LJ Care Limited

# Deansfield Residential Care Home

## Inspection report

Deansfield
Kynnersley
Telford
Shropshire
TF6 6DY

Tel: 01952603267

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

About the service
Deansfield is a residential care home providing personal care to 12 people aged 65 and over at the time of the inspection. The service can support up to 16 people. The home is a large rural property with bedrooms on both the first and ground floor. People have access to a shared lounge and dining area as well as a large garden. Many of the people residing at the home are living with dementia.

People's experience of using this service and what we found
Governance systems were still being embedded and the provider was working to ensure they had up to date and accurate information about what work was required. This included monitoring care practice and reviewing people's care plans to ensure they had been updated.

People felt safe in the home and risks within the property were assessed. People were supported by enough staff although, there had been recent pressure on the team following a recent staff turnover. The provider was in the process of recruiting new staff. People received their medicine on time, and we were assured by the infection, prevention and control measures in place.

People had access to food and drink throughout the day and staff were trained to support people's needs. People were supported to access health appointments and there was communication with other agencies when needed.

The environment was homely. However, improvements had been highlighted by the provider and plans were in place for the replacement of some furniture and the redecoration of some areas of the home including, replacing some of the flooring.

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.

Staff told us they were positive about the future; acknowledging the past few months had been somewhat difficult. Staff were being mentored to understand and be able to implement the provider policies and procedures and this was contributing to the development of the service and its ability to learn lessons when things went wrong.

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 Outstanding (Published 7 June 2019)

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and the impact of changes to the management of the home. A decision was made for us to inspect and examine those risks.

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.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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|---|---|
| **Is the service safe?**<br>The service was safe.<br>Details are in our safe findings below. | **Good** |
| **Is the service effective?**<br>The service was effective.<br>Details are in our effective findings below. | **Good** |
| **Is the service well-led?**<br>The service was not always well-led.<br>Details are in our well-led findings below. | **Requires Improvement** |

# Deansfield 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
This inspection was carried by two inspectors.

Service and service type
Deansfield 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 however they were yet to register with the Care Quality Commission. Once registered 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 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 had not been asked to submit a Provider Information Return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into consideration when planning this inspection.

During the inspection
We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, manager, senior care workers, care workers and the chef. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

Good

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People were protected from the risk of abuse. Staff received training in recognising abuse and knew how to report it. One staff member told us, "I would speak to the manager if I was concerned but I know how to contact external authorities if things are not sorted."
• People and their relatives told us they felt Deansfield was a safe place to live. One person told us, "I feel safe here." Another person's relative told us, "I have never worried about my [relative] being here. I know there are some challenges in care homes at the moment but I'm fortunate I do not worry about here."
• When safeguarding concerns were raised, we saw evidence that the provider had acted to prevent future harm. For example, additional staffing had been introduced following concerns raised regarding the staffing ratio at night and the fact management no longer lived on site.

Assessing risk, safety monitoring and management
• Risks to people's safety were assessed and plans were put in place to mitigate the risk of harm.
• However, some records did not reflect current risk management plans for people following a change. For example, one person's care plan recorded that a crash mat should be used but staff told us it was not needed when the person was awake, and this decision had been agreed some time ago. We spoke to the provider and they told us they were currently reviewing risk assessments to ensure that the care people received was safe and care plans remained relevant and up to date. .
• Risks within the property were assessed and the necessary checks were made on key areas such as fire safety, gas safety and water safety which evidenced the building was safe.

Staffing and recruitment
• The provider explained to us there had been a recent increase in staff turnover which had led to additional pressures on the staff team. This had been further compounded by the pandemic due to increased sickness. This meant there were times when staffing levels operated at minimum levels.
• We explored this issue with the staff, people and relatives and found all were aware there had been issues but reported the service had managed. Short term strategies such as the use of agency staff had been implemented which, is something they had not done previously. One staff member told us, "It has been a tough few week but under the circumstances I think we have coped well, and everyone has tried to pull together." Another staff member said, "People are not rushed, we still take time with personal care and everything but the activities have suffered a bit but hopefully they will improve when we get new staff."
• The provider was actively recruiting new staff to fill the vacancies as well as taking the opportunity to review the staffing structure in place. We observed conversations between the provider and staff team regarding short term shift cover, shift patterns and roles and responsibilities. This was to ensure there was always a competent team with the right skill mix on shift.

• Staff were recruited following the application of recruitment procedures which included checking qualifications, character and experience. This was to ensure they were suitable to work in adult social care. New staff told us they had been made to feel welcome and part of the team.

Using medicines safely
• People received their medicine on time by staff trained in medication administration. People's care plans recorded how people liked to take their medicine which ensured people received person centred support.
• People's medicine was stored in a dedicated room and daily temperature checks were made to ensure medicine was being stored as intended.
• An external medicine audit had been carried out and the management team were following up on recommendations made. These included the revision of guidance for people who took medicine with a sedative effect.

Preventing and controlling infection
• We were assured that the provider was preventing visitors from catching and spreading infections.
• We were assured that the provider was meeting shielding and social distancing rules.
• We were assured that the provider was admitting people safely to the service.
• We were assured that the provider was using PPE effectively and safely.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured that 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 were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. .

Learning lessons when things go wrong
• The provider had begun implementing their own system for reporting and reviewing of accidents and incidents. This was because previously staff passed on information to their senior colleagues who completed the necessary paperwork. The provider told us they wanted all staff to be able to report things which happened at the time. One member of staff told us, "There was recently an incident which I learnt how to manage and report from start to finish. It felt good to know what to do and get [person's name] the right support."
• The provider identified areas for improvement in relation to record keeping and were implementing new systems to ensure that incident records and reports were located in one place, alongside notifications to external agencies such as the local authority and us, CQC. This meant they could be confident all the required actions had been carried out and share information with other agencies more easily.

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Many of the people who lived at Deansfield had done so for many years and their needs and choices were assessed by the previous provider. The new provider had begun reviewing people's assessments and care plans to ensure they fully understood people's needs so staff could deliver appropriate care.
• A new care plan template had been implemented and all staff were being encouraged to contribute their knowledge and understanding of people's current needs. One staff member told us, "People get the care they should, and everyone is happy but none of the staff here wrote the current care plans so we need to go through them and spend time checking they are correct."
• The provider worked alongside commissioners for both health and social care to ensure people's needs, especially those with advanced dementia, could continue to be met in a residential care home environment. This work was instigated by the commissioners, but we were reassured it offered the provider a chance to ensure people were getting all the support they needed.

Staff support: induction, training, skills and experience
• All the staff we spoke to told us they had received training relevant to their role. We reviewed the training matrix and saw most staff were up to date with their online training. One staff member told us, "This is my first care job. When I started I was allocated loads of training to do which I have completed and really enjoyed."
• We observed another staff member being mentored on a 1:1 basis on medicine administration. The senior staff on duty explained the various checks needed to make to ensure people's medicine was stored and administered safely. This showed us staff were being trained on the systems in place.
• We did read in one person's care plan that staff were permitted to cut the persons' toenails. This concerned us due to the risk associated with cutting people's toenails. We discussed this with the provider who agreed to explore what training staff had received and, whether staff were competent to do this. The manager advised staff not to cut people's toe nails while this work was carried out.

Supporting people to eat and drink enough to maintain a balanced diet
• People were observed being supported to eat and drink at regular intervals throughout the day. People who spent more time in their rooms were seen to have access to drinks which were consistently within reach of where they were seated.
• People were able to have their meals at whatever time they wanted which ensured if people were not hungry at mealtimes, they could eat later. One person told us, "I like that I can sleep in and eat my meals when I want, that is what I did at home."
• The chef at the home demonstrated a clear understanding of not only people's tastes but also how to

encourage people to engage in the eating process. We observed the chef mentoring a new staff member in how to encourage a reluctant individual to eat. The approach we saw was effective and the person subsequently ate their meal.

Staff working with other agencies to provide consistent, effective, timely care
• During our inspection we observed care reviews taking place, health professionals visiting, and family discussions being held. We saw staff working to ensure agencies were kept up to date and information being shared with other staff members during handover.
• People were referred to other agencies when needed and communication was maintained. For example, some people required rehabilitation in alternate settings following discharge from hospital. The staff told us they maintained contact with all parties up in preparation for the person returning home.

Adapting service, design, decoration to meet people's needs
• The building was in a reasonable state of repair. There were some areas the provider had highlighted needed redecoration and we saw there was a plan in place to ensure these works were completed.
• New furniture had already been purchased for the lounge and work had been carried out in people's bedrooms following a request received via the quality assurance system.
• The staff in the home had created displays on the wall which made the environment feel homely. For example, on one corridor people were able to display their wedding pictures. We also saw digital activities were available which were beneficial to people living with dementia.

Supporting people to live healthier lives, access healthcare services and support
• People were supported to access health services despite the impact of the pandemic. Regular reviews with the local GP surgery took place and people were supported to attend hospital appointments when requested. One family member told us, "As a family we attend the hospital appointments, but the home always has [relative] ready and make sure we know what is going on."

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.
• People were observed being supported to make decisions on a regular basis. Despite some people having a diagnosis of advanced dementia the staff team consistently engaged people in conversation and asked their view. For example, where they wanted to sit in the lounge or what drink they wanted.
• Formal capacity assessments were found in people's care files and the process existed for these to be reviewed and updated when needed. The manager told us, "We will review the MCA assessments alongside the care plan."
• We found DoLs applications were submitted to the local authority and renewed on a regular basis. We did not find anyone who was subject to any conditions.

Requires Improvement

# 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 outstanding. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The provider's governance systems were still being embedded following the transfer of ownership from the previous provider.
• At the time of inspection, the provider was still working through the necessary checks and audits to ensure they had accurate information on what was and was not working and if any tasks required more attention. For example, care plans were still being reviewed and the provider was still in the process of getting to know people and match the care observed with the documented directives.
• While we didn't feel anyone was at risk in the home, we had to acknowledge the management team were not able to offer us the reassurance people were getting the right care as they were still re-assessing people's needs to ensure care plans were relevant and up to date.
• The provider demonstrated they were committed to meeting their responsibilities but told us they needed more time to ensure all checks and audits were carried out. This meant we could not say with confidence the governance systems were effective because the provider was not yet in possession of all the information needed. The provider told us, "We had a handover when we took over the business but due to covid we were not able to spend as much time in the service as we would have hoped, and this has had an unfortunate impact. I am confident we will get there; it is a lovely home and I have a great team working with me."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care
• We found the atmosphere in the home welcoming and people appeared settled and interacted well with each other and the staff team. Most of the staff we spoke with were positive about the future having recognised the past few months had been tough. One staff member told us, "I love it here, it is a great home, we are still one big family and like all families we have our ups and downs, but the care is always good." Another staff member told us, "I won't lie I am exhausted from the past few months, but things are definitely improving."
• We observed the provider consistently speaking with staff and gathering their views on the people living in the home and how the service is run. This meant staff were enabled to share their views and be part of the services development. The provider also told us about the various networks and support they were getting from others in the sector to support them develop and improve the service.

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 was aware of and acted upon their duty of candour. The accident and incident reporting process in the home was under review but family members were reassured that they were kept up to date when something happened.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and their families were engaged in dialogue with the provider regarding the standard of care received and any necessary improvements. Quality assurance questionnaires had been sent out to all families and action had been taken based upon some of the feedback already received.
• Families told us they had been communicated with since the change in provider. Some told us they were aware there had been some complications as part of the transition process, but all told us they felt confident with the care being delivered.

Working in partnership with others
• The provider was in the process of building relationships with others in the local area. These included provider groups, the local authority and community health teams.