Holsworthy Health Care Limited

Deer Park Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

About the service: Deer Park is a residential care home that was providing personal care and support to 52 people at the time of the inspection. The care home can accommodate up to 54 people in a single two-storey building.

People's experience of using this service:
People said they felt safe and their needs were being met by staff who knew them well. One person said, "We are well looked after, sometimes there is a short wait, but they are very good."

There had been some shortfalls in staffing numbers over the previous weeks prior to this inspection. This was due to staff sickness and staff leaving. The manager had recognised that the current staffing arrangements needed reviewing and had already agreed with the provider to increase by two additional care staff per shift. This was being implemented within a few days of our inspection visit. We have made a recommendation for the service to follow best practice and utilise a dependency tool to keep staffing levels under review. Staff recruitment was robust, and staff understood how to keep people safe and report any concerns they may have.

The manager had discussed the need to streamline the management structure with the provider and this was work in progress. They had implemented a number of good initiatives to respond to the local community needs. This included procuring three NHS- funded beds within the home, a respite care bed and adapting a small lounge into a suite for use by couples. They were also in the process of setting up day care in a separate building but on site, for up to 10 people. This showed they were responsive to the local community needs and were working in partnership with other stakeholders to achieve this.

Risks were being assessed and actions put in place to keep people safe. This included risk of falls, pressure damage and poor nutrition. People's medicines were managed safely and recording of topical creams had improved since the last inspection.

There were quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

Rating at last inspection: At the last inspection this service was rated overall good with good in all key areas except Safe which was rated requires improvement. (Report published 18 April 2018)

Why we inspected: We carried out this focussed inspection because we had received several concerns which had a key theme of there not being enough staff and people's needs not being met in a timely way. We also received information about a person who had been admitted to hospital with pressure sores. This inspection did not specifically look at this issue, but we wanted to assure ourselves other people were not at risk from developing any pressure damage.

During this inspection we looked at two key areas of Is the service safe? and Is the service well-led. ? At the last inspection we found safe was requiring some improvements. At this inspection we rated safe as requires improvement, but for different reasons.
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.
We have found evidence that the provider needs to make improvement. Please see the "Is the service Safe?" section of the full report.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns, we may bring our inspection forward.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Details are in our Safe findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

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

The inspection was prompted in part by an alert about a person being admitted to hospital with some pressure damage. This incident is subject to further investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk of pressure damage for people. This inspection examined whether care was following national guidance to ensure other people were not at any risk.

Inspection team:
The inspection was completed by one inspector.

Service and service type: Deer Park is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.
Deer Park is a home providing accommodation and personal care to a maximum of 54 people. It is not a nursing home. At the time of the inspection there were 52 people living at the service. The service is provided in one purpose-built building over two floors.
The service had a manager who is in the process of registering with the Care Quality Commission. This means the provider is currently 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, no notice was given.

What we did before the inspection:
We used information we had received about the service since the last inspection to help us identify any key areas we needed to focus on during the inspection. We looked at information we held about the service, including notifications they had been made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example the local authority and members of the public. This included information of concern received in respect of staffing levels.

We used all of this information to plan our inspection.

During the inspection –
We spoke briefly with four people living at the service and five relatives. We spoke with five care staff, the manager and provider. We reviewed two care plans, two electronic records in relation to medicines and three staff recruitment files.

After the inspection-
We heard feedback from two health professionals and the quality leads for the commissioning team.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same.

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. Regulations may or may not have been met.

Staffing and recruitment

Prior to this inspection we had received some information of concern from five different sources stating staffing levels were not sufficient for the number and needs of people living at the service at some key times. We shared this information with the provider and received responses, but we wanted to check staffing levels were meeting people's needs safely.

- There had been a high number of falls during the night and this may indicate there was not always sufficient staff cover because despite people having equipment such as pressure mats to alert staff, they were still having falls.
- We found some shifts had run below the provider's preferred staffing levels. This was due mostly to sickness.
- The provider was not determining how many staff were needed on each shift taking into account people's needs. Instead they were currently basing it on what the provider described as national guidelines of one to ten for residential people and one to five for people living with dementia. However the manager had looked at peak demand times and had presented a case to the provider to increase staffing on each shift. During the inspection, the provider agreed to increase staffing within the next few days, using agency staff where necessary.
- The manager explained the increase equated to two care staff on each shift. This would mean 12 care staff for days and eight care staff for nights.
- Following discussion with the manager and registered provider they agreed to increase staffing within the next few days once they had time to complete rotas and request agency cover.
- The manager said they had recruited some new staff, some of these were still awaiting the required checks.

Recruitment processes ensured people were protected from the risk of unsuitable staff being employed. People and visitors we spoke with said their needs were being met, although one did say they had noticed some weekends appeared short staffed, but they did not think this had impacted on people.

We recommend the service looks at best practice and national guidance for using a dependency tool for reviewing staffing levels.

Assessing risk, safety monitoring and management; learning lessons when things go wrong
We had received some information stating a person had been admitted to hospital from the care home with pressure damage. This incident was being looked at via the safeguarding processes from the local authority.

We checked people had risk assessments for this risk and where risks had been identified that equipment and measures had been put in place.
• People had risk assessments in relation to pressure damage. Appropriate equipment was being used, such as specialist mattresses, and staff were regularly repositioning people who had limited or no mobility.
• The community nurse team worked closely with the care staff in monitoring people who were at risk of pressure damage. There were clear care plans. Where plans showed risk, staff followed the measures to mitigate these risks.
• The manager said there had been some key learning from the incident of someone being reported as having been admitted to hospital with pressure damage. They have changed their practice to include a full body map on arrival to the home and a full body map if going to hospital or being discharged elsewhere. Their daily records showed the person in question was being regularly checked for pressure damage and none was recorded.
• Other risks were also assessed, including risk of falls, choking, poor hydration and nutrition. Actions needed to reduce risks were clearly documented so staff could provide safe and consistent care to people.
• Although monitoring and risk analysis was completed in respect of falls and incidents, the service had not included looking at the times of these and assessing whether there a need to review these more closely. For example, we noted there had been a high number of incidents and falls during the night. Their analysis had looked at reasons why, so for example one person had an infection which led to increased confusing and increased falls. The manager said they would include a review of times of incidents as part of their ongoing risk monitoring.
• Systems were in place to monitor health and safety, including checks of fire systems and equipment, water temperatures, odours and equipment such as air profiling mattresses and wheelchairs.
• Monthly checks were made to ensure emergency lighting, fire exits, and window restrictors were in good working order.

Using medicines safely
• At the last comprehensive inspection, we completed a full review of medicines and the records and found these were safe. However some improvements were needed in respect of how topical prescribed creams were being recorded. At this inspection, we only looked at this one area to see if the required improvements had been made.
• People's prescribed creams were now being kept in their own rooms in a locked bag. Records for their application were handwritten and included body maps with instructions of where each cream should be applied. These records were being audited on a monthly basis. This was an improvement from the last inspection and meant staff had clearer directions and records were accurate and kept up to date.

Systems and processes to safeguard people from the risk of abuse
• People said they felt safe and well cared for. One relative said, "We feel our parent is being well looked after and they are safe here."
• Staff knew who, and what, to report should they have any concerns about abuse. They were confident their concerns would be listened to and actioned.
• The manager understood their responsibility to report and work closely with the local safeguarding team and commissioning teams.

Preventing and controlling infection
• Staff were supplied with personal protective equipment for use to prevent the spread of infections.
• The home was clean and free from odour. There were hand sanitizers around the service for people, staff and visitors to use.
• People and visiting relatives said the home was kept clean and tidy.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

● The manager had recognised that staff needed a forum to discuss their views about the service. She had therefore, over the last month, given staff in- depth questionnaires to complete and was analysing the results of these. They had highlighted that staff were feeling the pressure to get people's needs met and wanted the staffing levels to be reviewed. The manager had responded to this quickly and agreed with the provider to increase care staff numbers by an additional two on each shift. Staff said they believed their views were being listened to.

• The manager had bid for, and won, the tender to provide some block beds for the NHS. This showed they were forward thinking in wanting to be a valuable resource for their local community. This was a much-needed resource for people in the local area to have a bed for convalescence and/or time to recover from a major illness as there were no community hospital beds.

• The manager and provider were in the process of setting up a separate day care facility on site but in a separate building. Although this will be not be regulated by CQC, it shows the service were responding to local need and promoting a person-centred approach.

• The manager had provided a full report following the incident of someone being reported as having pressure damage having been admitted into hospital. They were keen to work with healthcare professionals to find out what if anything went wrong for this person. They also wanted to ensure measures were in place to keep people protected from this type of incident happening again. They were open and transparent in their review and feedback about this incident and had changed their way of working so their evidence to demonstrate meeting people's needs would be more robust.

• .The service had developed one unused lounge into a suite for couples to use in response to this need. This was in keeping with their visions and values to provide a homely environment where people can lead their everyday life with support as needed.

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

• The manager had delegated some of the audits and quality checks and acknowledged that some staff may need additional training and support to do these effectively. They were in the process of doing this. This had not impacted on the outcomes for people, but the manager recognised the need to ensure audits were used

to drive up improvement.
• The manager had spoken with the provider about roles and responsibilities and they were working on some management changes. This was work in progress. The provider had oversight of the service and reviewed the work being done by the manager and staff team. The provider was at the service most days and frequently "walked the floor" to gain people and visitors views.
• Staff were positive about the new manager and their ethos to improve the service and provide high quality care and support. One said "The trips for people going out have increased to three times a week. This is great because some people really enjoy getting out and about. The manager listened to our views and made it happen." People confirmed their views had been listened to about the trips they wanted to go on and some menu changes.
• The manager was aware of the responsibility to report important matters to CQC. They had liaised on a regular basis with CQC about what was happening within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●The manager had made good use of questionnaires to gain staff, people and relatives views. They had also instigated more meetings to give regular feedback to all these groups.
• People's equality characteristics were fully considered when planning and reviewing the service. For example, ensuring a married couple had their own space to enjoy their time together. Looking at how people's cultural and religious needs could be better met, getting people out to church if this is what they so desired.

Continuous learning and improving care; Working in partnership with others
●The manager was passionate about ensuring staff had good quality ongoing learning. She had made good use of Skills for Care and helped to enrol staff on care courses with free funding. She had also ensured training which staff needed to update was being booked. A variety of learning methods was used to support staff with different learning styles not just on-line workbooks.
• The service worked well with other organisations. They had good working relationships with local healthcare services and worked with them to achieve the best outcomes for people. One healthcare professional said "We have been working closely with the manager and staff and they are very responsive to our suggestions and work well with us."