

## Starcourt Construction Ltd

# Deer Lodge

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Deer Lodge provides residential accommodation for up to 14 older people, some with a diagnosis of dementia. At the time of our inspection there were 14 people using the service.

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

People using the service and their relatives told us that Deer Lodge was a safe place to live. This was because staff looked after them well and were also aware of what steps they would take to protect people from potential harm and abuse. There were enough staff to support people and recruitment procedures were robust. Risks to people were assessed and included ways in which staff could support people to keep safe. People were supported to take their medicines in a safe manner by staff who had the relevant training to do so. There were appropriate infection control measures in place and family and friends were allowed to visit their relatives in line with government guidance.

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.

The environment was clean and fit for purpose, people lived in an appropriate physical space with both private and communal spaces for them to spend time in. We received positive feedback about the quality of food in the home and staff supported people that needed extra assistance with eating and drinking. There were alternate choices available to people. The provider worked and shared information with healthcare professionals which helped to ensure people's healthcare needs were being regularly monitored and reviewed.

The service was caring. There was a friendly, homely feel to the service. Staff understood people's needs and supported them in a way that was respectful and dignified. People were encouraged to maintain their independence and were able to maintain relationships that were important to them.

There was a digital care planning system in place and care plans clearly identified people's support needs and the help they needed. People told us they were happy with the activities provision on offer. People and their relatives told us they knew who to speak with if they were not happy about the service.

Relatives and staff told us there was an open culture in the service and the manager was approachable. There were systems in place to monitor the quality of service and the provider had plans in place to introduce more meaningful engagement with people and their relatives.

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

This was the first inspection of the service under a new provider since it registered with us on 26 November 2021. The last rating for this service was good (published 02 November 2019), this was published under the previous provider.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and when it first registered with us.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Deer Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Deer Lodge

## 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 Health and Social Care Act 2008.

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 conducted by one inspector.

#### Service and service type

Deer Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Deer Lodge is a care home without nursing care. 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 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 a registered manager in post. However, another manager was in the process of applying to become the new registered manager.

#### 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 professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with four people living at the home, three relatives, three support workers, the manager and the chef. We reviewed a range of records. This included three people's care records, three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training records, policies and procedures were reviewed.

# 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 good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from abuse.
- People using the service and their relatives told us they felt the home was a safe environment. They said, "[Person] is safe, absolutely. I'm so happy."
- The manager confirmed there were no safeguarding concerns that were under investigation.
- Training records confirmed that staff had received safeguarding training. They were aware of what the term was and the steps they needed to take to keep if they were concerned about a person's wellbeing. One staff member said, "Safeguarding is keeping them safe, treating them with dignity and respect. We have to report any concerns to the manager."

Assessing risk, safety monitoring and management

- The provider assessed risks to people which meant they were kept as safe as possible from undue harm.
- These included risks in relation to overall support needs, moving and handling risk assessments in relation to mobility support needs, risk in relation to malnutrition and the risk of developing pressure sores.
- The provider used a digital care plan system which alerted staff to any areas of high risk and when reviews were due. Risks assessments were reviewed regularly and any changes to people's needs were shared with the appropriate professionals for any further support or advice.
- Staff we spoke with were aware of the risks to people and what they needed to do to keep them safe from harm.

Staffing and recruitment

- The provider's recruitment systems were safe.
- No new staff had been recruited recently and the staff files we reviewed had the appropriate pre-employment checks carried out. These included an application form which included the applicants previous employment history, references, evidence of induction training and Disclosure and Barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We found there were enough staff employed to meet people's needs. This was reflected in our observations on the day, and feedback from people, staff and relatives. One person said, "There is always someone around to help." A relative said, "Whenever we visit, there seems to be enough staff around."

Using medicines safely

- We were assured that the provider's medicines management systems were safe.
- We observed staff administering medicines to people in a safe way, checking the medicines

administration records (MAR) charts, asking people and gaining their consent before administering their medicines. They accurately recorded on the MAR charts once they had observed people.

- There were medicines support plans in place for staff to refer to and MAR charts which were completed correctly.
- Medicines audits were completed which helped to ensure that medicines practice was safe.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. We observed staff wearing PPE throughout the inspection.
- The manager told us that testing was in place for those that displayed symptoms, in line with current guidelines.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting Care Homes

Visitors were safely supported to enter the home with face masks if required.

#### Learning lessons when things go wrong

- There were systems in place to record any incidents and accidents that occurred.
- The manager told us that due to the relatively small size of the service, they were aware of any incidents and accidents that took place which there were very few of and these were monitored on an ongoing basis through the digital care planning system.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the appropriate training and support which meant they were competent in carrying out their duties and supporting people.
- Staff told us they were happy with the training they received and they demonstrated an understanding of the topics when asked.
- Training records showed they received training in topics that were relevant to people. We noted that some of the training had just gone beyond the expiry period. We raised this with the manager during the inspection. They acted immediately and emailed us confirmation after the inspection that this training had been booked for staff. We were reassured by this response.
- Records showed that staff received regular supervision to discuss any work-related issues.

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

- The home's interior and design was fit for purpose.
- There was a nice, homely feel to the service which was one of the things that was highlighted by people and relatives as being a positive aspect of the service.
- People's bedrooms were furnished to a nice standard and were personalised to their liking. There were large communal spaces for people to socialise in.

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

- The provider had access to appropriate referral forms and assessments when they were considering new admissions to the service.
- Individual care plans for people were completed when they first moved into the service. These included a dependency assessment tool, a needs assessment and any risks that needed to be considered. People's likes and dislikes and support plans were developed on admission.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives and were able to access healthcare services if needed.
- People and their relatives told us they were able to see healthcare professionals as needed.
- The manager told us they had an excellent relationship with healthcare professionals such as the GP and the care home support team. People had 'grab sheets' in place in case of a hospital admission.
- The provider utilised digital systems to share information with external professionals and to allow for remote monitoring. One healthcare professional said, "On a routine, day-to-day basis they are good at

picking up on, for instance, feeding issues or swallowing issues and involving the relevant teams."

- There were guidelines on display for staff to refer to about who to contact if they were concerned about a people's health.

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

- People were supported to eat and maintain a balanced diet. People and relatives told us they were happy with the food choices that were available. One person said, "Food is nice, they offer a choice."
- There was a four week rolling menu in place which included a variety of different food and alternate choices available people. There were set times for mid-morning and post-lunch snacks and we observed staff offering people fluids throughout the day.
- The chef had been working at the service for a number of years and was familiar with people's individual preferences and also aware of those people that needed a modified diet. Food preparation and guidance was available for the staff to refer to if needed.

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 ensured people consented to their care in line with the law.
- People were supported to make everyday choices such as what they wanted to wear or what they liked to eat. They told us that staff asked for their consent before supporting them.
- The provider had submitted applications and sought authorisation to deprive people of their liberty and where they were not able to make decisions for themselves and this was in their best interests. One relative said, "[Family member] had a DoLS assessment and I was involved in that."

# 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 good. At this inspection the rating for this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People using the service were supported by a caring staff team.
- People using the service and their relatives told us that staff were kind and friendly and they were satisfied with the attitude of the care workers. Comments included, "Yes, the carers are lovely."
- We observed warm and kind interactions between staff and people using the service. People were comfortable in the presence of care workers who interacted with them during activities and at mealtimes.
- Care plans included any emotional support needs and also any religious or cultural needs that staff needed to be aware of. Staff that we spoke with were aware of any cultural or religious needs that people had.

Respecting and promoting people's privacy, dignity and independence

- People's personal care was delivered in a dignified manner, whilst at the same time promoting their independence.
- People looked well looked after and told us they had their personal care needs met. People told us they took care of some parts of their personal care themselves and staff only helped them when required. This meant their independence was promoted.
- Where required, personal care was delivered in a discreet manner. Staff were able to tell us how they carried this out in a way that was dignified and respectful of people's privacy.
- People told us that staff encouraged them to maintain their independence. One person said, "I am self-sufficient, I like to do things myself." One staff said, "[Person] likes her independence so we just offer her assistance."

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

- People were supported to maintain relationships that were important to them.
- People and relatives told us they had regular contact with each other and the provider facilitated this. One relative said they visited as often as they liked and were always welcomed into the home.
- Staff encouraged and supported people to make everyday decisions. For example, when administering medicines and during lunchtime. People were asked for their consent and what they would like to eat. Staff respected their wishes.

# 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 good. At this inspection the rating for this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The service ensured people received personalised care that was individual to their needs.
- Digital care plans were in place and covered a number of areas including communication, continence, daily life/lifestyle, emotional support and personal care and others. Each area included the support required, the outcome and any staff support needed.
- Staff that we spoke with were aware of people's needs, each person was assigned a key worker who was responsible for ensuring their needs were being met.
- There were care plans in place for people which recorded their end of life care needs and their wishes in relation to death and dying.

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

- People and their relatives were satisfied with the activities provision on offer within the service. One person said, "I've been spending time in the garden, looking after the pots." Another said, "I like knitting, I'm knitting a scarf for my friend who's coming to visit me" and "We have exercises every Monday."
- There was an activities timetable on display which included a range of options such as music therapy, bingo and quizzes. We observed staff running an activity during the inspection which was carried out in a n engaging and lively manner.
- There were activities record sheets that were completed to show the activities that people were supported with.

Improving care quality in response to complaints or concerns

- The provider had systems in place to record any complaints.
- People using the service and their relatives told us they did not have any complaints about the service but knew who to speak to if they were unhappy. One relative said, "No complaints at all."
- The manager confirmed there had been no formal complaints received over the past year.

# 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 good. At this inspection the rating for this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a registered manager in post. However, at the time of the inspection, an application had been submitted by the provider to register the deputy as the new registered manager for the service.
- The provider was not fully aware of their regulatory responsibilities. We noted that although some statutory notifications had been submitted, there had been none submitted in relation to Deprivation of Liberty Safeguards (DoLS) authorisations. We raised this with the manager during the inspection who advised they would submit these as soon as possible.
- The provider carried out a number of quality assurance audits to monitor the quality of service.
- These included weekly fire safety and water temperature checks, fortnightly health and safety audits and monthly infection control and bedroom audits. We noted that some of these had not been done recently which we raised with the manager. They took our feedback on board and said these had been neglected due to a period of the registered manager being away. However, they would start these up again. We will follow this up at the next inspection for the service.
- The provider's digital care system enabled them to quickly get an overview of the care provided and identify improvements that need to be made such as monitoring incidents/accidents, any reviews that were overdue and to record any observations.
- A number of improvements had been made by the provider, including new furniture, refurbishing people's bedrooms and upgrading the WIFI system.

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

- Although people and relatives told us they were involved in aspects of the service such as menu and activity planning, we found a lack of formal engagement mechanisms in place to capture feedback. One relative said, "[Manager] is lovely, she talks to us when we visit. Very open."
- Group staff meetings and individual supervisions took place. This meant there were avenues in place for staff engagement.
- There were no residents meetings to hear feedback about the service such as the activities provisions or meals. The manager was aware of this and had developed 'residents review forms' which they showed to us and which were due to be introduced soon. We will follow this up at the next inspection for the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal

responsibility to be open and honest with people when something goes wrong

- The manager had an open door policy and was open to feedback. This was the feedback from people, relatives and staff. Comments included, "For me, I like it here", "We can rely on [manager], very good" and "We work well as a team, everyone helps out." One relative said, "I'm impressed with [manager], she's caring and trustworthy."
- The service's current CQC inspection report and rating were clearly displayed in the home. This is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Working in partnership with others

- The provider worked with health and social care professionals to meet people's needs.
- Records showed engagement with professionals to support people using the service. One healthcare professional said, "We do now have a system where Deer Lodge record patients' observations, and which we can then access remotely. This means where concerns are expressed, we have access to data."