

LJ Care Limited

# Deansfield Residential Care Home

## Inspection report

Deansfield  
Kynnersley  
Telford  
Shropshire  
TF6 6DY

Tel: 01952603267

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19 April 2022

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05 May 2022

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the Service

Deansfield Residential Care Home provides accommodation and personal care to 13 people aged 65 and over at the time of the inspection. The service can support up to 16 people.

The home is situated on three floors providing bedrooms on the ground and first floor which are accessible via stairs and a passenger lift. People have access to a lounge, dining area and a pleasant outdoor space. Bathrooms and toilets are situated near to all communal areas.

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

Governance systems were ineffective at identifying and correcting issues at the home.

People could not be assured they would be cared for safely and that their medicines would be stored, administered and recorded appropriately. People could not be assured that lessons would be learnt if things went wrong.

People did not have detailed care plans and risk assessments which meant staff may not have the information to support them safely. Checks to ensure staff training had been embedded were ineffective which meant they might not be supported in a safe way.

People could not be assured they would receive person centred support as care plans lacked detail about the people they were written for. People may not receive information in a format they understand.

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](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 20 May 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

### Why we inspected

The inspection was prompted in part due to concerns received about lack of leadership, poor management of people's medicines and poor risk management. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

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

### Enforcement

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

We have identified breaches in relation to regulation 12, safe care and treatment and regulation 17, good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### 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 not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always caring.  
Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The Service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# 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 out by one inspector over three days.

#### Service and service type

Deansfield Residential 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

#### Notice of inspection

All three days of the inspection were unannounced. We telephoned the provider from outside the home to

find out the COVID-19 status in the home and discuss the infection, prevention and control measures in place.

#### What we did before inspection

We reviewed information we had received about the service since the provider's last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with 9 members of staff including the nominated individual, manager, deputy manager, senior care assistant, care assistants, activity co-ordinator and domestic staff. We observed staff providing support to people in the communal areas of the service. We reviewed a range of records. This included four people's care records and medicines administration records. Quality monitoring systems and a variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued review records and sought clarification from the registered provider to validate evidence found.



# 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

At our last inspection the provider had failed to ensure that medicines were safely managed. This was a breach of regulation 12 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 12.

- Medicines that were classed as requiring additional control measures were not being managed safely. We found that on two occasions staff had reduced the running totals in the register. No explanation was recorded for the missing medicines and when we raised this with the provider, they were unaware that this had taken place. The provider took immediate action to investigate the missing medication.
- We found further errors in the register when staff were incorrectly entering medicines when they had been received from the pharmacy, which meant that the running totals of stock held in the home were incorrect.
- Medication administration records (MAR) were incomplete. We found missing signatures where staff had failed to sign when they had administered medicines to people. This meant we were unable to determine whether people had received their prescribed treatment.
- A handwritten MAR was also found which had only been partially completed and lack details of the medicine, dose and details about the person the medicine was administered to. This meant there was an increased risk of staff making an error when administering this medication.
- Medicines were not labelled correctly. We found a liquid medicine in the medicine trolley that had not been labelled when it had been opened. The manufacturer stated that it should be disposed after 1 month of opening. This meant that the provider could not be sure that the medicine would be safe or still effective if administered.

This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

At the last inspection we found risks to people had not been fully assessed. This was a breach of regulation 12 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 12

- People's care plans and risk assessments lacked comprehensive information about their health and

support needs. This meant staff did not have access to information needed to support them in a safe manner.

- One person's care plan identified them as requiring a soft diet, but there was no information about what level of modified diet they required as per guidance from the assessing professional or what high risk foods should be avoided. This information was later found in a file in the kitchen but should be available to all staff and form part of their care plan. Whilst we were assured that meals were being prepared safely; we could not be assured that staff including those employed through agencies would know where this information was held if they provided food or drink to people when the cook was not working.
- Where people had been assessed as being at risk of falls or needing support from staff with their mobility, the risk assessments did not provide staff with information on how to reduce or mitigate the risks.
- At the last inspection we identified similar concerns around the poor management of medicines and lack of detail in care plans and risk assessment. The provider had failed to act, and people continued to be at risk of harm.

This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found that peoples personal emergency evacuation plans had improved since the last inspection and had been tested with fire drills.
- Checks of equipment, water hygiene and of gas, electrical and fire safety systems and equipment had been carried out by registered contractors as required by law. Regular 'in-house' checks of, for example, fire bells, fridge/freezer and hot water temperatures had taken place.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure that infection control was managed to prevent the spread of infection. This was a breach of regulation 12 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 12.

- 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.

### Visiting in care homes

- The provider was allowing visiting at the home in line with government guidance.

### Staffing and recruitment

At the last inspection we were concerned that staffing levels would not allow the safe evacuation of people



in the event of an emergency at night and that there was not always enough staff to ensure people were able to engage in meaningful activities. This was a breach of regulation 18, Staffing, 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 18.

- The provider was unable to demonstrate how staffing levels were assessed when people's needs increased to ensure that they remained at a safe level. We discussed this with the provider who agreed that they would implement regular checks to ensure staffing remained at a safe level.
- Throughout the inspection we saw that there was sufficient staff to respond to people's needs in a timely manner.

Systems and processes to safeguard people from the risk of abuse

At the last inspection we found that the systems in place to protect people from abuse were ineffective. This was a breach of regulation 12, Safe care and treatment 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 12.

- Training records showed that staff had received training in safeguarding people from the risk of abuse.
- Staff we spoke to had a clear understanding of the different types of abuse and what to do if they had concerns. One staff member told us, "If I had any concerns that abuse was taking place, I would report it to the manager and if I felt I wasn't listened to I would report it to the safeguarding department directly."

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the home. This information was used to form the basis of their plan of care. However, we saw that when people's mobility had decreased, or their dietary needs the care plan and risk assessments had not been updated to include the level of detail required for staff to be able to support them safely.

Staff support: induction, training, skills and experience

- The provider could not be assured staff training was embedded into working practices. Although staff administering medicine had been trained and competency assessments carried out, these had failed to identify that staff were not completing the administration of medicines correctly.
- Staff undertook a training programme to ensure they had the knowledge and skills to carry out the role. Staff were positive about the training they had received, on staff member told us, "It gave me the skills and knowledge to do the job."
- The provider maintained a matrix of staff training to ensure that refresher training could be booked when required.
- The provider showed us that staff had been booked onto training to be able to deliver training themselves in-house.

Supporting people to eat and drink enough to maintain a balanced diet

- People could not be assured that their dietary needs would be met. We saw care plans had identified the need for regular weight and malnutrition checks, yet these were not consistently carried out
- People spoke positively about the food at the service, one person told us "I really enjoy the food here."
- One person's care plan identified them as requiring a soft diet, but there was no information was about what level of modified diet they required as per guidance from the assessing professional or what high risk foods should be avoided. This information was later found in a file in the kitchen but should be available to all staff and form part of their care plan. Whilst we were assured that meals were being prepared safely; we could not be assured that staff including those employed through agencies would know where this information was held if they provided food or drink to people when the cook was not working.

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

- The accommodation was on two floors with a staircase and lift for people to move about the home.
- The gardens had been adapted to make them fully accessible for people to enjoy with support or independently or with friends.

- The provider told us about planned improvements to the environment and we saw new flooring being fitted and a conservatory was being built off the dining room to increase communal space for people.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when required.
- The provider told us about how they had been meeting with the local GP which had improved access for support and advice when required.

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider met the requirements of the MCA. MCA assessments had been carried out, where required, in relation to care provided which meant people's rights were protected.
- Where people lacked capacity to make certain decisions, best interest meetings had been held and the person, carers, family members and healthcare professionals had been consulted.
- Where a person living at the home had passed responsibility for making decision on their behalf to someone else, the home had ensured that correct legal paperwork was in place.
- We heard staff asking for peoples consent throughout the inspection.

# 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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People could not always be assured that there would be sufficient staff to meet their changing needs and preferences. This was because the provider did not have systems in place to monitor and adjust the level of support people required.
- People and their relatives told us staff were kind and caring. One person said, "The staff are amazing, nothing is too much trouble." A relative told us, "I have no concerns about the care (my relative) receives here."
- People's spiritual and cultural needs were respected. People were asked about this during their assessment and it was recorded in their care plans.

Supporting people to express their views and be involved in making decisions about their care

- Information about people's care and day to day life had not been produced in accessible formats for them. This meant some people may find difficulties in making informed choices or decisions.
- People were offered choices consistently throughout the inspection. A staff member told us, "It is important to offer people choices even if we know what their preferences are."
- The provider held meetings with the people living at Deansfield Residential Care Home to discuss topics like food and activities. At the last meeting people had requested a tea party for Easter. This was listened to and arranged.

Respecting and promoting people's privacy, dignity and independence

- Improvements were needed to ensure people's views about the care and support they received were considered and recorded. This would help to ensure staff worked in a consistent way to ensure people's privacy, dignity and independence were understood and respected.
- We observed many respectful and compassionate interactions during the inspection. We saw a staff member provide constant reassurance to somebody who was anxious after having recently moved to the service,
- People's privacy was respected. We saw staff discreetly talk to people when discussing things of a personal nature.

# 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 outstanding. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had plans of care written but these lacked details around people's health needs and how to support them safely.
- Care plans were not always personalised and lacked the voice of the person they were written for.
- During and after the inspection we discussed the care plans with the provider and newly appointed manager who told us they would be reviewing and improving the plans.

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.

- The home was not fully meeting the Accessible Information Standard. Improvements could be made to the way the home communicates, for example menus and activity timetables did not have pictures which would help people understand and make choices independently.
- We discussed this with the provider who said that this was something they would be introducing shortly.

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

- The service employed an activity co-ordinator and we saw that they had consulted people about what activities they would like at the home.
- The provider told about the impact that the recent pandemic had on activities such as singers visiting the home but that they hoped this would be re-commencing soon, when the singers re-commence working.

Improving care quality in response to complaints or concerns

- The provider was not responding to concerns in a timely manner. Concerns had been raised by the local authority about the home and this was also raised at our last inspection, but these had not been yet been addressed or rectified.
- The provider kept a log of complaints and recorded the response to them. We saw that people were satisfied with the responses.

End of life care and support

- People or their friends and relatives had been consulted about what they wished for their end of life pathway and this was recorded in their care plan.

# 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. The rating for this key question 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.

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

At our last inspection we found a lack of leadership and ineffective systems in place to ensure people receive a good service. This was a breach of regulation 17, Good governance, 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 17.

- Governance systems and quality audits were ineffective and failed to identify or correct issues we found during the inspection.
- Medicines audits failed to identify the shortfalls we found that had a potential impact on people's health.
- Quality audits failed to ensure that people had comprehensive information about their health needs in their care plans to enable staff to support them in a safe manner.
- Governance systems and audits failed to identify that people were not receiving care as prescribed in their care plans.

This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection a new manager commenced employment at the service, and we spoke to them and the provider about how the necessary improvements would be made to ensure that people received quality care. The manager had already identified some of the issues and after the inspection they sent us an action plan of how they would make the required improvements.

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

- We asked the provider to send us evidence of compliance with the duty of candour. The evidence sent did not relate to it and we can therefore not be confident that the provider fully understands their duties. After the inspection we sent information to the provider about their responsibilities under the duty of candour.

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

- We found that care plans were not person centred and lacked information about the person.
- The registered manager and provider had identified care plans could be more person centred and needed to improve and were in the process of consulting with people to develop these.

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

- Staff told us that they received regular opportunities to discuss their role and performance. One staff member told us, "I know if I have any concerns, I can raise them to (the provider) and they will deal with it straight away."
- We saw that people were encouraged to take part in meetings where they could talk about how the home was run including activities and food. We saw that they were listened to and suggestions acted on.
- The provider showed us feedback forms that visitors to the home were asked to complete and that they were in the process of sending out surveys to people and their families for further feedback.

Working in partnership with others

- The provider worked in partnership with other professionals, including the district nursing service, physiotherapy, occupational therapy and local GP's. This meant people received specialist support when required.



This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Management of medicines was not carried out in a safe manner. People's risk assessments and care plans lacked detail to ensure carers had the information to support them safely.

### The enforcement action we took:

We issued a warning notice to the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The providers governance systems were ineffective at identifying and correcting issues at the home.

### The enforcement action we took:

We issued a warning notice to the provider.