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Deerplay Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an inspection of Deerplay Care Home on 1 and 2 March 2017. The first day was unannounced.

Deerplay Care Home is registered to provide accommodation and personal care for up to 15 older people. At the time of the visit there were 14 people living in the home. Accommodation is offered on two floors in single occupancy rooms, 13 of which have an en-suite facility and five have separate lounges. Communal rooms include a lounge with dining area. The home is a detached property set in its own grounds in the semi-rural village of Weir near Bacup.

The provider was also the manager. There was no regulatory requirement to have a separate registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 15 and 16 October 2015, we found the provider was not operating an effective recruitment procedure and as a consequence was in breach of one regulation. We also recommended the principles of the Mental Capacity Act 2005 were embedded in the care planning systems and arrangements were made to involve people in the care planning process and decisions about their care. During this inspection, we found improvements had been made to the recruitment procedure. However, limited progress had been made in meeting the recommendations and our findings demonstrated there were two breaches of the regulations in respect of these matters. You can see what action we told the provider to take at the back of the full version of the report. We also made a further recommendation about ensuring people were offered a more varied diet and a choice each mealtime.

People told us they felt safe and staff were kind and caring. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse.

Suitable arrangements were in place to manage people's medicines. Regular auditing and ongoing checks were carried out to ensure appropriate standards were maintained.

Staff received training which equipped them for their roles and supported them in providing safe care for people. Staff spoken with told us they were well supported through a system of regular supervisions and meetings.

Care plans and risk assessments had been completed to ensure people received appropriate care. Whilst all care plans and risk assessments had been updated on a monthly basis, some information was brief and lacked detail. The provider acknowledged the care plan documentation required development. We found people were not routinely involved in the care planning process and there was no evidence to indicate people's mental capacity to make their own decisions had been assessed and recorded in line the

requirements of the Mental Capacity Act 2005.

People made complimentary comments about the food. However, the menu was repeated on a weekly basis and people were not usually offered a choice at mealtimes.

People were encouraged to remain as independent as possible and were supported to participate in daily activities. People's rights to privacy and dignity were recognised and upheld by the staff. Healthcare referrals were made appropriately to outside agencies when required. We received positive feedback about the service from a visiting healthcare professional during the inspection.

People had access to a complaints procedure which was displayed in each bedroom. One person made a complaint during the inspection which was investigated by the provider.

Quality assurance systems were in place which included regular checks and audits on all aspects of the operation of the home. Feedback was sought from people, their relatives and staff on a regular basis.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected against the risk of abuse and felt safe in the home.

There were sufficient numbers of staff on duty to meet people's needs. Appropriate recruitment practices were followed.

People's medicines were managed safely and administered by trained staff.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Assessments of people's capacity to make decisions about their care and treatment were not undertaken in line with the Mental Capacity Act 2005.

Staff were appropriately supported to carry out their roles effectively through induction and relevant training.

People were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

Is the service caring?

Good

The service was caring.

People were given care and support when needed. Staff knew people well and displayed kindness and compassion when providing care.

Staff respected people's rights to privacy, dignity and independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

With the exception of one person, people were not involved in the care planning process.

People were provided with a range of social activities.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Requires Improvement

The home was not consistently well led.

Whilst the provider carried out regular audits and checks on the quality of the service, there had been limited progress made to meet the recommendations set at our last inspection. We also found there were two breaches of the regulations during this inspection.

People, their relatives and staff were asked for regular feedback on the service.

Deerplay Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 and 2 March 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the provider, three staff, the cook, eight people living in the home and one relative. We also spoke with a visiting healthcare professional and an environmental health officer.

We spent time looking at a range of records including four people's care plans and other associated documentation, two staff recruitment files, staff training records, the staff rota, 14 medicines administration records, the controlled drugs register, complaints records, meeting minutes, a sample of policies and procedures and quality assurance records.

Good

Is the service safe?

Our findings

The majority of people spoken with told us they felt happy and safe in the home. One person said, "The home is very nice and all the staff are pleasant" and another person commented, "The staff are lovely and everybody is very kind." A relative spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member.

On our last inspection, we found the provider had not operated an effective recruitment procedure. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

We checked two staff recruitment files and found potential employees had completed an application form, which enabled gaps in their employment history to be examined. References were obtained along with an enhanced police check. This meant the provider only employed staff after all the required and essential recruitment checks had been completed. We also noted the provider had updated the recruitment and selection policy and procedure to reflect the current regulations.

The staffing levels consisted of one senior staff and one care staff during the day and evening and two care staff during the night. The provider provided leadership throughout the day and told us he and the senior staff were on call outside normal office hours. Staffing rotas confirmed staffing levels were consistent across the week and feedback from staff and people living in the home confirmed there were sufficient staff on duty. One person told us, "The staff are always busy, but they are also very attentive. I don't have to wait long if I need help." Our observations showed that staff were available and care and support was provided in a timely manner. The provider told us the staffing levels were flexible in line with people's changing needs. In addition to the care staff, there were ancillary staff including a cook and a cleaner.

We looked at how the service managed risk. We found individual risks had been assessed and recorded in people's care plans. There was evidence to demonstrate all risk assessments had been reviewed on a monthly basis. Management strategies had been drawn up to provide staff with guidance on how to manage risks, however, some of this documentation was brief. The provider assured us additional detail would be added to the strategies to provide more information for staff. Examples of risk assessments relating to personal care included moving and handling, skin integrity, nutrition, hydration and falls. Other areas assessed for potential risks included fire safety and the use of equipment. We saw from the training records that staff had received training in first aid and fire safety and they knew to call the emergency services when needed.

Following an accident or incident, a form was completed and the events surrounding the situation were investigated by the provider. We saw completed accident and incidents forms during the inspection and noted appropriate action had been taken in response to any risks of reoccurrence for instance referrals had been made to the falls team. The provider carried out a monthly analysis of the accidents and incidents in order to identify any patterns or trends.

We saw there was a business continuity plan in place to respond to any emergencies that might arise and this was understood by staff. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

We looked at how the service protected people from abuse and the risk of abuse. We found there was an appropriate policy and procedure in place which included the relevant contact details for the local authority. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of abuse and were confident the provider would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff had completed safeguarding training either at the home or during their previous employment in a care setting.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We reviewed the arrangements in place for supporting people with their medicines. People told us they received their medicines when they needed them. One person said, "The staff always bring my tablets on time. I don't have to worry about them at all."

The level of assistance that people needed was recorded in their care plan alongside guidance on the management of any risks. We saw staff administered medicines safely, by checking each person's medicines with their individual records before administering them. This ensured the right person got the right medicine. Staff told us they had completed a medicines awareness course and records seen confirmed this.

The provider operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. Medicines were stored in locked cupboards and cabinets in line with guidelines.

We noted a monthly audit was undertaken of the medication systems and an action plan was devised to address any shortfalls. We carried out a stock check of controlled drugs and found this corresponded accurately with the register.

We looked at how the provider managed the safety of the premises. We found documentation was in place to demonstrate regular health and safety checks had been carried out on all aspects of the environment. For instance, water temperatures, emergency lighting and the fire systems. We also noted servicing certificates were available to demonstrate equipment had been serviced at regular intervals. Staff spoken with confirmed all equipment was in full working order. The provider carried out on-going maintenance and repairs and arranged for professionally trained people to undertake any specialist work.

On a tour of the home we noted all areas seen had a good level of cleanliness. We spoke to a visiting Environmental Health Officer during the inspection, who told us they had no concerns about the cleanliness of the kitchen.

Requires Improvement

Is the service effective?

Our findings

The majority of people felt the staff had the right level of skills and knowledge to provide them with effective care and support. One person told us, "All the staff are very efficient, they know exactly what they are doing" and another person said, "The staff will help in any way they can." Similarly a relative commented, "The staff have the initiative to ask if they have any queries and then quickly sort things out."

At our last inspection, we recommended the provider consider the relevant guidance and principles associated with the implementation and use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. During this inspection, we found limited progress had been made on this matter.

The Mental Capacity Act (MCA) 2005 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.

We found staff knowledge of the MCA was basic and they were unsure how the principles of the Act applied to their everyday practice. On looking at people's care files we found there was limited evidence to demonstrate the relevant requirements of the MCA were being met. People's capacity to consent to their care and treatment was not adequately assessed and recorded in their care plans and there were no assessments seen to demonstrate people's capacity to make specific decisions about their care and support. This is important to ensure the MCA's code of practice is followed and people's rights and freedoms are respected.

Our findings showed the provider had failed to act in accordance with the MCA 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoken with confirmed they routinely asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action.

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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider was aware of when to make an application for a DoLS and informed us one application had been submitted to the Local Authority for consideration. However, we noted there was only brief information about the DoLS application in the person's care plan and limited guidance about supporting the person using the least restrictive option.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People made complimentary comments about the food provided. One person said, "The food is good. I'm a fussy eater, but I find it really nice." However, another person told us the meals were repetitive and people confirmed they were not usually offered a choice of food. We discussed the provision of meals with the cook who told us they were committed to providing people with good quality food. The cook confirmed the menu was repeated each week and people were not routinely offered a choice.

We recommend the service seek advice and guidance from a reputable source to ensure people are provided with a more varied menu and a choice each mealtime.

Details of the meal were displayed on a white board in the dining area. People could choose where they liked to eat; some ate in their rooms, lounge or the dining areas. We observed the lunchtime period. The tables in the dining areas were dressed, with place settings, tablecloths and condiments. Staff ensured that people had drinks and that these were topped up when required.

The service used a Malnutrition Universal Screening Tool (MUST) to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines which can be used to develop people's care plans. Records of people's weights were made on a monthly basis. We noted there were good communication systems between the care staff and cook. The cook told us she was aware of people's likes, dislikes and dietary requirements.

We looked at how the provider trained and supported their staff. We found all staff completed induction training when they commenced work in the home. This included an initial orientation induction, training in the organisation's policies and procedures, the provider's mandatory training and where appropriate the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. Staff newly recruited to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop their role.

There was a programme of training available for all staff, which included safeguarding vulnerable adults, moving and handling, health and safety, fire safety, nutrition, food hygiene and safe handling of medication. We were given a copy of the staff training matrix and noted staff had completed their training in a timely manner. The provider explained that staff training courses were arranged with an external trainer every two years and he was looking at ways to provide training for staff who had joined the service between the planned training sessions. The provider added that no staff worked in the home before they had completed moving and handling, health and safety and fire safety training. Staff spoken with told us their training was beneficial to support their role.

Staff spoken with told us they were provided with regular supervision and they were well supported by the provider. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. Staff also had an annual appraisal of their work performance and were invited to attend bi-annual meetings. Staff told us they could add to the meeting agenda items and discuss any issues relating to people's care and the operation of the home. We saw minutes of the meetings during the inspection.

We looked at how people were supported to maintain good health. Where there were concerns people were referred to appropriate health professionals. We spoke with one healthcare professional during the

inspection who told us staff were knowledgeable about people's needs and they made prompt medical referrals as necessary. They also confirmed staff always acted on advice and maintained monitoring records as requested.

Records looked at showed us people were registered with a GP and received care and support from other professionals, such the district nursing team, chiropodists and speech and language therapists. We noted an advanced nurse practitioner visited the home once a week and the staff had access to a telemedicine system which enabled contact with a hospital via a computer link. People's healthcare needs were considered as part of the care planning process. From our discussions and review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. In the event a person was transferred to or attended hospital, transfer forms had been developed to provide ambulance and healthcare staff with essential information.

Good

Is the service caring?

Our findings

The majority of people told us the staff treated them with respect and kindness and were complimentary of the support they received. One person said, "I have never been looked after so much in all my life" and another person commented, "The carers are very respectful and kind." A relative was also complimentary about the approach taken by staff, for instance they told us, "I really feel they are looking after [family member] well."

The relative spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We also noted another relative had written on a satisfaction questionnaire, "Friendly atmosphere and comfortable. Visitors are made welcome and encouraged."

We noted staff respected people's privacy and dignity in their social interactions. People told us they could spend time alone if they wished. One person told us, "The staff totally respect my privacy. For example I like my breakfast in my room and they bring it for me every day." There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.

People were able to personalise their bedrooms with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity. One person told us, "I really like my room, especially having my own lounge. I often sit in it chatting to my family. It means we can have private conversations."

We observed the home had a friendly and welcoming atmosphere and we saw people were treated with respect and dignity throughout the inspection. For example, staff addressed people with their preferred name and spoke in a kind way. People appeared comfortable in the company of staff and had developed positive relationships with them. Staff assisted people and ensured they were using their mobility aids safely.

There was a 'keyworker' system in place. This system linked people living in the home to a named staff member who had responsibilities for overseeing aspects of their care and support. One person told us they often spent time with their keyworker. People spoken with confirmed the staff listened to them and they felt the staff cared about them. The staff spoken with knew people well and were aware of their needs and preferences.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For instance, people were encouraged to maintain their mobility. One person told us, "They speak nicely and stay calm at all times. They seem to have a lot of patience."

People were encouraged to express their views as part of daily conversations, monthly residents meetings and annual customer satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions. We saw minutes of the meetings during the inspection and noted a variety of topics were discussed including, meals

and activities.

People were provided with information in the form of a service user guide on admission to the home. This provided an overview of the services and facilities available in the home and the philosophy of care. There was information about advocacy services displayed in the hallway. This service could be used when people wanted support and advice from someone other than staff, friends or family members. At the time of the inspection none of the people living in the home were using this service.

Requires Improvement

Is the service responsive?

Our findings

People made positive comments about the way staff responded to their needs and preferences. One person told us, "In all aspects I would give them 100%. They're not just good with me, I've watched them with other people and they are just as nice" and another person commented, "All the carers are kind and we all get along together. They are very helpful if you ask for anything." A relative spoken with felt that staff were approachable and had a good understanding of people's individual needs.

At our last inspection, we recommended the provider seek guidance to ensure people were able to continually discuss their care. During this inspection, we found limited progress had been made on this matter.

Apart from one person, none of the people spoken with could recall discussing their care needs and were not familiar with their care plan. We saw no evidence in the care plans looked at that people had been involved in the development and review of their care plan. This is meant people had limited opportunities to have control and influence over their care provision.

The provider had failed to ensure all people were enabled and supported to make or participate in making decisions relating to their care. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked four people's care plans and other associated documentation. From this, we noted an assessment of needs had been carried out before people moved into the home. We found the completed assessments covered most aspects of people's needs. However, the information was brief and the assessments did not consider people's ability to make decisions about their care and treatment. The provider told us people were involved in the assessment process and information had been gathered from relatives and health and social care staff as appropriate. This process helped to ensure the person's needs could be met within the home. People were invited to visit the service before making any decisions. This allowed them to meet other people and the staff and experience life in the home.

We noted each person had an individual care plan which was underpinned by a series of risk assessments. The plans were split into sections according to people's needs and were easy to follow and read. Most files contained a one page profile and details about people's life history and their likes and dislikes. The profile set out what was important to each person and how they could best be supported. This provided staff with some insight into people's needs, expectations and life experience. The provider acknowledged information in people's care plans lacked detail and had plans in place to revise and develop the plans.

Daily reports provided evidence to show people had received care and support. We noted the records were detailed and people's needs were described in respectful and sensitive terms. The provider had systems in place to alert staff to people's changing needs which included a handover of information at the start of each shift.

People had access to a range of activities and told us there were things to do to occupy their time. Some people told us they preferred not to take part in activities and this choice was respected by the staff. Activities were arranged on a daily basis inside the home and details were displayed on a board in the lounge. The activities included armchair exercises, jigsaws, cards and bingo. Two members of staff had been designated to organise the activities. We noted records had been maintained of all activities provided in the home. The provider explained trips outside the home were not usually arranged because people preferred to stay at the home.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the provider if they had a concern or wished to raise a complaint. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the provider would deal with any given situation in an appropriate manner.

The complaints procedure was included in the service user guide and displayed on the back of all bedroom doors. This informed people how they could make a complaint and to whom they should address their concerns. The procedure also included the timescales for the process. There was a complaints policy in place to ensure all complaints were handled fairly, consistently and wherever possible resolved to the complainant's satisfaction.

One person made a complaint during the inspection, which was investigated by the provider. The provider had also received one complaint during the last 12 months. The issues had been investigated and resolved.

Requires Improvement

Is the service well-led?

Our findings

People, a relative and staff spoken with during the inspection made positive comments about the leadership and management of the home. One person told us, "[The provider] is very pleasant. The way he runs the home is very good. I can easily talk to him if I had any queries" and another person commented, "I'm very satisfied. Everything seems to run smoothly." Similarly a member of staff said, "The home is organised and [the provider] sorts things quickly."

The provider also acted as the manager and was responsible for the day to day operation of the service. There was no regulatory requirement to have registered manager. The provider told us he was committed to the continuous improvement of the service. He described his key achievements in the last 12 months as the successful recruitment of new staff and upgrading the premises. The provider also described his plans for improvement over the next 12 months as embedding the principles of the Mental Capacity Act 2005 within the care planning system and ensuring people were involved in the care planning process. He told us he also wished to recruit a registered manager and informed us he had placed an advert out for this position. Prior to the inspection, the provider set out further improvements for the service in the Provider Information Return.

Staff told us the provider and senior staff were very involved in the day to day activities and caring in the home. Staff also told us the provider took an active role and would assist people and the team when required. Staff told us the provider and senior staff were approachable and they would take time to have a discussion. They said everyone was kept informed of any changes or requests from the provider. This was achieved by means of daily meetings, memos and the staff communication book. We were told that problems and concerns were listened to and acted upon.

The provider used various ways to monitor the quality of the service. These included audits of the systems to manage medicines, staff supervision and training, infection control and checks on the fire systems and the environment. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. We saw completed audits during the inspection and noted action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made. However, the provider had only made limited progress to meet the recommendations we made at the last inspection and we found two breaches of the regulations during this inspection.

People and their relatives were regularly asked for their views on the service. We saw residents' meetings had been held once a month. People and their relatives were also given the opportunity to complete an annual satisfaction questionnaire. The questionnaires were last distributed to people living in the home in July 2016. We saw the collated results and returned questionnaires during the inspection and noted people had expressed satisfaction with the service. For instance, one person had written, "Small, homely care home. All staff are friendly, helpful and caring" and a relative had written, "My [family member] has limited abilities, so the main thing is that staff communicate with them and I can see they do this very well."

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the provider had appropriately submitted notifications to CQC about incidents that affected people who used services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure all people were enabled and supported to make or participate in making decisions relating to their care. Regulation 9 (3) (d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to act in accordance with the Mental Capacity Act 2005. Regulation 11 (1) (3)