

## Deepdene Care Limited

# Deepdene House

## Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

Deepdene House provides personal care and accommodation for up to 20 people with mental health needs. At the time of our visit there were 17 people living in the home.

At our last inspection on 28 June 2013 the service was meeting the requirements inspected.

There is registered manager at the home. 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.

People living at the home told us they felt safe. Staff were knowledgeable in recognising signs of potential abuse and knew the action to take to keep people safe and follow reporting procedures.

We have recommended that the manager and staff explore guidance about the recording of giving medicines to people as we noted some omissions in relation to medicines given 'as required', but in other respect medicines were managed well.

Some areas of the building, specifically bathrooms and toilets, were not adequately clean and could have presented a risk of infection to people who lived and

# Summary of findings

worked there. This meant there was a breach of the regulation relating to cleanliness and infection control. You can see what action we told the provider to take at the back of the full version of the report.

Staff were trained in topics which helped them to understand the needs of people living at Deepdene House and provide appropriate care. People received a co-ordinated service and staff liaised with health and social care professionals. Staff understood people's needs relating to their mental health and physical health conditions such as diabetes and ensured that care addressed the range of people's needs.

People told us the staff were caring and helpful and helped them with a range of things like shopping,

applying for benefits and planning outings. Activities were available to people both in and out of the home. Cinema trips were arranged and those who wished to attend places of worship did so.

Specialist equipment was provided when appropriate, and adaptations were made to meet particular needs such as fitting handrails to steps in the garden, to make access safer for some people. Advice was sought to ensure individual needs were appropriately catered for.

The manager was open to suggestions for improvements to the service from people, staff and visiting professionals who found her approachable. For example people made suggestions to change the menu which were made. Appropriate action was taken in response to incidents with a view to preventing recurrence.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the home were not safe. There were areas of the building, including some bathrooms and toilets which were not clean, these could have presented risks of infection to people.

Staff were knowledgeable in recognising signs of potential abuse and followed reporting procedures. People told us they felt safe and trusted staff to take the right action if they needed assistance. Recruitment processes ensured staff employed had appropriate skills, knowledge and experience.

Although medicines were generally well managed there were areas for improvement in relation to record keeping and we have made a recommendation about this.

Requires improvement



### Is the service effective?

The home was effective. Staff were trained in a range of subjects that reflected people's specialist needs. Systems, such as training and supervision were in place to support staff to provide appropriate care.

Meals were provided which met people's needs and preferences. Snacks and drinks were available throughout the day and an adapted kitchen meant the cooking facilities were accessible to everyone.

Liaison with healthcare professionals helped to ensure that people's healthcare needs were met.

Good



### Is the service caring?

The home was caring. People said the staff were caring and helped them with a variety of matters and they were relaxed in each other's company. People said they got on with staff and could talk with them easily.

Staff treated people with respect and regard for their dignity and privacy.

Good



### Is the service responsive?

The home was responsive. Account was taken of people's individual needs in assessments and the way care was planned and provided. Assessments were updated in response to changes in people's needs and conditions.

People had the opportunity to follow activities of their choice, both individually and as a group. Social events took place in the home and people were encouraged to use local facilities such as the cinema and gym.

Good



### Is the service well-led?

The home was well led. Staff said they felt supported in their work. The registered manager was responsive to suggestions for improvements to benefit the people.

Good



## Summary of findings

Visits to the home were made by senior manager to monitor the quality of care. There were effective working relationships with other professionals involved with people at the home and this benefited people by making sure their care was co-ordinated.

Incidents were responded to appropriately and action was taken to minimise the chance of recurrence.

# Deepdene House

## 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 was planned to check 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.

Before the inspection we looked at information we had about the home including notifications and information received about the home.

The inspection took place on 4 November 2014 and was unannounced. The inspection team included two inspectors 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. After the inspection we sought advice from a pharmacist inspector.

We spoke with nine people living in the home. We spoke with four staff members including the registered manager, two care staff, and the administrator. We had contact with four professionals who visited the home. They were a consultant psychiatrist, a community psychiatric nurse and two social workers. We met one of these professionals at the home and the others responded to e-mails we sent requesting their views of the home.

We viewed personal care and support records for three people and viewed recruitment records for two staff. We looked at other records relating to the management of the service, including complaints, incidents and medicines records.

Following the inspection we asked the registered manager to send us some additional information including training records, minutes of meetings and contact details of professionals involved with the service. This was provided.

# Is the service safe?

## Our findings

People and staff were at risk of infection because the standard of cleanliness was poor in some parts of the building. The communal areas on the ground floor were clean. However, we noted that a ground floor shower room used by one person was not adequately clean, neither were toilets throughout the building. We found the floor in one of the toilets was sticky due to being unclean. On the upper floor the stairs, landings and corridors were not clean. We found that wall and floor tiles in a bathroom were cracked. This made it difficult to keep the room clean and hygienic.

This was a breach of regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control.

Medicines were stored securely. The recording of medicines administration was complete for items taken regularly. However items given on an 'as needed' basis did not have an entry on the medication administration record (MAR) to explain the reason why the medicine was needed. There was a plan of care describing the circumstances when this medicine should be administered, so staff had sufficient guidance to be able to administer this medicine appropriately. However because staff did not record the reason when they administered doses of this medicine, and there was no evidence that this medicine had been administered appropriately. In one person's care notes there was no reference to them receiving an item of medicine from a district nurse. Although the staff were not responsible for its administration, the person's record was incomplete without this information.

**We recommend that** the provider refer to current guidance on managing medicines in care homes in relation to the recording of medicine administration.

One part of the building was not adequately maintained in a good decorative state. We noted that part of a ceiling had a water leak. Staff told us that the leak had taken place about two months before our visit. Although some work had been carried out to remedy the problem it had not been re-plastered and was unsightly. We identified that an electrical socket in the registered manager's office was broken and posed a potential safety risk to anyone who used it. We pointed it out to the registered manager who said she would arrange for its repair to make sure that people and staff were protected from risks.

Despite these shortfalls one person told us they felt "very safe" living at the home and explained this was because of "the staff. There are always staff here. I don't feel at risk." Another person said they felt staff protected their rights. They described them as the "good people around us, people to stand up for us". A person who had lived in the home a short while said they were "settling in well" and "felt safe".

People had been given information about abuse and had been given the opportunity to discuss any concerns they had with staff. A leaflet called 'say no to abuse' was displayed on a notice board in the games room. A person told us they had discussed the issue at a recent meeting for the people who lived at Deepdene House. They told us they understood there were different forms of abuse including physical and verbal attacks and they would "go to the staff" if anything like this happened in the home. People were provided with lockable safes in their bedrooms in which they could store valuable items.

Staff had received training in safeguarding people from abuse. They were knowledgeable about recognising abuse and the action to take if they believed a person was at risk of harm. They knew how to use the organisation's whistleblowing procedure when necessary.

Staff assessed risks to make sure everything was done to prevent harm to people. Risks were identified as part of the pre-admission assessments and management plans were put in place, and reviewed as necessary. Examples of identified risks we saw related to people's physical and mental health, and behaviours which were risky, such as using lighters which may have presented a fire risk and being missing from the home. Plans were in place to minimise the risks presented by these issues. For example the staff had worked with the police to establish protocols for circumstances when people left the home and may have been at risk of harm.

A person living at the home said there were "a lot of [fire] alarms" around and that helped them feel safe. Staff had been trained in fire safety and we saw that health and safety matters were discussed at meetings for people who lived in the home. Fire detection systems were in place. The fire systems were tested each week to ensure they were in good order. A fire inspection in June 2014 by the London Fire and Emergency Planning Authority (LFEPA) confirmed that the home complied with fire regulations and had addressed shortfalls that were previously

## Is the service safe?

identified. Fire drills were carried out every three months and discussed at meetings so people were aware of the importance of evacuating the building promptly in the event of a fire.

Recruitment processes ensured staff employed had appropriate skills, knowledge and experience. We looked at recruitment records for two staff and found appropriate checks and references were taken up before staff began work. These included two references from previous

employers, a check conducted by the Disclosure and Barring Service (DBS) to show they were not barred from working with vulnerable adults and proof of the person's identity and right to work in the UK.

The numbers of staff were sufficient to keep people safe and meet their needs. During the day there were three staff on duty between 7.45am and 8pm. An additional person worked between 9am and 5.30pm if required although we were told this was infrequent. A person who lived at the home said they felt safe at night time because two waking night staff were on duty in the home.

# Is the service effective?

## Our findings

Staff had received training that was relevant to the needs of the people living in the home. A staff member told us they had completed all of the training the provider had identified as mandatory for their work. Training included advanced mental health training, substance misuse and dual diagnosis, dementia, diabetes awareness, epilepsy, care plans and risk assessments. Staff had also completed a range of health and safety courses including safe moving and handling, fire awareness and first aid. Staff had achieved National Vocational Qualifications (NVQ) in health and social care.

Staff were supported to do their work and managers checked their ongoing competence and suitability for their roles. All staff received regular supervision and an annual appraisal. There were other opportunities for support through staff meetings and handover meetings between shifts.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and in the DoLS. Staff understood that people could not be deprived of their liberty without authorisation. An application had been made to the local authority in relation to DoLS for one person living at the home, and the manager was waiting for the outcome.

Mental capacity assessments were carried out. Staff were aware of situations when people did not have the capacity to make specific decisions independently. In these situations meetings were held to reach decisions in their best interests as required by MCA. The meetings involved people with a personal or professional interest in the person's welfare and well-being and the information we received confirmed that they had been called appropriately. A professional told us the staff "responded to instruction & advice which is given to them, this was particularly so, when related to a MCA which was needed for a service user who required a medical procedure."

People's files included a section for them to consider whether they wished to give their consent to care from staff at the home. People's signatures were requested if they granted consent.

People told us they liked the food provided at the home. People said, "The food is lovely" and "I think it's fairly good. It's fresh." Another person described the food as "excellent."

Meals were prepared in the main kitchen by staff. The written menu included options which people could choose from. In addition there was a small kitchen for people to use if they wished, Drinks, snacks and fruit were available at all times.

Staff knew about people's needs in relation to food. We saw that a care record included an assessment to check if the person was at nutritional risk using the 'Malnutrition Universal Screening Tool' (MUST). People with particular needs in relation to food, such as diabetes, had suitable meals prepared. Staff were present during mealtimes and used the opportunity to monitor that people were eating and drinking in accordance with their individual needs.

A person told us that staff encouraged them to look after their health, in particular "not to smoke too many cigarettes a day." People told us they were registered with a GP and supported to see them and other healthcare professionals. On the day we visited a podiatrist was providing care and treatment for some people. District nurses visited when necessary to carry out tasks that required nursing input such as the administration of injections.

A health care professional said that in their experience staff at the home dealt well with "[a person's] mental ill health and there was good attention to [their] physical needs". They said the staff had organised meetings involving a range of health professionals to ensure that care was co-ordinated. They said this had been "good" as it showed the staff were concerned to support people with their healthcare.

Another health care professional told us they felt people received good care from Deepdene House and felt the staff "worked well" with their team. Records of appointments with healthcare professionals were kept and any recommendations were incorporated into care plans.

People's individual needs were taken into account in the design and adaptations made to the home. There was level access from the car park at the front of the home into the ground floor and communal areas were accessible to people with mobility needs. Handrails had been fitted to staircases within the home and to steps leading to the garden. One person told us they were particularly pleased



## Is the service effective?

about this and said “they even altered the back steps into the garden so I could step down safely.” The registered manager told us they were hoping to adapt a person’s shower to further address their individual needs.

# Is the service caring?

## Our findings

People told us they felt the staff were caring. One person said, “Staff are great. Marvellous. Do anything for you.” Another person said about their keyworker, “I can talk to her about anything” and said that all staff were approachable.

We saw staff being helpful to people and ensuring they had access to their entitlements. For example one person was assisted to obtain a bus pass so they could more easily go out and do the activities they wished to. People told us they found the staff supportive. For example, one person described them as “attentive” and felt they were aware of their needs and if they needed extra assistance with anything.

We observed that conversations between staff and people were relaxed and warm. Staff showed an interest in the people who lived at the service, for example, when people returned from being out for the day staff welcomed them and asked how their days had been. We also noted when staff were leaving their shift they said goodbye to people and said when they would see them again.

A professional who visited the home said staff had been “really, really supportive”. Another professional said the staff worked well with people and gave an example of a person who had previously lived there saying, “The therapeutic relationships which Deepdene staff forged with [the person] during their time there had been very positive for them.” We heard that people who had moved on to live elsewhere occasionally visited Deepdene House to maintain their supportive relationship with the home.

Staff spoke with people respectfully and they knocked and waited for a response before opening a bedroom door and

asking permission to show us their bedroom. One person said that she felt respected by staff because, “Staff are honest with me.” A social care professional involved with a person who lived at the service said, “I believe that the staff at Deepdene treat [people] I work with, with respect and dignity.”

Records and discussion showed that people were encouraged to dress appropriately, be well groomed and take care of their appearance. Staff were knowledgeable about people’s preferences in relation to how they liked to dress.

Information about advocacy services was available to people, contact details were displayed on a notice board in the games room and in the office. This gave people opportunities to access advice and support independent of the home if they wished. People could also seek support from the other professionals they saw such as day centre staff and health professionals.

People’s confidentiality was protected. Their care records were stored safely in locked cabinets and only used in the offices. Discussions with the inspection team about the needs of people living at the home took place in private areas

Although people’s privacy was protected and they were supported to see healthcare professionals in private we observed that a visiting podiatrist was attending to people’s feet in the games room. There was no screen or other method to shield them from the view of other people, staff and visitors. The manager told us that people could use their bedrooms to receive treatment from the podiatrist but on the day we visited no one had done so.

# Is the service responsive?

## Our findings

Care planning took into account people's individual needs. One person told us they had regular care planning meetings with their keyworker which they attended. One person said, "I was involved with my care plan and I am happy with what's in my care plan." A second person said, "I have a care plan, it's in the office. You can have too many bits of paper and I could lose it, so it's in the office." The care plans were reviewed with the person and other professionals where appropriate.

People experienced care which took into account their needs, views and the views of the other professionals involved in their care. A healthcare professional told us the manager had organised multi-disciplinary meetings so a range of professionals could liaise and ensure they were all working in the best interests of a person living at the home. They said this was a "good" approach from which the person benefitted. The professional said the home "works closely with my team" and said about the home "I have no concerns at all ...I would recommend Deepdene House". They also said the staff and manager "listen and act on instructions" about the care of the people who live there.

Another professional said the staff were "really, really supportive"... "brilliant"... "They went above and beyond" to meet our person's needs. "I really can't praise them enough... [the person] loved it there." They said the staff were concerned with people's overall health, they said "as well as dealing with their mental ill health there is good attention to people's physical needs". Another professional stated the staff worked well with people and other professionals saying they, "consistently supported them in a most caring, professional and effective manner".

Assessments identified people's care and support needs and care plans were developed to address them. The assessments were detailed and care plans were individualised. They included information from the person and from involved professionals about their medical history and goals for the future. Physical and mental health needs were addressed and actions in relation to each area of need were stated. Information about how to identify if a person was experiencing deterioration in their health and the action to take in response was included.

Specialist equipment was provided when appropriate, and adaptations were made to meet particular needs, including

mobility and sensory needs. Examples included kitchen equipment such as a 'talking microwave' and entertainment equipment including a 'talking' television and a touch button radio. Specialist advice about this area of work was sought and recommendations from an organisation with expertise were implemented.

People were encouraged and supported to take part in activities which they enjoyed. People had the opportunity to be part of the local community and some went to the cinema or theatre and to the gym. Several people attended day centres and told us they enjoyed going there. One person told us that attending a local church was important to them, the staff were aware of this and it was a regular outing.

Some entertainment took place at home and we heard there had been a musical event recently. One person said, "We were singing jazz and sixties music, we danced and had refreshments." Coffee mornings were held to encourage social contact and people from another home run by the provider were invited. People said coffee and croissants were provided and they read the newspapers and discussed the news. Another person told us they enjoyed playing bingo at home.

People said they were confident in bringing complaints to the attention of the staff and they would be assisted to resolve the matter. One person said they were not sure of the procedure but they would "speak to anyone in the office", another said they would "ask for a complaint form and staff would help you go through it." The home's complaints procedure was displayed in one of the communal rooms. It included the statement that the Deepdene House "welcomes and encourages such feedback to continuously improve the quality of the service." One person told us they had made a complaint in the past and were satisfied with the way it had been dealt with. People had the opportunity to raise concerns in the meetings for people who lived at the service or with their keyworkers or other members of staff. In addition a comments box in the hallway was available for people to raise concerns anonymously. We were told this was rarely used and generally issues were brought directly to staff attention.

Records of complaints showed the complaints had been investigated and action taken in response but the complainant had not received a formal acknowledgement

## Is the service responsive?

or information about the outcome of their concern. The registered manager agreed the addition of this step would more closely reflect the home's procedure and stated their intention to ensure this was included in future.

People had the opportunity to make their views known at meetings for people who lived at Deepdene House. The records showed people were consulted about issues of

general concern such as meals, activities and health and safety issues. At each meeting people were reminded of their right to raise concerns, make complaints or safeguarding issues, either there or in private. Information about staffing issues such as changes to the team or shift pattern were also discussed at the meetings.

# Is the service well-led?

## Our findings

The home had a registered manager in post as required by their registration with the CQC. They had been registered since June 2013 and were suitably qualified and experienced for the role. We heard from a range of sources that the manager had made improvements to the home. A professional involved with people at the service said that since the manager had been in post the home had “come a long way”. Other comments about the manager’s work included “she is doing a good job” and “she is spot on”. People said, “The staff and the manager are approachable and accessible.”

We noted that the staff team had a ‘team building’ day in August 2014, aimed at building a team identity and working well together. Communication between the staff team and manager was open. Staff told us they enjoyed their work and some had worked at the home for several years. They said was because they liked their job and Deepdene Care was “a good company to work for”.

The registered manager ensured she was in touch with people through spending time individually with them and asking their opinions of the care they received. She also attended the meetings held for people who lived at the home. We saw the manager was not solely office based and people were familiar with her and felt confident to ask assistance from her, as did the staff.

We were told the manager and staff communicated well with health and social care professionals to the benefit of the people who lived there. One professional said “they went above and beyond, we had joint meetings, and they kept us in touch” and the person they were concerned with did well at Deepdene House.

Monitoring visits were made by senior managers from the provider’s head office at least every three months and included discussion with people and the staff, spot checks

of records and inspection of the building. Weekly reports to senior managers covered a range of issues including incidents, complaints, and vacancies at the service. When necessary the manager created an action plan to deal with shortfalls and ensured standards of care were maintained. For example the shortfalls in the standards of cleanliness of the building had been discussed at meetings for staff and people who lived at the home. Conference calls between the provider’s registered managers and senior managers took place occasionally. For example they had taken place about planning refurbishment in the home.

The registered manager and staff had the opportunity for discussion with other Deepdene Care employees as another home run by Deepdene Care was located in Lambeth. This provided opportunities for support and joint events to be planned.

People were consulted about a range of issues, for example when menu changes were planned a meeting was held and changes were made that reflected people’s wishes for particular items and took account of their needs. Deepdene Care did annual surveys of people living at the home to ask for their views and suggest changes. People also had the opportunity to complete forms after meals to give their views about the food provided, the atmosphere in the dining room, if they enjoyed the meal and about suggestions for improvement. These could be completed anonymously if people wished.

Incidents were responded to promptly by staff and discussed amongst the staff team to assess how they could be avoided in the future. Discussions were also held with people living at the home about issues of concern, for example behaviours which were unacceptable and may have put people at risk. People who lived at the home were aware of the rights and responsibilities of living there, for instance that behaviour that endangered others could lead to a termination of their stay. The manager notified the CQC about incidents they were required to tell us about.