie she had ever had" and "She has a good appetite although it has waned recently she has not lost weight and I was in her room recently and they brought her a lovely plate of food in, they help to feed her, which is what she likes."
- Kitchen staff knew people's likes and dislikes, as did care staff who we observed supporting people during a lunchtime meal. People's reaction to the meal was positive. Staff working in different roles within the home shared information regarding people's eating habits and monitored if people were eating less than usual. This helped keep people well nourished.
- A new system to weigh people had been introduced to ensure a consistent approach to promote accurate monitoring. Where necessary, records showed a referral was made to a GP; other professionals, such as the Speech and Language Team, were also consulted.
- The décor of the dining room had been improved to enhance people's eating experience. We saw people whose choice was to eat in the dining room had been respected. We saw people chatting to one another, and staff supported people in a respectful manner and enabled them to be independent where possible. For

example, discreetly cutting up food or ensuring they had access to their preferred cutlery.

- Throughout our inspection, we saw a range of drinks were readily available. Staff encouraged people to drink, and where necessary, they provided assistance with a gentle approach.

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 a previous 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

- People and their families described staff as caring. People told us, "They are all nice", "I think the staff are kind" and "...on the whole the staff do a good job." Relatives said, "The girls are kind and they look after us and they come and have a chat", "You just ask and the staff help nothing is too much trouble" and "The staff are always gentle with her and kind and it's not put on or she would not have it." Visitors commented positively on the appearance of their relative, for example having access to a hairdresser and their clothes looking well cared for.
- Staff spoke positively about the people they supported demonstrating kindness and respect. One staff member explained, "The residents are the most important people to me." Another staff member said, "I'm really enjoying my role and look forward to coming to work every day."
- Staff knew people well and were aware of what was important to them, they respected their individual past histories, beliefs and life choices. They explained how they got to know people by talking with them, including while they supported them, chatting with their families, reading care plans, handover information and talking with visiting professionals. Supporting people to express their views and be involved in making decisions about their care
- People were involved in decisions about their day to day lives and maintain their independence. This included ensuring people had access to appropriate mobility aids and call bells. One person told us, "I'm encouraged to be independent; I don't want to lose it." Staff offered support but waited for the person's agreement, for example assisting them to move from one room to another.
- Staff understood people's communication needs which meant they could support people to make decisions. We observed staff taking time with people and speaking at their level to gain eye contact and have a more meaningful conversation.

People's privacy, dignity and independence

- People had their privacy respected. They told us how during assistance with personal care staff were respectful. We saw staff respecting people's personal space when they chose to have time alone or spend time privately with visitors.
- Staff ensured people's dignity was respected. We saw staff talking discreetly to people when serving meals and checking how they wished to be supported. They provided support at the person's pace not rushing them and engaging with them about the meal and their preferences.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

At our last inspection the provider had failed to ensure the care and treatment of people met their needs and reflected their preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- Most people were positive about how they spent their time, and some explained how they were able to pursue activities or hobbies that they enjoyed. However, a couple of people said they were bored and would like people to talk with. Relatives were positive about the range of activities and trips that were on offer.
- Since our last inspection, there had been an increase in the number of staff delivering activities and social events in the home. A newsletter had been produced in November 2022 for people living at the home detailing planned events for the month, but we were told this had not been followed due to a lack of planning and consultation amongst the activities team. Following inspection feedback, the interim manager has made arrangements to ensure all activities staff had the skills and resources to plan and carry out a comprehensive monthly plan.
- People had access to trips to external venues and locations as there was adapted transport and a staff member who was available to drive. One staff member explained they were working on re-establishing connections after the pandemic with the local community and external performers to provide more variety.

At our last inspection the provider had failed to ensure the care and treatment of people met their needs and reflected their preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Staff knew the people they supported well. This was demonstrated through their approach and our conversations with them and feedback from people living at the home. People were satisfied with how staff supported them. There were agency staff who were part of the staffing team, and their friendly interactions with people showed their knowledge of people's care needs and their personalities.

- Care files included some personal information and identified the relevant professionals involved in people's care, such as their GP. Appropriate review assessments were completed and up to date. However, they did not always show how people had been involved in the review. Relatives gave a mixed response on how much they were involved in care plan reviews. However, they felt well informed by staff on a day to day basis.
- People's care plans covered areas such as skin care, mobility, personal care and eating and drinking. Where risks had been identified these were monitored. Records for people at risk of pressure damage showed their skin was intact; they had been provided with equipment to reduce the risk of skin damage. A visitor praised staff for the quality of care, which had prevented their frail relative, who was cared for in bed, from developing a pressure sore.
- Some of the people living at the home were receiving palliative care. Conversations with people and their families enabled us to judge that staff knew people well, ensuring they were comfortable and monitoring their pain. One person's relatives commented on the positive impact on their relative since moving to the home. They were reassured staff supported their relative in the way they chose, for example their choice of room and where they chose to sleep, which showed staff respected their relative's wishes.

Improving care quality in response to complaints or concerns

- People said they had not needed to complain, apart from around the volume of the TV in the lounge. Some people also drew comfort from their family being happy with their care. Relatives told us they had not needed to complain; several had pointed out concerns to staff and these had been addressed. For example, a relative said, "We have never had to complain. There was an issue with her magazine, but we told them, and the staff sorted it out straight away."
- Since the last inspection, CQC has received a number of anonymous complaints and concerns, which based on the information appeared to have originated from staff. We shared them with the provider and the local authority. Most of the information was vague and indicated conflict between staff. Some complaints were judged as malicious and not upheld. On several occasions, the provider chose to send the complaints to an external legal advice team and followed their advice, which included actions relating to staff performance.
- The previous manager and the current interim manager had held meetings with the staff group to discuss the allegations and the negative impact on morale. Staff have been encouraged to come forward with concerns to the management team so they could be addressed promptly. Despite this approach, CQC continued to receive anonymous complaints without contact details; this meant we were unable to establish times, dates, staff involved and the impact on people living at the home.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We saw some staff did not ensure people knew who they were talking to if they had a visual impairment. This meant the person had to check who was addressing them and who was in the room. Following feedback, the interim manager met with staff to remind them to introduce themselves.
- Staff reassured people whose verbal communication was impacted by dementia. This helped reduce misunderstandings between people living at the home. Staff were observant and picked up on changes in people's communication noting when these might indicate a change in their physical or mental health. A relative said, "The staff are always gentle with her and kind, and it's not put on or she would not have it."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained 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

- Since October 2020, the Care Quality Commission (CQC) have inspected this service eight times to address different concerns. We have taken enforcement action to drive improvement in the service. At this inspection, we saw evidence of improvements but found they still needed more time to be embedded and sustained by a new staffing and management structure.
- The service has a condition of registration which states that it must have a registered manager to run the home. Deer Park Care Home has been without a registered manager for over three years. Previous managers had been appointed. However, some had some chosen not to take up the post or resigned shortly after starting, were dismissed or chose not to register with the CQC and resigned.
- Since the previous manager resigned on 9 November 2022, an interim manager has overseen the running of the home with the support of staff who are qualified in care. In the past, their role has been linked to the financial oversight of the business.
- The provider has also been the nominated individual for the service. However, they have not fulfilled this role with regards to a consistent oversight of the quality of the care and staff performance. For example, they were unaware of the reason and outcome of a longstanding staff disciplinary matter. CQC have also needed to prompt them to carry out and document their reviews of the service. Since the inspection, they have decided to allocate this role to the interim manager, who now has a greater understanding of the care aspect of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.
- In previous inspections due to an on-going breach of the regulation linked to good governance, a condition was placed on the provider's registration to ensure a monthly report was sent to CQC with information on monitoring risks to people's health. CQC have reviewed the monthly reports; risks linked to pressure damage, dehydration and unplanned weight loss are now being assessed and action taken where necessary.

The provider had failed to establish systems or processes to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection, the provider and the interim manager were in the process of recruiting a new manager with the aim for them to register with the CQC. Since the inspection, a new manager has been

appointed from within the staff team, who has experience, as well as care and management qualifications. We have been informed they will apply to be registered by CQC.

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

- Further work was needed to ensure people living at the home felt they were consulted about the running of the home and the changes being made. People told us they weren't asked for their opinion regarding changes and the management of their home. Some expressed frustration around the lack of consultation.
- Several people said there had been a recent residents' meeting run by the interim manager; one person said the interim manager was "very good and explained what was happening." However, people said no feedback had been given regarding the outcome of their requests. One was for an addition to the menu; kitchen staff confirmed this request was being added but people had not been told. The interim manager has since ensured the minutes of the meeting have been distributed to people living at the home.
- Feedback from people living at the home showed further consideration was needed to ensure people who did not use the lounge were kept informed about changes and their opinions considered. For example, one said, "I've seen managers come and go. I didn't know she had left." Another person said, "Communication could be improved, especially about things going on in the home. We were not told the previous manager had left. It's frustrating."
- Care plans and reviews did not always show how people had been included in decisions around their care.

The provider had failed to establish systems or processes to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Further work was needed to ensure there was a comprehensive and accurate overview of training and a consistent approach to staff inductions. This would help ensure people benefitted from a staff group who had the skills and knowledge to meet their care needs, including their well-being.
- Staff did not benefit from a consistent timetable of staff appraisals and supervisions to ensure they received the support they needed to develop, work as a group and provide person centred care.
- Following our feedback, the interim manager audited response times to call bells, and has identified occasions when staff attended the person promptly but failed to de-activate the call bell alarm. They have held a staff meeting to discuss feedback from the inspection, including accurate use of the call bell system and spending more time with individuals living at the home.
- Since the last inspection, CQC have continued to receive anonymous and generalised concerns, which indicated confidential information was being shared inappropriately either amongst the staff team and/or members of the public. There were also targeted allegations towards specific staff members indicating a poor staff culture. However, there have not been concerns or safeguarding alerts from families, people living at the home or professionals visiting the home.

The provider had failed to establish systems or processes to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us morale had recently improved. They said the atmosphere of the home was calm and the atmosphere was more positive. A staff member commented, "It feels like a team." And another said they were "loving to come to work." Staff members said the interim manager was supportive and open in their

manner.

Working in partnership with others

- The previous manager had worked with the local authority's quality improvement and assurance team (QAIT) to address concerns linked to the care provided and running of the service. However, there were on-going tensions around decision making and poor communication between the provider and the management team, which potentially hampered progress. Feedback on October 2022 from QAIT had been positive about the progress being made.

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 previous manager had been clear in their expectations. They advised they wanted staff to develop and adopt best practice. We saw this approach demonstrated in minutes of staff meetings. This had made some staff unhappy and critical of their approach. Since their appointment, the interim manager had met with the staff group and ensured they understood the changes within the management structure of the home and the aim to provide good quality care. Positive feedback from the staff group during the inspection showed the majority were on board to work with the new management arrangements with the aim for more people to move to the service.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish systems or processes to assess, monitor and improve the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff were suitably qualified, competent, skilled and experienced.