

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?

Requires Improvement ●

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 people aged 55 and over at the time of the inspection. On the first day of inspection there were 22 people living at the home. The service can support up to 56 people in a purpose-built building which has two floors. The upper floor can be accessed by a lift. There is an area of enclosed outdoor space.

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

We identified areas for improvement in some aspects of medicine recording and infection control and have made recommendations to improve practice in these areas. However, we judged the previous breaches linked to safe care and treatment and good governance had been met due to improved practice and recording. The provider and manager have been responsive to feedback from the Care Quality Commission and health and social care professionals. They have worked alongside the local authority quality assurance team to look at ways of improving the service and people's experience. The service is no longer part of a whole service safeguarding process because of the improvements made.

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; the manager demonstrated their role to safeguard people by their actions. The recruitment process had been revised to make it more robust to protect people living at the home, for example changes to application form and a comprehensive index of checks undertaken on applicants' files.

People and relatives were positive about the staff group. One relative told us, "They look after Mum extremely well, she has a nice room, and they are always popping in to see her, she loves it when they stop for a chat." We saw people had good relationships with staff. People and relatives told us staff provided a good standard of care and support. During the inspection, we saw person centred practice by staff, showing sensitivity and compassion. Staff knew people well and people said they felt safe.

Improving staff morale and teamwork was still an on-going process, which the manager showed commitment to addressing through improved training, supervision, regular meetings and being clear regarding their expectations. The manager was clear where further work was needed to enhance the staff group's training and confidence. They recognised the staff group would need to develop their skills in their pre-admission assessments as it had been a number of months since there had been a new admission.

The home was clean, and staff adopted good infection control measures linked to Covid-19. The manager had identified areas for improvement in the internal layout and outdoor space, which were planned once the service benefitted from an increased income from new admissions.

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.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 15 October 2021) and there were breaches of regulation. The manager completed a monthly action plan after the last inspection to show the steps they had taken to improve. At this inspection we found improvements had been made and the provider was no longer in breach of two regulations linked to safe care and good governance.

This service has been in Special Measures since February 2021. During this inspection the manager demonstrated improvements had been made. The service is no longer rated as Inadequate overall or in any of the key questions. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures. Therefore, this service is no longer in Special Measures.

Why we inspected

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.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Deer Park Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Follow up

We will continue to request an action plan from the provider to understand what they will do to improve the standards of quality and safety in Effective and Responsive. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe 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 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

One inspector visited the home on the first and second day. On the third day of the inspection, a second inspector visited the home to check how medicines were managed. On the fourth day, verbal feedback was given to the provider and manager. During the inspection, an Expert by Experience spoke with people visiting at the home via phone calls to gain their views. 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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, a manager had been in post for eight months and now plans to register with CQC. The provider is also the nominated individual and is therefore responsible for supervising the management of the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We reviewed monthly action plans sent by the manager to CQC. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke nine people living at the home, five relatives and eight staff members, including the manager. We also received written feedback from eight staff.

We reviewed a range of care records, including records relating to fluid and nutrition, and a selection of medicine records. We looked at three staff files in relation to recruitment. We reviewed safety records, minutes from meetings, staff rotas, information on staff training and supervision. We looked at records relating to the management of the service and action plans.

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 talk with us. 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 Inadequate. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- ☐ Improvements were needed in some aspects of medicine practice, including staff not monitoring or recording the outcome of giving a when required medicine. Staff did not record the precise time that time sensitive medicines were administered. When asked, staff told us that they had an informal verbal handover of medicines times, for example, paracetamol. This increased the risk doses of time sensitive medicines may be given too close together.

We recommend the provider consider current guidance on recording prescribed medicine, including time sensitive and when required medicines, and take action to update their practice.

- ☐ People were supported to take their medicines by staff who respected their dignity. Staff knew people well and used this knowledge to decide when to give a when required medicine based on how the person was. It was clear from medicine records how people liked to take their medicines. There was no evidence that people were being under or over-medicated.
- ☐ Staff handling medicines had been trained and were assessed as competent to deliver the tasks asked of them.
- ☐ Medicines were ordered, stored, recorded and disposed of safely.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we have highlighted the current layout of the laundry does not promote a robust barrier between clean and soiled laundry once there are higher volumes of laundry. Currently there are only 22 people living at the home as opposed to the full capacity of 56 people. The room is small and only has one entrance and 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 recommend the provider seek advice and guidance from a reputable source to promote good infection control practice in the laundry.

- We were assured the provider was preventing visitors from catching and spreading infections. Relatives confirmed this was the case.
- We were assured the provider was meeting shielding and social distancing rules.

- We were assured the provider was using PPE effectively and safely. We saw good practice during our inspection and health professionals confirmed they'd observed regular good infection control practice.
- We were assured the provider was accessing testing for people using the service and staff. We saw evidence of how this was managed and the systems in place.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The manager followed guidance from infection control agencies during outbreaks.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's risk of developing pressure sores was assessed and well managed. Nobody living at the home had a pressure sore. The manager said this was because they were repositioned regularly which reduced the risk of skin damage. People's care needs were frequently monitored via a new electronic care system and visual checks.
- Changes had also been made to how people were supported with their meals to improve their health. A relative commented, "They know Mum well, and they know when she is 100 percent, they are doing a damn good job in difficult times."
- Health professionals reported positively on the improved standard of care and good communication from staff with their teams. For example, a health professional commented people were beautifully cared for and another health professional wrote 'staff are friendly and willing to help and support the team ... The staff take all advice given to them from the team and put this into practice.'
- Records showed regular contact with health and social care professionals through monthly health and social care meetings. Staff explained they were able to seek advice and advocate for people living at the home to have their health needs met. Staff said their knowledge had increased after undertaking training in Restore2, a national tool which helped them spot early signs of deterioration.
- Management of risk had improved. Some people required their fluid and food to be monitored to reduce the risk of dehydration, malnutrition and unplanned weight loss. Goals and actions by staff were based on the individual. For example, at lunchtime we saw staff changed their style of approach based on people's personal preferences expressed during the lunchtime meal.
- Training had helped staff become more aware of the types of food which included fluid, such as soup, to enhance people's intake and improve their health. We checked the weight records for two people whose food and fluid were monitored; their weights were regularly reviewed, they were stable, with one person's weight increasing.
- During the inspection, external contractors were completing electrical safety checks and records showed equipment was serviced regularly, checks regarding hot water temperatures and monitoring the risk of legionella were completed and the building maintained.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and relatives told us the staff were caring. One relative said, "We are very pleased with the care she is getting; I am aware the home has had issues in the past, but she is well looked after." Staff understood their responsibility to report abuse and poor practice.

- Since the last inspection, CQC has received information from anonymous whistle-blowers raising concerns about working practices. However, this information has been generalised with no specific information, such as dates and names. The manager thoroughly investigated the concerns and sent their findings to CQC and the local authority. The outcome showed the concerns were unsubstantiated.
- Staff were accountable for their actions. Changes made by the manager, including performance managing some staff, and dismissing others showed they were actively working to safeguard people and promote a person-centred culture at the home.
- The manager has worked openly throughout the whole service safeguarding process chaired by the local authority. This process is now closed because of the progress made. A quality assurance team from the local authority will assist the manager and staff to continue make improvements.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment; Learning lessons when things go wrong

- The recruitment process had been revised by the manager. This including changes to the application form to ensure a robust check on people's employment history and a clearer check list to provide an improved audit trail. This was following an error made in the recruitment of one person, which was resolved by the manager when it came to light. References and the Disclosure and Barring service (DBS) were used to ensure staff were suitable to provide support for the people living at the service.
- Staffing levels met people's care needs. Some staff said there were not enough care staff on each shift, although we did not find evidence of an impact on people living at the home. However, there had been shifts where some care staff worked additional hours to cover short notice staff sickness. Other staff, such as well-being and housekeeping staff, provided additional support. The manager had made changes to the staffing structure to promote improved team working across departments to benefit the people living at the home. For example, we spoke with maintenance and housekeeping staff who were enjoying supporting an individual with life skills.
- In our conversations with people visiting and living at the home, staffing levels were not raised as a concern, although people hoped the staff team would stabilise as there had been a high turnover of care staff. Based on records and contact with staff, some staff appeared unhappy at the changes and improvements being implemented and had therefore chosen to leave.
- People living at the home said call bells were responded to in a timely way. People confirmed they could have baths and showers at a time which suited them and on a regular basis. Records confirmed this, and staff gave examples of how practice had changed to be more flexible.

Visiting in care homes

- People told us they were able to receive visitors. Relatives confirmed visits took place and understood the

need for protective clothing and testing. However, two said they would appreciate more timely communication when visits had to be cancelled due to Covid-19.

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 Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to establish systems or processes to assess, monitor and improve the quality and safety of the service. This was a repeated breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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 seven times to address different concerns and taken enforcement action to drive improvement in the service. Monthly reports were submitted to CQC to show what actions the provider had taken to make the service safe. A comprehensive service improvement plan also showed completed actions and positive changes for people living at the home.
- At this inspection, we saw evidence of the recent improvements but judged they still needed time to be embedded and sustained. On this inspection, we looked at the domains for Safe and Well-led. We found there were no longer breaches in connection to good governance and managing risk, which had been continued breaches of regulation in previous inspections.
- The service had been without a registered manager for over three years. Managers had been appointed but some chose not to take up the post or resigned shortly after starting or were dismissed. In 2020, the provider had appointed a consultancy company in response to feedback from external agencies. After finishing their contract with the consultants, the provider appointed a new manager who has been in post for eight months and was now working on their application to register with CQC.
- With the guidance of the manager, the provider now recorded the outcome of their newly developed quality assurance checks, which they acknowledged previously had been informal and not comprehensive or effective. However, they were reviewing their own role as Nominated Individual as they were hoping in the future to appoint a more experienced person to fulfil this position. In the meantime, they have assured CQC they recognised their responsibility to complete regular effective audits to ensure people are safe and the manager is running the home well.

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breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The atmosphere had improved at the home; it was calmer and more organised. For example, a staff member commented there was "a more peaceful and relaxed atmosphere now." They linked this to some staff leaving and experienced staff being appointed with a positive outlook. Call bells were answered in a timely way. People living at the home were chatting with each other and staff; they looked at ease.
- People told us they were happy living at Deer Park and explained their reasons. For example, three people said, "I think it's on the up", "Better than it was" and "Nothing to complain about." They were confident they could go to the manager and head of care if they needed information or had concerns.
- There was more of a sense of purpose among the staff group to work as a team. However, the manager recognised there were some pockets of staff across different departments who needed further encouragement to accept new ways of practice. And to understand the changes to the staffing structure in line with the needs of people living at the home.
- As part of our inspection, current staff fed back their views on the service. It was a mixed response. Nine staff, who fed back to us, embraced the new ways of working, including experienced staff who had returned to work at the home. They were positive about the manager's impact on running of the home. For example, "The best manager I've met in a long time" and "I have no concerns, I see improvement all the time, the team is efficient and organised, communication is excellent and we all care dearly for our residents." In contrast, four current staff felt their roles were being undermined, were not happy with the management style and had concerns about staff deployment.
- Since the last inspection, the layout of the home had changed based on previous feedback. The manager had considered people's individual needs with them and their families. This had resulted in most people living with dementia being integrated into bedrooms on the ground floor of the home rather than living in an upstairs locked unit. This meant they had easier access to outdoor space and communal areas on the ground floor.

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Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People living at the home were satisfied with the running of the home. They had recently been consulted about the menu and trips out. People fed back their views on the number of trips and during our inspection, they looked happy and relaxed on their return from Boscastle. Staff ensured the trips were inclusive to everyone.
- The manager recognised many relatives wanted to be more involved in the life of the home. In response they had instigated newsletters, increased e-mail communication and were working on families becoming involved in face to face regular reviews and meetings.
- Families reported they were beginning to see improvements in communication about the running of the home, but this needed to be progressed further and sustained. The manager recognised it was work in progress.
- Some staff were concerned about the future of the home and were keen for new people to move to the service so they could prove the lessons that had been learnt while admissions had been restricted.

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Continuous learning and improving care

- People were supported by a staff team who wanted Deer Park Care Home to succeed to provide a stable and caring home. The manager had addressed poor staff practice and, where appropriate taken disciplinary steps leading in some cases to dismissal. They were clear their aim was to establish a staff team who worked in a consistent and safe manner.
- The provider had invested in a new electronic care system at the request of the manager to improve the management of risk. We saw staff care entries had increased as staff recognised the importance of showing how they monitored people's care and assessed risks to their health.
- A new training scheme was in place; staff had been required to complete a self-assessment of their skills and competence, which the manager was reviewing with them.
- The manager had identified areas for improvement in the layout and outdoor space, which were planned once the service benefitted from increased income from new admissions.

At our last inspection the provider had failed to establish systems or processes to assess, monitor and improve the quality and safety of the service. This was a repeated breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Working in partnership with others

- Recent feedback from health and social care professionals has been positive and recognised the improvements in the running of the home. They said staff followed advice and requested guidance with better communication and planning for people's care. For example, one person had moved to another care home so their changing care needs could be met. A health professional praised the knowledge of staff at Deer Park Care Home. This had helped the new care home support the individual to settle as they learnt from Deer Park Care Home how to meet the person's preferences.

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

- Feedback and records showed the 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, supervision topics and by working alongside staff to provide care. This had made some staff unhappy and critical of their approach and led to negative allegations which had not been substantiated.
- Since the last inspection, there had been one formal complaint, which the manager had shared as part of the safeguarding process. People told us a previous on-going complaint linked to laundry and lost clothing had now been resolved. The manager was keen to address concerns quickly to prevent complaints building.