

# Highpoint Care (West Derby) Limited

# Damfield Gardens

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Damfield Gardens is a purpose built care home that provides accommodation and personal care to up to 67 people; some of these people are living with dementia. At the time of our inspection, there were 64 people living in the home.

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

During our inspection we found a number of improvements that were needed in relation to record keeping and governance. The registered manager and provider were responsive to the issues found and took immediate action to address them. However, this is the third consecutive inspection where issues have been identified with records associated with medicines and risk management and governance processes.

People spoke positively about the care they received, and family members were confident their loved ones were well looked after. People told us they felt safe and could talk to staff about any concerns they had.

Risks to people's health and well-being had been assessed and staff had a good level of knowledge and understanding about people's individual risks and how best to support them. We observed enough staff to meet the needs of people living in the home. However, some staff and people told us that during busy periods staffing levels were low.

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 registered manager had effective systems in place to learn from accidents, incidents and safeguarding concerns in order to prevent them from occurring in the future.

The environment was clean and hygienic. Staff received training in infection prevention and control and were provided with regular updates and changes to guidance; particularly in response to COVID-19. Staff and people using the service accessed regular COVID-19 testing. The service supported family members to regularly visit their relatives safely and had processes in place to prevent visitors from catching and spreading infections.

Staff spoke positively about their experience of working at Damfield Gardens and told us they felt well-supported by the registered manager. They told us they could speak openly about any concerns they had and were confident action would be taken where necessary.

It was clear from observations and conversations with the registered manager that they knew people well and had built positive relationships with those living at Damfield Gardens.

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 requires improvement (report published 3 May 2019) and there were breaches of regulation. This service has been rated requires improvement for the last three consecutive inspections. 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 regulation.

#### Why we inspected

We received concerns in relation to the standard of care people received; particularly in relation to personal care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for this service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements.

Please see the safe 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.

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 Damfield Gardens on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

This service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

This service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Damfield Gardens

## 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 carried out by an inspector, medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Damfield Gardens 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. Damfield Gardens 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.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We reviewed notifications received from the service in line with their legal obligations. We used the information the provider sent us in the provider information return (PIR). 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.

### During the inspection

We spoke with six people and six family members about their experience of the care provided. We spoke with six staff members along with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including four people's care plans and associated records, medicine administration records for 13 people and other records relating to the overall management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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; Assessing risk, safety monitoring and management

At our last inspection we found the provider in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements were needed to the recording of information in relation to the management of people's medicines and the monitoring of specific identified risks. The provider remained in breach of regulation.

- Where people were prescribed 'as required' medicines, plans were not always in place to ensure staff were only administering when needed.
- Records in relation to topical medications such as pain patches and creams were not always completed to show where and how they had been applied.
- Some records relating to the management of controlled drugs (medicines liable to misuse) had not been completed accurately.
- Where people with risks associated with swallowing were prescribed thickening powder, staff had not always recorded that this had been added to their drinks as required.
- Improvements were needed to records relating to the monitoring of specific risks, such as choking and poor skin condition. We found some gaps in the recording of information in relation to food and drink intake and regular re-positioning.

We found no evidence people had been harmed. However, the provider had failed to ensure that staff maintained robust records in relation to medicines management and risk monitoring. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All of the issues relating to medicine administration and monitoring records had been discussed with and immediately addressed by the registered manager. This included researching and enrolling staff on additional medicines training; relating specifically to the completion of records.
- Staff responsible for the administration of medicines had received relevant training and had their competency levels regularly assessed.
- Risks to people's health, safety and well-being had been assessed and detailed guidance in place for staff to support them safely.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

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

#### Staffing and recruitment

- Observations showed enough staff were on duty to support people safely.
- Staff members told us they sometimes felt under pressure, particularly during busy times of the day, to carry out required tasks. One staff member said, "Staffing levels are okay but when it's busy it can be hard to get jobs done. We all work together though so it's no too bad."
- People told us staff mostly responded to their requests for support in a timely manner. Comments included; "You can always find someone for help" and "Sometimes they are too busy, mainly in the mornings."
- Safe recruitment processes were in place. A range of pre-employment checks were completed to make sure new applicants were suitable to work at the service.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received safeguarding training and knew how to identify and respond to incidents of concern.
- The registered manager kept a record of safeguarding concerns. These showed evidence of appropriate action being taken and referrals to relevant health and social care professionals.
- People told us they felt safe living at the home. One person told us, "I'm much safer here than I was at home."
- Accidents and incidents were routinely reviewed by the registered manager to look for any patterns or trends. This meant appropriate action could be taken where necessary to prevent incidents occurring in the future.
- The registered manager had implemented 'audit of the month'; a specific area chosen each month, such as falls prevention, for staff to learn from and have their knowledge checked managers. This helped to ensure that any learning from previous issues/incidents was effectively cascaded to all staff.

#### Preventing and controlling infection

- The home was clean and hygienic; staff responsible for the cleanliness of the environment kept a detailed record of the tasks they completed and how often.
- Staff received training in infection prevention and control and were provided with regular updates and changes to guidance; particularly in relation to COVID-19.
- Enough supplies of PPE were made available throughout the home and staff were seen wearing masks correctly.
- COVID-19 visiting arrangements were in place and conducted in line with current guidance.



# 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 requires improvement. At this inspection the rating has remained requires improvement. This meant that whilst leaders were keen to create a culture that supported the delivery of high-quality, person-centred care, improvements were needed in record keeping and overall governance.

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

At our last inspection we found improvements were needed to the provider's quality assurance processes and record-keeping. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found further improvements were needed, and the provider remained in breach of regulation.

- The provider's governance systems were not always effective at identifying issues and driving improvement.
- Various audits and checks were in place and completed by the management team. However, they had failed to identify the issues we found during this inspection.
- We identified some issues in records completed by staff that related to the management of people's medicines and the monitoring of specific identified risks.
- The provider has been in breach of regulation for the last three consecutive inspections. Whilst improvements had been made in some areas, there continued to be further improvements needed.

The provider's governance systems had failed to identify where improvements needed to be made to the completion of records. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where audits had identified issues, clear actions were set to address them and make necessary improvements to people's care.
- The registered manager was responsive to the issues raised and took immediate action to address them. All issues had been addressed by the end of our inspection activity.
- New processes were implemented to ensure relevant records were completed by staff and additional training organised to give staff the knowledge they needed and to prevent further issues occurring.

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

- The registered manager was keen to promote a culture that was person-centred, open and inclusive.
- We received positive feedback from staff about their experience of working at the service. Comments included; "My experience working at Damfield has been great" and "I have always felt proud to work at Damfield. This is because all staff give 100% to the [people] and genuinely care and are committed. As a team we all work incredibly well together. All-in-all it is a happy home and a lovely place to call my work."
- It was clear through observations that the registered manager knew people well and was well-thought of by those living in the home and the staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager regularly engaged with people using the service, family members and staff.
- Daily meetings were held with senior staff and managers of each department to discuss any immediate issues or updates about the service.
- Staff told us they felt able to share their views and discuss any concerns they may have. Comments included; "I do feel supported and am aware I can talk to my managers about anything I am uncomfortable with. I do feel they listen" and "The management have always been approachable and supportive."
- Staff worked in partnership with external health and social care professionals to make sure people received the right care and support.

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 provider understood their legal responsibility when things went wrong. They were open and transparent about the shortfalls found during this inspection. □

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 17 HSCA RA Regulations 2014 Good governance  Records were not always completed in relation to medicines management and risk monitoring.  Quality assurance systems did not always identify areas that required improvements.