

Shaw Healthcare Limited

Deerswood Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Deerswood Lodge is situated in Ifield, Crawley, West Sussex and is one of a group of homes owned by a national provider, Shaw Healthcare Limited. It is a residential 'care home' for up to 90 people some of whom are living with dementia, physical disabilities, older age and frailty. At the time of the inspection there were 44 people living in the home.

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

People's care and experiences had improved. The provider and management team had worked with external health and social care professionals to develop their own and staff's knowledge and understanding, in relation to people's care. This had been fully embraced and changes had been made to the culture within the home. There was an increased focus on person-centred care. People and their relatives were treated as partners in their care and their views and preferences were acknowledged and respected. Systems and processes had been introduced to provide better oversight of people's care and risk had been reduced. There was an increased confidence that once the systems and processes that had been introduced had a chance to be fully embedded and sustained in practice, that further improvements would be made. Systems had not always identified areas of practice that still needed improvement in relation to two people's care and on one occasion people who required their weight to be monitored to help minimise potential risk had not been monitored effectively.

Some people were living with dementia, signage as well as information available to them, had not always been adapted to meet their needs. We have recommended that the provider access guidance in relation to providing accessible information for people who are living with dementia.

There had been significant improvements to improve the safety of care people received. There was improved oversight and risk had been reduced. Medicines management and oversight of risks in relation to falls, skin integrity, hydration and nutrition had improved. The occupancy of the home and the dependency of people had decreased. This helped ensure staffing levels were sufficient to meet people's needs. The registered manager and provider had worked in collaboration with the local authority when there were concerns about people's care and had learned from instances when care had not gone according to plan. People were protected from the spread of infection.

People told us staff were kind, caring and compassionate and they were happy living at the home. One person told us, "It's so good here, I'd miss it if I had to leave." Another person told us, "Some carers are lovely, like friends, so caring. They have time for us." People were treated with respect and their privacy and dignity was maintained. They were involved in their care and their views and preferences were listened to and valued. People were supported to maintain their skills and their independence was encouraged. People's social and emotional needs were met and there were plans to improve this further. People were not at risk of social isolation.

The registered manager and provider had worked with external health and social care professionals to assess and review people's care in line with best practice guidance. People's health needs were met through this coordinated approach to their care. People were supported to maintain their nutrition and hydration. People told us staff were experienced and knowledgeable. There were better systems to ensure people received sufficient amounts to eat and drink to maintain their health. 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.

Rating at last inspection and update

The last rating for this home was Inadequate (Supplementary inspection report published 11 November 2019). There were six breaches of regulation in relation to people's safety, privacy and dignity, consent, person-centred care, staffing and the leadership and management of the home. We served three Warning Notices and the provider was required to complete an action plan to show what they would do and by when to improve. The home has been in Special Measures since April 2019. During this inspection, the registered manager and provider demonstrated improvements had been made and they were no longer in breach of regulations. They are no longer rated as Inadequate overall or in any of the key questions. Therefore, this home is no longer in Special Measures. The home has been rated as Requires Improvement and had now been rated as Inadequate or Requires Improvement at the last six consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow-up

We will continue to monitor the intelligence we receive about this home. There are conditions on the provider's registration of this home and they are required to submit information to CQC to enable us to have oversight to ensure the improvements made are being sustained and standards of quality and safety are improving. We will work alongside the provider and the local authority to monitor progress. We plan to inspect in line with our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last inspection, by selecting the 'all reports' link for Deerswood Lodge on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Deerswood 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 Care Act 2014.

Inspection team

The inspection was undertaken by 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.

Service and service type

Deerswood Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home had a manager who was registered with the Care Quality Commission. This means that both they and the provider are legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We liaised with health and social care professionals for their feedback. We had not asked the provider to submit a provider information return (PIR) since the last inspection. A PIR is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account, alongside the evidence gathered, when making our judgements in this report and spent time with the registered manager enabling them to inform us of the improvements they had made as well as those that were planned.

During the inspection

We observed the care and support people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with eight people and five relatives, seven members of staff, the registered manager, a quality improvement manager and the regional operations manager. We reviewed a range of records about people's care and how the service was managed. These included the individual care and medicine administration records for 11 people. We looked at 11 staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the home, which included policies and procedures, were also reviewed.

After the inspection

We sought assurances from the provider in relation to people's consent.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service had not always been safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management; Using medicines safely; Systems and processes to safeguarding people from the risk of abuse; Learning lessons when things go wrong

- At the last inspection, there were serious and wide-spread concerns about people's safety. Medicines had not always been managed safely and some people had gone without their prescribed medicines. People were not provided with safe care. There were a number of safeguarding enquiries being conducted by the local authority, they had identified themes in relation to insufficient staffing levels and staffs' competence, unsafe medicines management and falls.

At our last inspection the provider had failed to assess and mitigate risks relating to the health, safety and welfare of people. They were in continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice and the provider was required to become compliant by 31 October 2019.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 12. We did however, find that not all people had received safe care and treatment according to their needs and the improvements that had been made needed to be further embedded in practice and sustained over time to provide continued assurance of people's safety.

- After the last inspection, once concerns were raised with the provider, they and the local authority had found one person had not been supported in a safe or effective way. They found staff lacked the skills to support the person effectively when they refused support and the person had not been supported according to their needs. When the person's health deteriorated, staff had not taken effective action in a timely way, and the person had been admitted to hospital. At this inspection, we found that staff had learned and developed since this incident, when talking about what they should do if a person living with dementia was to refuse support, a member of staff told us, "I'd ask the staff member to try again later and give the person time. It could be due to the fact they don't take to that staff member. Try someone else. We have to clearly document that they have declined. If it carries on we need to investigate and get people in to support us."
- At this inspection, there was increased oversight of people's care and risks to people had decreased. For example, the management team conducted a monthly analysis of risks associated to people's care. This included the amount of accidents, falls, infections, and weight-loss people might have experienced. This provided better oversight and enabled the management team to adopt a strategic approach to managing people's health and ensure timely action was taken when risks were highlighted and known. In most cases this had been effective, yet on some occasions staff had not always followed guidance. The provider had

informed us that during one month not all people who required their weight to be monitored to ensure they did not experience any further weight loss and were provided with appropriate treatment, had been weighed or monitored effectively. We also found that two people had not always received appropriate support to meet their assessed needs.

- One person had been advised by their GP to follow a low sugar diet. Not all staff were aware of the person's needs and those that were had not ensured the person was provided with appropriate food. Records and staff confirmed that the person had been provided with high-sugar foods that were not consistent with their assessed needs or the guidance provided. This increased the risk that the person's health condition was not well-managed as staff were not doing all they could to ensure external healthcare advice was followed.
- Another person had been prescribed medicines due to an infection. Staff had been advised that they should monitor the person's fluid intake to ensure they were receiving sufficient fluids. This had not been consistently implemented to ensure staff were aware of the amount the person had consumed and therefore it was not known if the person needed further encouragement to increase their fluid intake to improve their health. This increased the risk that the person's health condition and hydration would not be well-managed. Staff were not doing all they could to assure themselves that the person was receiving sufficient hydration to help improve their health and lessen the impact of their infection.

Although the provider took action to minimise further risk once our concerns were raised with them, their systems had failed to ensure that these people were provided with appropriate care to meet their assessed needs. Therefore, we could not be assured that their newly implemented systems had been fully embedded in practice to ensure that all potential risks were managed and staff were following guidance to ensure known risks to people's safety were minimised. This is an area of practice in need of further improvement.

- Since the last inspection, the occupancy of the home had decreased. Some people had been reassessed and had moved to other homes to better meet changes in their needs or because at the time, due to people's complex needs and staff's skills, staff were unable to meet some people's needs. This meant there were less people living at the home and those that were had less-complex needs. This had enabled the provider and staff, the space and time to develop their skills and to devise and implement improved systems which ensured they were more aware of people's assessed needs and the care people received.
- The registered manager and provider had worked with external healthcare professionals to ensure medicines management was safe. There were safe systems to ensure there were sufficient stocks of medicines. People's medicines had been reviewed to ensure they were only prescribed medicines that met their current needs. Staff were provided with clear guidance on when medicines should be administered, staff had supported people appropriately and people had received their medicines when they should. The management team conducted additional audits and there was increased oversight of medicines to ensure people received their medicines as prescribed.
- One person administered their own medicine and there were safe systems in place to manage risk and enable the person to maintain their independence and skills. When people lacked understanding about the importance of taking their medicines, staff had liaised with the GP to ensure these could be administered in a safe way and in the person's best interests.
- Staff's knowledge and understanding about people's assessed needs had improved. The registered manager and provider had accessed external training for staff so they had a better awareness of supporting people living with dementia, maintaining their health and providing safe and appropriate care. Staff were able to better identify changes in people's needs and this had helped to ensure timely advice was sought when there were concerns about people's health.
- People at risk of falls were supported safely and according to their assessed needs. Staff had effectively identified, assessed and managed risks to people's care. People's assessed needs were considered and met,

and staff had clear, detailed guidance about how to support people in a safe way. For example, an external moving and positioning advisor had worked with the staff team. Photographs of the type of equipment staff should use to support people had been provided along with clear guidance about how to support the person according to their needs and abilities. People told us they felt more assured by staff's practice. One person who required assistance with their mobility told us, "I have to have a competent staff member to help me use my equipment and that happens." There was increased oversight of falls so that these could be analysed to identify patterns and trends. When required, people had been referred to their GP and the falls prevention team. Staff had considered people's holistic needs and how these might affect their risk of falls. For example, there were safer systems and practices in place relating to people's access to prescribed medicines and appropriate hydration and nutrition. When falls had occurred, people's condition was monitored to ensure that any changes in their condition were recognised and appropriate action taken.

- There were safe systems in place to protect people from the risk of harm. The registered manager had made referrals to the local authority when there were concerns about people's care. Since the last inspection, the local authority had concluded some of their safeguarding enquiries and had found serious shortfalls in some people's care. The registered manager and the provider had worked with the local authority and other external health and social care professionals to ensure that any outcomes were learned from and practice had been improved.
- When people had displayed behaviours that challenged others, staff had used their new, improved understanding and skills to support people more effectively. Managers were role models for staff and told us that staff had been coached and supported to use distraction techniques and interaction with people to allay their anxieties and distress and we observed this in practice.
- In 2017, one person had experienced a fall which had affected their existing health condition and had led to the person's death. An inquest had been conducted and in September 2019, a coroner had published a Prevention of Future Deaths report. This had recognised some shortfalls in the person's care in relation to the skills of staff, ineffective monitoring and communication and the timeliness of staff's response when the person's health had deteriorated. We observed that the provider had learned from this. Staff had undertaken appropriate training to ensure they had the skills and understanding to know what to do if a person's health deteriorated. Handovers and daily meetings ensured that staff were provided with current information about people's care and any changes in people's needs were communicated to all relevant staff to ensure people received consistent care. When people had fallen, appropriate monitoring was in place to recognise any changes in their condition to ensure that timely action was taken if they required medical assistance.

Staffing and recruitment

At our last inspection, the provider had failed to ensure there were sufficient numbers of suitably trained staff to meet people's needs. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice and the provider was required to become compliant by 31 October 2019.

Since the last inspection, the occupancy of the home had decreased. Due to changes in some people's needs, as well as staff being unable to meet some people's needs at that time, some people had moved to other homes. People at the home had less-complex needs and staff were more able to meet these. This meant at this inspection, there were sufficient staff to meet the current needs of people and the provider was no longer in breach of regulation 18.

- Staff's skills and experiences were considered when allocating and deploying staff. Staffing rotas had been revised to ensure that staff were deployed to support all people, within all areas of the home. This meant that staff were more flexible about where they worked and who they supported, and this had enabled staff

to become more familiar with all people's needs. One person told us, "Staff from other units are always willing to help out if needed."

- Due to the decreased occupancy of the home, some units of the home had been occupied by very few people. With the consultation of people and their relatives, the provider had temporarily closed two units, each of which could accommodate up to 10 people. This meant people had moved into other units to be closer to one another. This had increased people's social interaction with each other. This, as well as the reduced occupancy, had a positive impact on how the staff that were deployed were able to safely and effectively meet people's needs. One person told us, "I've had good carers recently, less agency staff. Some carers are lovely, like friends, so caring. They have time for us."
- The provider and management team had recognised that staff had not previously been provided with all the necessary skills to support people effectively, particularly those who were living with dementia. They had embraced the support that had been provided by the local authority and clinical commissioning groups and had supported staff to learn and develop a better understanding of supporting people in an effective and safe way.
- The provider had assured themselves that staff were of good character and suitable for the role before they started work. Recruitment processes had been revised to help the provider to appoint staff who shared their values.
- To further ensure that staffing levels remained sufficient to meet people's needs when the occupancy of the home increased, the provider had accessed an assessment tool. Once implemented, this would enable them to assess people's needs and their dependency and consider these alongside the needs of others already residing at the home. This would help enable them to align staffing levels to meet all people's assessed levels of need. This was yet to be implemented in practice and therefore the effectiveness of this tool can be assessed at future inspections.

Preventing and controlling infection

- People were protected from the spread of infection. Staff were observed using protective equipment and they disposed of waste appropriately. The environment was clean, and people told us they were happy with the cleanliness of the home. One person told us, "The cleaners do a great job."
- The provider assured themselves that infection prevention and control was maintained by conducting audits and monitoring the number of infections people contracted to help identify if changes to practice were required.
- Staff responsible for preparing food had received appropriate food hygiene training.

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, this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were good and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, the provider had not ensured there were suitably skilled and experienced staff. They were in continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice and the provider was required to become compliant by 31 October 2019.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 18. The registered manager and provider had worked with external healthcare professionals and staff had undertaken learning and development to enable them to have the necessary skills to support people effectively.

- At the last inspection, the provider had not ensured that new staff had completed their induction or training which the provider considered essential. Staff responsible for dispensing and administering medicines had not always completed the relevant training or had their competence assessed. Staff who supported people who lived with dementia had not always received training or support to enable them to have appropriate skills to meet people's needs effectively.
- Since the last inspection, the registered manager and provider had worked with external health and social care professionals who had observed staff's practice and provided bespoke training to support them to develop effective and safe skills. Staff had also been supported to become 'dementia friends.' Dementia friends is an initiative introduced by the Alzheimer's society and is the biggest ever initiative to transform how the nation thinks, acts and talks about dementia and focuses on how dementia might affect a person. This additional support had helped staff to have a better understanding of how living with dementia might affect a person.
- New staff had completed their inductions and required training before providing support to people and staff responsible for assisting people with moving and positioning or administering medicines had their competence assessed to ensure their skills were safe and effective. Our observations showed this training had been effective. Staff demonstrated a greater understanding of people's needs and how to support people in a more effective way. For example, one person was displaying signs of apparent anxiety and distress. They were continually calling for their mother. Staff offered reassurance and distracted the person and told us that when the person called for their mother it was their way of communicating that they needed comfort and reassurance. Once supported in this way by staff, the person visibly calmed and was less-anxious.

- The registered manager and the provider had effectively managed staff's performance. When staff were not performing to the provider's required standard, appropriate action had been taken. This had a positive impact on outcomes for people as they were supported by staff that held the necessary values and who were positive and supportive of their needs.
- Staff were supported through supervisions and appraisals which enabled them to discuss and reflect on their practice to further develop their skills and understanding. Staff told us they felt supported and valued and that the focus and efforts that had been made to provide them with appropriate support and new learning had made them feel valued. They told us this made them feel more confident when supporting people. One member of staff told us, "I like the training. We just had Stop, Look and Care training from the NHS. It was very positive training and was about recognising deterioration over stages. It was very useful, and we were given information booklets. A nurse came in the other night and said it was really good."
- The management team had recognised that staff responsible for the direct line management of care staff, would benefit from developing their skills in leading and managing a team and had accessed training at a local college to enable staff to work towards gaining the necessary qualifications.
- People and relatives told us that they were confident in staff's abilities and felt safe when receiving care from them. One person told us, "Most of the staff are very good at their jobs."

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 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 make 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 provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection, when people were living with a condition that had the potential to affect their decision-making abilities, the provider had not assessed people's ability to consent to their care before involving others to make decisions on people's behalves. When others had made decisions, the provider had not assured themselves that those who made them, had the legal authority to do so. The provider was in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 11.

- When people had a condition that had the potential to affect their decision-making abilities, the provider had assessed their capacity in relation to specific decisions relating to their care. When people lacked capacity to consent, decisions had been made in consultation with those involved in their care to ensure any decisions made were in the person's best interests.
- Some people had Lasting Power of Attorneys who were legally able to make decisions on their behalves when they lacked the capacity to do so themselves. The provider had assured themselves of this and had obtained copies of the documentation to ensure those making decisions on people's behalves were legally able to do so.
- When people were unable to consent to staying at the home to receive constant support and supervision,

the registered manager had acted appropriately and had made DoLS referrals to the local authority. Some people had DoLS authorisations that had associated conditions. This meant that the registered manager had to work in accordance with the conditions to ensure they were complying with the DoLS. We found people had been supported in accordance with their DoLS conditions. For example, one person's condition related to having regular medicines reviews. This had been organised with external healthcare professionals to ensure the person was receiving medicines that were appropriate for their current health and social care needs.

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

At our last inspection, we recommended that the provider considered guidance on appropriate environments for people living with dementia. At this inspection, we found the registered manager had accessed advice and guidance from external health and social care professionals. They had made improvements to the environment to ensure that it was a more welcoming and stimulating environment for people and had future plans to develop this further.

- The registered manager had re-purposed one of the rooms to provide a well-being room for people. This had been designed in a restful colour with a lavender mural to aid relaxation and well-being. People used the room to have their hair styled or their nails painted, and the room had been designed to feel like a salon where people might go to relax. People enjoyed using the space and staff provided examples of when the space had been used to provide a distraction when people displayed apparent signs of anxiety or distress.
- The registered manager was in the process of adapting other areas of the home to further improve people's experiences. For example, a 'happiness café' was in the process of being implemented where people would be able to spend time with others enjoying different types of drinks. The management team told us that they hoped this would also benefit people's overall health as well as their well-being as this would encourage people to drink and improve their hydration levels. Bulbs had been planted in the garden so that in the Spring and Summer months people could enjoy spending time outside or looking out of the window at the seasonal flowers.
- The environment was large with spacious rooms and corridors for people to independently mobilise. One person was observed independently moving around the home using their motorised mobility aid. When people preferred time away from others, they could choose to spend time in their room or within quieter areas of the home. A relative told us, "The home and it's environment suits my relative. They have freedom of movement and choice."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed in accordance with best practice guidance. Nationally recognised tools were used to assess people's risk of malnutrition and skin integrity. People assessed as being at increased risk of malnutrition and dehydration had received safe and effective care. There was increased oversight and clear guidance for staff to ensure people received effective support to maintain their health.
- People who were at risk of malnutrition had their weight monitored. This showed that people's weight had stabilised as they were provided with food and snacks that were fortified to increase their caloric intake. When people had lost weight, appropriate action was taken. There was improved oversight of people's fluid intake when they were at risk of dehydration. Staff monitored people's intake each day so that they were assured that people had enough to drink.
- People's personal and oral hygiene needs had been assessed and staff had been provided with guidance which informed them of the type of support people required. Staff demonstrated a good awareness of

people's assessed needs and the support that was required to enable these to be met.

- People's physical needs had been assessed and people were provided with equipment to enable them to be treated equally with others. For example, when people had physical disabilities they had access to hoists or mobilising wheelchairs to support them to move and position.
- People had access to external healthcare professionals to help maintain their health and to seek medical assistance if they were unwell. Staff liaised and worked alongside external healthcare professionals to help ensure people received coordinated care.
- Technology was used so that people were able to call for staff's assistance by using call bells. For people who were unable to use call bells, due to their level of understanding, sensor mats or beams were used so that when people stepped on these, staff were alerted and were able to go to the person's aid.

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

- People were complimentary about the food and told us they had enough to eat and drink. One person told us, "The foods improved, and they do offer alternatives if you don't fancy the dishes. I'm eating well and drinking a lot and the staff are checking on me."
- 'Tuck trolleys' had been introduced whereby a member of staff would visit each area of the home during the afternoon to offer people sweets, chocolate or crisps. People enjoyed this and were seen talking with the staff about the chocolate they had chosen and how much they had enjoyed it.
- When people required a modified diet and had their meals softened, staff had ensured that these were presented in an appetising way. Each item of food had been modified and presented as separate portions on the plate so that the person would be able to differentiate the flavours and types of food.

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 the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At the last inspection, people were not always treated with respect or compassion and their privacy and dignity was not always maintained. The provider was in breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to complete an action plan to show what they would do and by when to improve.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 10. Staff had been supported to learn and develop skills that enabled them to care for people in a respectful and dignified way.

- People were cared for by kind and compassionate staff. Staff had developed and learned new skills which had increased their abilities and awareness of how to support people, particularly those living with dementia, more effectively. For example, when one person showed signs of apparent anxiety or distress staff took time to sit with them. They asked the person what was wrong and if there was anything they could do to help them.
- Staff demonstrated a patient and understanding approach. One person had recently returned from hospital and was experiencing difficulties mobilising. Staff were patient whilst the person was attempting to move from one area of the home to another, they were observed supporting the person to mobilise, offering them praise and encouragement.
- Since the last inspection, the occupancy of the home had decreased, as had the amount of agency staff that were used. Staff and people told us this had a positive impact on people's care as the staff team knew people well. One member of staff told us, "We have a good time with people now. We have a great staff team. There is more consistency now as we are using less agency staff."
- There was a warm, friendly and welcoming atmosphere and people told us they felt well-cared for and were happy living at the home. One person told us, "I do get on well with the staff and they do discuss things and we have great laughs." Another person told us, "All those who look after us are all very nice."
- Staff told us that they felt more supported and happier and this had a positive effect on people. One member of staff told us, "When staff were down the residents picked up on it, but they seem happier now, residents' spirits have lifted as well."
- Staff had received compliments about the care they had provided to people and told us this was also acknowledged by managers who often thanked them for the positive support they provided. Relatives had

written thank-you cards acknowledging the caring approach fostered by staff.

- People were treated in a dignified manner. When people required assistance with their personal care needs, staff were sensitive and tactful and supported people in a discreet way. One person told us, "Staff are always respectful, they always do their best."
- Staff shared information about people's needs and conditions during meetings, these were conducted in offices so that people's privacy was maintained. Information held about people was securely stored on password protected computers or in secure cabinets and offices.
- People's independence was respected and encouraged. People were observed mobilising independently around the building using their mobility aids. One person accessed the community independently and enjoyed visits to the local shops. People who required adapted crockery were provided with suitable equipment to enable them to remain independent when eating and drinking. People were able to choose how they spent their time and staff respected their right to make decisions.
- People were supported to maintain contact with their family and friends. Some people had enjoyed seeing their relatives at Christmas time who had been invited to share a meal with them.

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

- People and their relatives, if appropriate, had been involved in discussions about people's needs and decisions that affected this. Each month staff operated a 'resident of the day' system, this enabled one person's care plan and their care to be reviewed to ensure that the guidance provided to staff met the person's current needs. A member of staff from each department would visit the person and speak with them about their care. This enabled people to speak directly to those members of staff who had the power to change the way the person was supported. One person told us, "I always feel involved in matters concerning me." A member of staff told us, "The residents are happier as they have managers and staff that actually talk to them."
- People told us they were involved in day-to-day decisions that affected their care and our observations confirmed this. People were asked what meals, snack and drinks they would like or if they would like to take part in a planned group activity.
- People had been involved in discussions through residents' meetings where ideas and suggestions were raised and discussed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has remained the same. This meant people's needs were not always met.

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; Meeting people's communication needs

At the last inspection, there was a lack of person-centred care and people were not always supported according to their assessed needs. People's social and emotional needs had not always been met and some people were at increased risk of social isolation. Information had not been adapted to support some people who were living with dementia, to understand. The provider was in breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to complete an action plan to show what they would do and by when to improve.

At this inspection, we found some improvements had been made and the provider was no longer in breach of regulation 9. The improvements made needed to be embedded in practice to ensure that these could be sustained and further improved over time.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the last inspection, we found the provider was not meeting AIS. Some people were living with dementia and the provider had not considered adapting the information that was provided to help ensure that some people who required more support, understood.
- At this inspection, the provider had not made enough improvement. For example, people were asked to choose their meals for the following day. Some people were able to make this choice and staff respected their right to change their mind on the day if they preferred an alternative option. This approach did not accommodate some people who were living with dementia who might find it hard to remember what they had chosen the previous day. The Social Care Institute for Excellence states, 'As dementia progresses a person might have difficulty choosing and deciding on the food they want to eat. Calling out a list of options can be confusing and difficult for the person as they may not recognise what the food is from hearing the words alone'. We observed people had not always remembered what food they had chosen and were confused as to what they were having for their meal.
- Consideration about the support people might need to orientate to time and place, had not always been made. People were not always supported to navigate their surroundings as there were minimal prompts to aid people's orientation in line with best practice guidance when supporting people who are living with

dementia. People's bedroom doors were plain and communal hallways were bare and contained minimal signage. A board, to help people understand the days of the week, the weather and season was blank and had not been completed. The management team had plans to improve these areas of the home to better suit some people's needs but these were yet to be implemented in practice.

- Information had not been adapted to meet the needs of some people living with dementia. Complaints procedures as well as an annual survey that was sent to people, had not been adapted to provide a more user-friendly way of enabling people to share their views. The provider had received feedback from people and relatives about the accessibility of information. Feedback from a recent residents' and relatives' survey had stated, 'Service user guide not clear or easy to understand.' The provider had reviewed and updated their policy about AIS but had not yet ensured the changes required were implemented in practice.

We recommend that the provider seeks guidance from a reputable source on providing accessible information to those living with dementia or other communication needs.

- People and relatives told us that since the last inspection they had noticed a decrease in the amount of activities and stimulation provided, yet when provided these were fun and enjoyable. A comment within a recent residents and relatives survey stated, 'Weekends are quiet as there are no activities.' The provider had acknowledged that this was an area of practice that needed to further improve and told us that since the last inspection, an activities co-ordinator had left. Another had been recruited who would ensure that together with the existing activity co-ordinator, activities would be provided seven days per week. In the interim period, staff had been encouraged to interact with people to increase their access to stimulation.

- Due to the decreased occupancy and people having less-complex needs, staff had time and space to interact with people. A member of staff told us how staff were aware of ensuring that people who spent time in their rooms were not socially isolated, they told us, "We go into their rooms, you go in for a chat and they are more than happy, it makes their day when you go in with a smile."

- Work was in-progress to further develop and tailor the activities to meet people's interests. People and an external social care professional were complimentary about the abilities and efforts made by the activity co-ordinator who supported some people to access the local community and partake in a range of activities. Some people enjoyed being part of a knitting club where they had enjoyed knitting items that were going to be donated to charity, therefore further increasing their connection with life outside of the home. One person told us, "I am knitting woolly hats for babies."

- The management team had plans to further improve people's stimulation and meaningful occupation. They wanted to create stronger links with the local community so that people still felt connected to life outside of the home and to increase people's interests and stimulation. For example, there were plans to encourage a local nursery to visit the home and spend time with people.

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

- The provider had changed the way people's needs were recorded and communicated to staff. At the last inspection, the systems in place did not promote person-centred care. Information about people's needs was contained within a number of documents which had led to errors and inconsistent guidance for staff. The provider had introduced a new system which provided guidance to staff in a more accessible way. Care plans were specific to people's needs and staff demonstrated a good understanding of how people should be supported. Pen pictures had been introduced which had provided brief information for staff when working with people, these were more stream-lined than people's main care plans and were held within the lounges where people spent their time. This meant that staff could easily see how people should be supported as well as enabling them to update people's records in real-time to evidence the support people had been provided with.

- There was a greater emphasis on placing the person at the centre of the care that was being provided. People and their relatives if appropriate, had been involved in on-going discussions about people's needs and the care they received. This helped ensure that the guidance provided to staff in relation to people's needs was accurate and met their preferences. Information had been gathered about people's backgrounds and their life history to enable staff to have a greater understanding about people's lives before they moved into the home. Staff demonstrated a good awareness of people's needs and their interests. A member of staff told us, "We have good communication with families and it's surprising what you learn. One person had a certain job, so we built this file up for them about graphs and buildings. They love it. They like gardening too so we look through the wildlife book with them."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. When concerns had been raised, these had been dealt with appropriately and in accordance with the provider's policy. One response showed that the provider had been open and acknowledged when care had not gone according to plan.
- People and relatives told us they felt comfortable raising issues of concern to the management team. One person told us, "If you go to them with a problem, they will listen to you."

End of life care and support

- People were able to plan for their end of life care. Staff were provided with guidance about how the person wanted to be cared for at the end of their life. This included where they wanted to be and who they wanted with them. Our observations showed that people were supported appropriately when they were at the end of their lives.
- Staff had worked with external healthcare professionals to ensure people had appropriate medicines so that when these were required, their comfort was maintained.
- Staff spoke about how they demonstrated care and compassion. One member of staff reflected on how they had supported one person at the end of their life, they told us, "I got a dimmer lamp so it was soft light and I got a radio, so they had nice soft music. I would sit with them every moment I could and stroke their hand or their face just to let them know someone was there. I was there until the end with them."
- Compliment cards and letters had been received from relatives which thanked staff for their caring approach and attitude when caring for their loved one when they were at the end of their lives.

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 the last inspection, this key question was rated as Inadequate. At this inspection, this key question has improved to Requires Improvement. This meant the service management and leadership had not always been consistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At the last inspection, there were continued wide-spread concerns about people's safety and the provider's ability to maintain standards. They had not continually improved the quality of people's care and had not always assessed, monitored or improved the quality and safety of the service provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice to the provider and they were required to become compliant by 31 December 2019.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 17. There was increased oversight of people's care and systems and processes had been introduced to ensure people were receiving safe and appropriate care to meet their assessed needs. People, relatives and staff told us there had been positive changes and they thought the home was managed well.

Although improved, there was not enough oversight of all people's care to ensure the newly implemented systems were effective and had ensured that people were receiving a service that was appropriate to their needs. The improvements made needed to be further embedded in practice and sustained over time to provide continued assurance that people were receiving a good quality service.

- Since the last inspection, there has been an increased focus on the provider's services within the Sussex area, by the provider, the local authority, the clinical commissioning group and CQC, due to ongoing concerns about their failure to address and improve reoccurring themes. Since the last inspection, the provider had acted to help improve the service people received. They had worked with external health and social care professionals and had employed a dedicated quality improvement manager who had worked with staff and introduced systems to provide better oversight to help drive improvement. A deputy manager from one of the provider's other homes, as well as a registered manager, had been at the home for four months. There was a large management team consisting of the registered manager, a deputy manager, a unit manager, a quality improvement manager and a regional operations manager who visited the home regularly to provide support to the management team. All these professionals had made changes and helped ensure improvements to the wide-spread concerns found as part of the last inspection, were being made.

- People, relatives and staff were complimentary about the efforts the provider, management team and external health and social care professionals had made to improve people's experiences. New systems and processes had been implemented to improve oversight of people's care. These included new care planning systems, audit processes, better communication and sharing of information and monthly meetings with people to discuss their care needs and preferences. The management team had worked hard to improve the culture and outcomes for people. There was confidence that the new systems and processes that had been introduced would ensure people's care improved. We found that these needed to be fully embedded and sustained in practice to ensure all shortfalls were identified and managed. For example, shortfalls in the delivery of two people's care found as part of this inspection, had not been identified by the newly implemented systems. For example, it had not been identified that two people had not been supported according to their assessed needs. Neither had it been recognised that there was a lack of consideration when people were living with dementia and therefore might not be able to consent to having photographs of them shared on social media. When concerns were fed back to the management team, they took immediate action to ensure that plans were implemented to ensure the issues raised were addressed and improved.

- People's feedback was positive, and they told us the home and the care they received had improved since the last inspection. Comments from people included, "I work with the staff member to help me and we work as a team. The atmosphere is great, actually relaxing. The manager is changing things for the good, she is doing well, gradually and subtly," "I think the home runs well and they are very helpful," "I'm thankful being here, everything's taken care of. I can't fault the service, the staff, the cleaning, the meals and the laundry. Overall, it's great here," and "It's so good here, I'd miss it if I had to leave." Relatives were equally as positive. One relative told us, "They do seem to be managing the place well and things have got better." Another relative told us, "Overall, we as a family are happy with things here."

- Staff and the management team told us the atmosphere at the home had changed for the better and our observations confirmed this. Staff told us they felt valued and supported and were often thanked and rewarded for their efforts. They explained this had made them want to come to work. The registered manager told us staff sickness had reduced due to this and this had meant there was less need for agency staff. This had helped to ensure staff knew people's needs and worked together to ensure these were met. Staff were overwhelmingly positive about the registered manager. One member of staff told us, "I definitely feel valued. The manager has told me how good a job I do. We haven't always had that in the past. She is really turning this place around. She gives the staff respect." Another member of staff told us, "This manager has made a big difference, she is absolutely brilliant. She is normal and just talks to you, she's approachable. Morale was down but certainly has picked up. She's getting staff to be involved in things, she comes to us and asks about communication. It's got better. She is trying to help and getting the staff to talk to each other and help each other. It's much better in here now. I've seen a lot of changes." A third member of staff told us, "The improvements have only just started, and I think we'll see a lot more improvements. It's exciting really."

- There was confidence the new systems introduced would provide better oversight and better outcomes for people once they had been embedded in practice. There was a more person-centred approach to care to ensure the systems in place benefitted people. For example, the provider and registered manager had introduced a daily meeting where all heads of department met to discuss people's needs. This enabled issues that related to one person to be shared, if appropriate, with all staff who had responsibilities for certain aspects of the person's care. Staff also fed back that this made them feel valued and part of a team where there was shared responsibility and ownership. Staff were empowered, and tasks had been delegated to them to promote responsibility and accountability. This had helped to drive improvement and staff were working cohesively as a team with a central goal of improving care and experiences for people.

- New audits and systems to monitor risk had been introduced. This enabled a better oversight of people's health needs to help monitor and mitigate risk. This included oversight of falls, unplanned weight-loss, infection control, medicines and health conditions.

- The focus on improvements made by the management team enabled staff to continue to strive to implement the provider's values of wellness, happiness and kindness.

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 and management team demonstrated a candid, open and transparent approach. They had informed CQC and other external health and social care professionals, when care had not gone according to plan.
- The provider was aware of their regulatory responsibilities and had notified us of incidents that had occurred to enable us to have oversight to ensure appropriate actions were taken. Since the previous inspection, the volume of notifications received in relation to risk, accidents and alleged abuse had lessened. This further demonstrated that there were better systems in place to help ensure people were receiving appropriate care to meet their needs.
- As a result of the findings of previous inspections and ratings, we imposed conditions on the provider's registration of Deerswood Lodge. They are required to send us a regular analysis of their auditing systems and oversight to enable us to monitor risk in relation to people's care. They continue to be compliant with this condition and have been open and transparent.
- People and their relatives told us that the management team and staff were open and honest with them. Records also showed that they were kept informed of any changes in people's needs. Discussions had taken place with people and relatives following the last inspection, to acknowledge the concerns that had been found and to provide assurances about what was being done to make the required improvements.

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

- The provider and registered manager had embraced all the support that had been provided by external health and social care professionals. They had taken on board feedback to improve the delivery of care and were working in partnership with professionals to ensure people's experiences, as well as the care that was delivered, continued to improve.
- Staff were involved in discussions about the home and people's care. Staff meetings enabled staff to raise suggestions and ideas to the management team. These were listened to and helped create a whole-team approach to the delivery of care.
- There was an emphasis on ensuring that people and their relatives were involved in decisions and treated as partners in people's care. Residents' and relatives' meetings had been conducted to enable people to share ideas and suggestions. There were plans to offer these at different times of the day to meet the needs of relatives who might work and therefore be unable to attend meetings that were held during the day. This demonstrated that the management team valued their involvement.
- A 'Friends of Deerswood Lodge' had been introduced. This was a group of relatives and staff who worked together to either raise money for additional resources or to make positive changes to the environment and people's care. A 'Friends of Deerswood Lodge' Facebook page had been created which showed relative's and staff's enthusiasm had been harnessed and provided a forum for them to share ideas, photographs of what was happening at the home and any future plans.