

Life Style Care (2010) plc

Deepdene Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Inadequate



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Deepdene Care Centre is a purpose built care home that provides nursing and personal care for up to 66 people. Many of the people living in the home are living with dementia. The home is set across three floors. At the time of our inspection there were 54 people living at the home.

There was no registered manager in post. The new manager was in the process of applying to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal

responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The new manager assisted us with our inspection on the day.

At our previous inspection on 8 June 2015, we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had received an action plan from the provider following that inspection and we reviewed progress against that action plan during this inspection.

Although some improvement had been made, people did not live in a clean, hygienic environment. The provider had failed to act on all of the concerns we had identified

Summary of findings

at our inspection in June 2015. Quality assurance checks were carried out by staff and the provider to check the quality of the care. However, these did not always identify areas that required action. For example, the cleanliness of the home.

People were not always provided with the dignity and respect they should expect. For example, we saw staff pass meals over people's heads during lunch time. However, we did see some good examples of kind, empathetic care and staff were much more attentive to people than they were at our previous inspection.

There were a sufficient number of staff seen during the day, however we found particularly at lunch time, staff were not deployed appropriately. This resulted in people having to wait to have their lunch.

Staff had not always followed legal requirements in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Although we found some improvement had been made following our last inspection.

Some people were provided with a choice of meals throughout the day; however we found people on a pureed diet were not provided with the same choice. People's individual preferences were not always recognised by staff. For example, one person who did not eat beef was given the beef option at lunchtime.

Staff had not been provided with up to date training or the opportunity to meet with their line manager on a regular basis to discuss their work. This meant staff may not have the necessary skills to support people and management was not checking staff were putting any training they had received into best practice.

We found more activities were being held following our inspection in June 2015, for example, we saw staff played games with people. However, further improvement was required to ensure activities were appropriate for people who may be living with dementia. The environment on

the top floor was becoming a more suitable place for people living there because of improvements that had been made. For example, sensory items and memorabilia had been provided.

Care plans contained information to guide staff on how someone wished to be cared for. However, we found some information was missing which meant staff may not know the most up to date care information about people. People received responsive care.

Effective medicines management procedures were followed by staff which meant people received the medicines they required in a safe way.

Appropriate checks were undertaken before staff commenced work to help ensure that only appropriate staff worked at the home. Staff understood their responsibilities in relation to safeguarding concerns and knew how to report these if the need arose.

Accidents and incidents were analysed and action taken to mitigate the risk of further incidents. Staff had identified individual risks for people, for example in relation to their mobility or their skin integrity.

People had access to external healthcare professionals when they needed it and the GP visited the home once a week to help people maintain good health. Visitors were welcomed into the home at any time.

Complaint procedures were available for people should they have any concerns. Any complaints since our last inspection had been dealt with by the manager. Staff, people and relatives felt the manager was making positive changes.

People and staff were involved in the running of the home and were given the opportunity to give their feedback on the care they received.

During the inspection we found some continued and new breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was not consistently safe.

Although improvements had been made, the premises were not always well maintained or clean.

Staffing levels were sufficient; however the deployment of staff was not always appropriate to meet the needs of people.

A contingency plan was in place and people had individual evacuation plans.

Medicines were stored, administered and audited appropriately.

The provider carried out robust recruitment checks.

Accidents and incidents were recorded and action taken to prevent reoccurrence.

Staff had a good understanding of safeguarding and the processes they should follow.

Requires improvement



Is the service effective?

The service was not effective.

Staff did not follow the legal requirements in relation to consent or restrictions to people.

People were not always provided with a choice of food and food preferences were not always observed by staff.

Staff were not supported to take part in training specific to their role. Staff did not have the opportunity to meet with their line manager on a regular basis.

People had access to health care professionals when they required it and were supported by staff to maintain good health.

Inadequate



Is the service caring?

The service was not always caring.

People were not always provided with the respect and dignity they should expect.

Staff were kind to people and provided reassuring, empathetic care when it was needed.

People were comfortable in staff's company and displayed good relationships.

Visitors were welcomed to the home at any time.

Requires improvement



Is the service responsive?

The service was not consistently responsive.

Requires improvement



Summary of findings

Activities for people had improved, but further work was needed to ensure people received the stimulation and community involvement they were entitled to.

Care plans were comprehensive and reviewed regularly, however some up to date information was missing.

People received responsive care and relatives were involved in reviews of their family member's care plan.

There was a complaints procedure in place should people have any concerns.

Is the service well-led?

The service was not always well-led.

Quality assurance checks were carried out but these did not always identify areas that required action.

Staff felt the new manager had made a positive difference to the home, however there was mixed feedback from people and relatives about the management of the home.

People were invited to give their feedback about the care they received.

Requires improvement



Deepdene Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 28 October 2015 and was unannounced. The inspection team consisted of three inspectors, an expert by experience and a nurse specialist. An expert by experience is a person who had personal experience of this type of home and a nurse specialist is someone who has clinical experience and knowledge of working with people who require nursing care. The nurse specialist who accompanied us during this inspection specialised in wound care.

We did not ask the provider to complete a Provider Information Return (PIR) on this occasion. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we had brought out

inspection forward in June 2015 as we were responding to concerns and this inspection was a follow up from our June 2015 inspection to see if the provider had taken the necessary action.

As part of our inspection we spoke with 12 people, 13 staff (which included registered nurses, care staff, the chef, activities co-ordinator and maintenance person), nine relatives, the new manager, the provider's quality lead, the provider's training lead and one health care professional. We spent time in communal areas observing the interaction between staff and people and watched how people were being cared for by staff.

We reviewed a variety of documents which included 15 people's care plans in varying depth, five staff files and policies and procedures in relation to the running of the home.

In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

We last carried out an inspection to Deepdene Care Centre in June 2015 when we found breaches in Regulation 9, 10, 11, 12, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

Our findings

People told us they felt safe. They said, “Oh yes, I feel safe here”, “I’m quite happy and feel safe” and, “Yes, it’s safe. It’s a pretty good place to be.” Relatives told us the same. One said, “He has been safe.”

At our inspection in June 2015, we found the provider had not ensured staff followed good infection control procedures. We found at this inspection that although additional housekeeping staff had been recruited the environment was still not clean. The kitchen area and staff toilet were dirty, there was a strong malodour on the top floor of the home throughout the day and areas we had identified before as being unclean remained so (for example, the flooring between the bathrooms, hallways and kitchenette doorways and the main kitchen). We saw flakes of paint on the floor in one person’s room where it had peeled from the wall under their window. We checked a selection of 12 rooms and found dirty walls, stained carpets and damp patches on walls. The manager told us two deep cleans had been carried out in August 2015.

The main kitchen area was dirty, especially around the floor and the wheels of the hot trolleys. One part of the oven door was loose and hanging off slightly. One person’s room had an electrical socket on their wall at bed level which was hanging off, exposing electrical wires. We alerted the maintenance person to this who addressed this immediately.

The sluice room on one floor had an extremely strong malodour and another sluice room contained a clinical waste bin without a bag in it and a pair of used gloves and no spare gloves for staff. One person, who was being cared for in bed, had their bed up against the wall and we saw the wall was filthy and stained next to where they lay. A relative said they often came in to find food on the floor from the previous day. They said ‘the environment and cleanliness needed improving’ and would currently give it a ‘six out of ten’.

Extractor fans in bathrooms did not operate properly when the light was switched on. Relative’s told us they had been like this for some time. As a consequence there was a damp smell in a lot of people’s rooms. People’s bed sheets did

not look clean because we found that white sheets were washed with coloured items meaning they became discoloured. This meant people’s beds did not look inviting or fresh.

Following this inspection the provider sent us evidence to show they had taken immediate action in relation to cleanliness and premises. They told us new flooring had been ordered for the top floor of the home to replace the malodorous carpet. The basement area located next to the main kitchen had been redecorated. A ventilation engineer had been booked for 13 November 2015 to service the extractor fans in people’s bedrooms. Staff had been reminded of the need to separate coloured and white items for washing and 66 sets of new bed sheets had been ordered to replace the existing discoloured sheets.

The lack of clean and properly maintained premises was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received mixed views from people about staffing levels. One person told us they didn’t have to wait for staff. Another said, “I think there are enough staff about. Staff are very patient.” A healthcare professional said there were more ‘bodies’ (staff) around. A relative told us staffing levels had, “Dramatically improved.” They said there were always two staff in the lounge.

However, one person (and relatives) told us, “At weekends they have agency staff, especially at night. There isn’t always an experienced carer on to help the agency staff.” Another said they may have to wait for up to 10 minutes for staff to assist them. A third person told us they only had one complaint and that was that it took too long for someone to answer the bell. Other comments we received included, “There are not enough staff about”, “One girl cleaned during the day and became a carer at night. I asked for painkillers at 9pm and didn’t get them until 10pm” and, “The response to calls for help is slow.”

At our inspection in June 2015 we found there were an insufficient number of staff on duty. We found during this inspection there were an appropriate number of staff in the home to meet the needs of people. This meant the provider had taken the necessary steps to comply with this regulation.

However, we found that at times deployment of staff was not always thought through properly. We found staff were visible throughout the home and saw people did not have

Is the service safe?

to wait to be supported to get up in the morning or to be assisted to move into the lounge areas. The deputy manager told us there would be five care staff and one nurse on each floor during the day and we found this to be the case. We noted those people who spent the majority of their time in bed were supported by staff in a timely manner and checked on regularly throughout the day.

The deputy manager was supernumerary (additional member of staff) and we saw them across all three floors regularly throughout the day supporting staff when needed. We noted staff allocation sheets which showed us staff were allocated to four or five people during their shift.

Staffing levels had increased since our last inspection and the manager told us agency staff was being used less and less as they recruited more permanent staff. Staff told us they felt there was enough staff on duty and they now had time to carry out their duties as well as spend time with people.

Although there were a sufficient number of staff present during the day, we did not always find deployment of staff had been properly considered. For example, at lunch time we observed some people waiting for their lunch. This was because, particularly on one floor, several people required support to eat and drink. However, we observed some staff 'standing around' observing, rather than being deployed to help support the lunchtime period. On one floor we saw three people required help with eating. One had to wait because only two staff were available. This meant their meal would have been cold by the time it was their turn. During the afternoon we observed five staff attending to one person which was not necessary.

We recommend the provider reviews their deployment of staff to ensure people receive the care and support they require in a timely manner.

In the event of an emergency we saw fire evacuation equipment was available should the building need to be evacuated. We saw a list displayed in the nurse's office on each floor to show which type of equipment an individual required in order to be evacuated safely, however there was no additional information for staff in relation to peoples' individual needs. For example, what reassurance a person may require or individual, personalised information to assist them with evacuating a person.

We recommend the provider ensures appropriate and up to date emergency information about each individual is available to staff.

At our inspection in June 2015 we found a lack of good medicines management practices. At this inspection we found the provider had taken the necessary steps in order to demonstrate compliance with this Regulation.

Medicines were handled safely and people received their medicines on time. People told us they received their medicines when they expected. We observed one qualified staff member administer lunchtime medicines to people. We saw this was undertaken in a person-centred way, with the staff member sitting down at people's level supporting them to take their medicines. Each person was given a drink to assist the swallowing of their tablets and we saw the member of staff took time with each person to ensure they were not hurried. The member of staff signed the Medicine Administration Record (MAR) after each person had taken their medicines.

Medicines records were completed appropriately and individual protocols were in place where necessary. For example, for people who required medicines when they were in pain. Each record contained a photograph of the person, to ensure the medicine was given to the right person. There was a list of specimen staff signatures so it was possible to track who had administered which medicine. People who had 'as needed' (PRN) medicines had an explanation of when they may required this included in their MAR. Where people had homely remedies (medicines that can be obtained over the counter) protocols were in place which included involvement from the GP. One person said, "They keep my pain under control." And another told us, "I get the medication I expect."

Medicines were stored correctly and audited appropriately. We found the medicines trolley locked and stored in a locked room. Medicines were partially in blister packs and partially in bottles. We saw the nurse lock the trolley each time they moved away from it. Blister packs were colour coded for the time of day they should be given. Bottle medicines were audited weekly or monthly to ensure the count was correct. Qualified staff were able to tell us the procedure if medicines went missing.

Is the service safe?

At our inspection in June 2015, we found the provider did not have robust recruitment practices in place. We found at this inspection the provider had taken the necessary steps to rectify this. This meant they were now meeting this Regulation.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the home. Staff files included the required information, such as a recent photograph, written references and a disclosure and barring system (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People were protected from risks to their health and wellbeing. People had comprehensive risk assessments in place which were reviewed regularly and took into account their individual needs. These covered all areas where the person required support in their day to day lives. For example, one person had a falls risk assessment in place and we read they had asked staff to 'check me on a regular basis'. We read risk assessments for manual handling and skin integrity and they were in order.

Accidents and incidents were recorded to look for trends or patterns to help reduce the further occurrence of accidents and incidents for people. The manager provided us with their analysis of accidents and incidents since August 2015. This showed a decrease in falls sustained by people and the decrease in the amount of unwitnessed falls. The manager told us this was due to staff being more aware and providing pressure mats for people who had a high number of falls.

Staff had an awareness of keeping people safe from abuse. Staff understood safeguarding and what they should do if they suspected abuse was taking place. Staff were able to give us examples of the different types of abuse and knew about the role of the local authority in relation to safeguarding. We saw policies and a multi-agency folder available for staff in the nurses' office. Qualified staff told us they were now able to refer to safeguarding and doctors without having to go through the manager every time. This meant it gave them more authority and an added awareness of ensuring they followed the correct procedures.

Is the service effective?

Our findings

At our inspection in June 2015 we found staff were not following the legal requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found at this inspection that although there was a marked improvement in the proper processes being followed, there was still further work to be done.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm.

Where people may not be able to make or understand certain decisions for themselves staff did not always follow the requirements of the MCA. We found some people had mental capacity assessments for care and treatment or consent to care but this was not consistent. One person had a mental capacity assessment completed in relation to their admission to hospital and another in relation to covert (administered in a disguised format) medicines. A best interest decision had been made in relation to this which involved the GP and next of kin.

The manager told us 29 mental capacity assessments had been completed and had resulted in DoLS applications being submitted to the local authority. However, we found six DoLS applications applied for without a mental capacity assessment or a best interest meeting. The manager told us, "We still have some more work to do on this." Immediately following the inspection the manager told us, "A number of best interest meetings have already been completed and relevant documentation included in care files. The nursing team are working with management to meet compliance and arising from this where necessary DoLS applications are being made."

We heard staff seeking people's consent before carrying out tasks. For example, we heard a member of staff say, "We'd like to assist you into the armchair. Would you like to?" The staff member repeated the question a couple of times until they were certain the person understood what they were asking them.

The continued failure to follow legal requirements of the Mental Capacity Act 2005 is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the food was good and the portions were adequate. They said, "The food's not bad at all. I get what I want in the morning"; "The food is pretty good. They would do me a sandwich if I wanted." One staff member told us one person did not fancy their meal today and said, "It's not a problem, we will do them a sandwich of their choice."

At our inspection in June 2015 we gave a recommendation to the provider in relation to the food provided. We found at this inspection the food had improved and people who were able to eat a 'normal' diet were provided with choice. However, we found people on a pureed diet could not choose what they ate. We heard staff offer people choice during lunch and we saw one person who did not like either choice being provided with a meal of their liking. Some staff offered people choice from two plated dishes, so they could visually see the food. The chef told us however, that people on a pureed diet were not provided with choice, but given the meat option for the day. The pureed food did not look appetising and one member of staff told us, "I hope no one gives me a pureed meal, they look horrible." We were told by the manager following the inspection that a specialist chef in the area of modified diets would be coming to Deepdene on 13 November 2015 to work alongside the head and assistant chefs to guide them on how they could improve the dining experience in this area.

People's preferences were not always observed by staff. One person had stated in their care plan, 'avoid foods such as onions, mushrooms, brussell sprouts and cabbage'. However, we saw this person had been given a pureed lunch which contained the vegetables of the day, one of which was cabbage. Another person did not eat beef but they were given the beef meal at lunchtime. A further person was given a pureed meal however, we found nothing recorded in their care plan to say they required one. We observed this person did not eat any of the meal. We spoke with the deputy manager about this who was surprised and told us that although this person did not like to wear their dentures they were on a 'normal' diet and did not have a need for pureed food.

People were not always supported to eat in a timely manner. We observed the lunch time and saw people who

Is the service effective?

required support were supported in an unhurried way by staff at a pace that suited the individual. Staff gently encouraged people to eat and commented on the food. We heard a member of staff say to one person, “It’s alright don’t hurry, no rush.” However, we also found some people had been given their lunch but it sat in front of them whilst they waited for a member of staff to help them. On one occasion one person’s meal was in front of them for at least half an hour before they received staff support, which meant it would have been cold by the time they were able to eat it.

The lack of person-centred care was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who had identified risks of choking or when specific dietary requirements were identified were provided with appropriate food. We saw a list in each of the kitchenette areas on the individual floors which reminded staff of those people who were diabetic, or on a soft, pureed or gluten-free diet.

Drinks and snacks were available for people throughout the day and people helped themselves to them. Staff encouraged people to drink regularly and we observed staff going round to people in the communal areas and their rooms to offer them drinks. One person asked for some fruit and a member of staff immediately got them a banana.

At our inspection in June 2015, we found there was inconsistencies in the amount of training staff had received. The manager said that prior to them starting at the home, training had not been good and the provider had employed a trainer to come in two to three days per week to update staff. At this inspection the manager showed us the training records. We read that over half of the staff were up to date in their training on infection control, safeguarding, moving and handling, health and safety, MCA and DoLS. The manager provided us with evidence to show they had booked training courses between now and the end of the year to ensure all staff were up to date with their training.

Training specific to the needs of people, such as dementia had not always been provided to staff. Some staff were unable to tell us about the different types of dementia.

However, we found qualified staff were knowledgeable on how to prevent pressure injuries. They told us they would check a person’s medical condition, ability to reposition themselves and the nutrition and the weight of the person. If the results of these checks indicated a person was at risk they would put them on a pressure mattresses.

Staff did not meet with their line manager on a regular basis. This meant they did not have the opportunity to discuss aspects of their job, training requirements or any professional development. It also meant management was not routinely checking staff were putting training into daily practice. We read only 20 out of 49 staff had received a recent supervision. The supervision records we did view did not contain any meaningful notes to demonstrate that staff development and designated responsibilities were discussed. The manager told us prior to August 2015 supervisions had not taken place and a programme to ensure all staff had supervisions was underway. We saw this included clinical supervisions. The manager confirmed that appraisals had not happened at all.

The lack of supporting staff was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to maintain good health. People had been encouraged to have a flu vaccine in preparation for the cold weather due to their increased risk of developing infections. We saw evidence of external health care professional involvement when it was appropriate. For example, we read in care plans people had received input from the Speech and Language Therapy team, dieticians, optician or dentist. The GP visited the home each week and was very involved in people’s care. A healthcare professional told us people were referred to them in a timely and appropriate manner. One person was suffering from a chesty cough and staff had requested the GP to check them the following day. People told us staff organised health care professionals for them when they needed it. They said, “I can see the doctor anytime, she is nice and I also get to see the chiropodist.” One person said the doctor had wanted them to receive physiotherapy treatment and we checked with the nurse and they confirmed a referral for this person had been made.

Is the service caring?

Our findings

One person told us, "It's quite good here. The staff do quite well." Another said, "The night staff are very nice." Other comments we received from people included, "Yes, the staff are kind." "Staff are kind and considerate"; "Staff are considerate and they look after me well" and, "The staff individually are lovely."

This was reiterated by relatives and professionals. A healthcare professional told us they would 'trust the deputy manager with their granny'. A relative told us, "There's a definite improvement." Another said, "I think staff are caring, they are demonstrative. I like the way they (staff) talk to people, I think they understand people." A third commented, "We are happy with the relationships here with mum, staff are great."

At our inspection in June 2015, we saw some examples of staff not treating people with privacy, consideration or as though they mattered. We saw improvements at this inspection of staff interaction with people. We did not find people being ignored by staff like they were in June and we observed staff carrying out appropriate manual handling procedures when they needed to transfer people with a hoist. However, we saw several examples when staff did not treat people with respect or dignity. Many of these situations involved one member of staff. The manager responded appropriately in her management of these concerns as they were shocked by what we had witnessed. Following the inspection we were told by the manager this member of staff had resigned from their post.

At lunchtime, we heard a member of staff say, "Would you like me to feed?" We saw one person with a wet trouser leg and pointed this out to staff who told us they had spilled their drink. However, the staff member did not change this person's clothes and we saw later in the day this person was still in the same trousers. One person had been placed in the lounge in their wheelchair in front of the television which was turned off. This meant they had nothing to look at and because they were facing away from the corridor they were unable to see what was going on.

During lunch time one person sitting in a wheelchair had been pulled slightly away from the table in order for staff to 'squeeze' in front of them. We saw trays of food being passed over this person's head. One person's meal was too

hot for them but staff, rather than taking it away until it cooled, placed it out of this person's reach. We saw the person continually trying to reach the plate. This person's relative's told us their meal was very important to them.

On a further occasion we heard a member of staff comment that someone may be suffering from a sore throat. We saw them (staff) put their hand on this person's neck without warning them, which startled them. A senior member of staff came into someone's room where other people were and said, "I want to have a look at someone's bottom."

People were not always provided with the dignity they should expect. For example, we saw a member of staff treat a person in the lounge area. The member of staff was changing this person's dressings with their undergarments around their ankles and in full view of other people sitting in the lounge.

Staff did not always give consideration to people's needs. For example, two people told us staff would not always place items they needed within their reach. This meant they had to ask for help.

We found people's rooms were mixed in terms of personalisation. Some people's room were very personalised with their own pictures, ornaments and furniture. However, others were very sparse and it was difficult to determine whether or not the room was occupied.

The lack of respect and dignity was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did see some lovely interactions between staff and people. We heard people laughing with staff and heard easy banter and conversation. Staff clearly knew people well and were able to describe to us people's individual characteristics and what made them happy. We heard staff use endearments, such as 'sweetie' when addressing people. We heard staff have a laugh and a joke with one person who enjoyed this.

People received empathy from staff when it was needed. We saw one person become anxious and staff immediately knew this meant they were not enjoying their meal. The person was banging their spoon on the table and the member of staff gently laid the spoon down and we heard them offer the person an alternative. One person who had appeared particularly anxious at our last inspection

Is the service caring?

seemed much calmer and happier at this inspection. Staff told us this was because staff had more time to interact with this person now and the increased activities meant they were occupied and kept busy.

People were supported in a comforting way by staff. We saw staff transfer one person using a hoist and heard staff offer reassurance throughout the process. We saw people listening to staff whilst they were talking to them. Staff supported people to eat and they were talking to them, using endearments. One member of staff discreetly pulled up a lady's skirt that had fallen down slightly and found her other slipper which she had lost.

Staff made sure they attracted people's attention before they spoke with them. During the morning staff offered people drinks and a choice of fruit. We saw a staff member sit down at people's level and make eye contact with them before they asked them what they would like.

People were encouraged to make their own decisions about their care. We heard how people could choose what they wanted to do during the day, where they wished to sit and whether or not they participated in activities. One person liked to have their music on when they were in their room and staff ensured the radio was playing when this person was up and dressed.

People were supported to be independent. People told us they had freedom to move around the home and go out on their own. One person said, "They let you get on with what you want to do." Another told us they went out on their own.

Relatives and visitors were made to feel welcome. We saw several visitors who came to the home during the day. People told us there was no restrictions to visiting times. One person said, "The family can come in at any time." Another told us, "It's very convenient for my visitors."

Is the service responsive?

Our findings

People gave us mixed feedback about activities. One person told us they never got bored. They said they preferred to stay in their room. Other's said, "There is enough to do. We can get out." and, "I go out on my own sometimes." A relative told us their family member used to, "Sit" all day but now staff interacted with them. They said they went out on the bus with their family member and staff. They commented that even when staff passed them in the corridor they would speak to them. A healthcare professional told us 'it had definitely improved'. They said staff were now on the ball and there were more activities going on. They told us they had seen people on all floors participate in activities from ball games to baking cakes.

However, one person said they sometimes got bored and staff never really sat and talked to them. Another person told us, "There's not a lot to do here. They don't ask what you can do." One visitor said there was slightly more stimulation in the mornings on the top floor, but was very disappointed that their friend never went out on trips. They said, "It's appalling that they are stuck up here, everybody should be able to access the community." A relative told us, "They've only recently had trips out again." Another relative said, "I would like to see mum being encouraged to be more active, more appropriate activities. At the moment there is no purpose." A further commented, "Because of Dad's condition it's hard to keep him occupied, my main concern is the lack of stimulation, he is sat in his chair all day."

At our inspection in June 2015, we found there was a lack of activities, social interaction and community involvement for people. At this inspection we could see the provider had made improvements to the activities available for people. We observed staff take more time to socially interact with people and we observed a range of activities taking place during the day. On one floor we saw staff sat with four people playing bingo. They played for over an hour and we heard staff and people exchange chit-chat. When we arrived we found two people sitting looking at a book and doing a jigsaw together. They were sitting chatting throughout. One staff member said they had, "Fun days" for example, a recent 'pink day' when everyone wore something pink and staff dressed as fairies. They said people had loved the day.

However, there were further improvements to make. For example, we were told the activities co-ordinator would spend time on the ground floor in the morning and share their time between the middle and top floor in the afternoon. We did not see that happen. We found the co-ordinator spent the whole afternoon putting Halloween decorations up. The co-ordinator told us they had only just started in the role and activities were on the board for people and they could come to the ground floor if they wished to join in. They also told us however, there was no planning around activities specific to people living with dementia. We looked at the schedule for the top floor in the afternoon and we saw it said, 'film day with tea and biscuits' but we did not see this happen.

People could not always access the community. We asked staff on the top floor about activities. We were told, "Only a few people can go out, we can't take them out as they won't come back. Two people don't like the lift or the stairs and you couldn't take some people out because they shout. Can you imagine taking them to a restaurant, we would need special permission." Staff told us instead of taking people outside they planned to create a garden to make it feel as though they were outside.

The environment on the top floor of the home was more appropriate for people living with dementia, however, further improvement was required. We saw sensory 'boxes' hanging from the hand rail in the corridor leading to the main lounge area but we found these were filled with items that were not age appropriate for example, teddies and plastic baby toys. There was a small blackboard with a handwritten date on it which would have been difficult for people to read and we found a piece of string on the wall with a scarf and textured blanket tied to it.

Other areas of the top floor had a lack of sensory items or appropriate memorabilia and a 'bus stop' sign which had been installed was very high up and not easily noticeable to people. There were signs stuck on people's doors which consisted of a piece of A4 paper with the person's picture on it and a handwritten name in black felt tip. Many of the photographs were so poorly reproduced that it was difficult to make out who the person was.

Following this inspection the manager sent us photographs of improvements they had made immediately after our visit. We were shown an art area, indoor garden, 'laundry' area and additional memorabilia had been created or added. Corridors were in the process of being decorated

Is the service responsive?

with fish that people could look at and touch. The manager informed us that already people were showing an interest in the added items. In addition, the manager said that people were being invited by staff each day to take a walk in the garden. We heard that some people did this, whilst others preferred not to.

We recommend the provider continues to consider ways of involving people living in all areas of the home.

At our inspection in June 2015 we found the care needs of people were not being assessed properly and as a result people were not always being provided with responsive care.

At this inspection we found care plans were much more comprehensive. We read care plans had been reviewed and information updated. However, there was still some information missing. For example one person 'flinched' when people approached them quickly. We saw no information in this person's care plan about this or guidance for staff on how to prevent this from happening. During the day we saw staff approach this person with a fork and cup quite quickly and as a result the person flinched.

Waterlow scores (risk assessment for pressure ulcers) were in care plans. However, we found some were updated but others not. For example, we noted in one person's care plan they had pressure sores in September 2015 and staff had updated the recording of their healing appropriately until a final entry in October 2015 stated, 'ulcer completely healed'. But other care plans were not so detailed. We found a body map in every care plan and generally it was completed if wounds had been present but there was not always evidence of what had happened to those wounds. Although care plans were well written they did not inform progress. For example, daily notes recorded, 'slept well or, ate lunch' but nothing of importance was recorded for people in relation to any progress they may be making.

We found some senior staff were unable to tell us about the contents of care plans. We asked a nurse about a care plan to which they responded, "Come back in a year and I will be able to answer a question about the care plan." They told us they had not worked on this particular floor, however,

the manager confirmed to us this member of staff worked across the whole home. Following our inspection the manager informed us this member of staff had resigned from their post.

Record keeping in care plans had improved although we found there was still some contradictory information. For example, we read one person who was on a pureed diet was recorded as having a 'normal diet'. This same person was recorded as requiring 'thickening fluids' but the nurse told us this was no longer the case. Another person had the wrong 'all about me' information in their care plan. And a further person was recorded as having Diabetes Type 2 in one part of their care plan, but this was not mentioned within their eating and drinking records. We checked with staff and they knew this person was diabetic.

We recommend the provider continue to review care plans to ensure they contain the most up to date, relevant information about people.

Care plans were reviewed regularly and we read people and relatives were involved in these reviews. One relative told us they were involved and staff had integrated the Parkinson's nurse into meetings to ensure their family member was receiving the most appropriate care.

People received responsive care. For example, where people required their blood sugar levels recorded regularly we read this had been done. People were weighed regularly to ensure they maintained a healthy weight. We saw where people were at risk of dehydration or malnutrition food and fluid charts were in place and completed. One person said, "We get the care we expect. It's pretty good."

There was a complaints procedure available for people. One person told us they would speak to the manager if they had any concerns but they had not had to raise any issues. Another person said, "If I see a problem I got to the office and they sort it out immediately." However, a third person said they would like to spend less time in bed and more time in the communal lounge. They said they had raised this with the manager, but had not received any response, although they had not raised this as formal complaint. A relative told us if they ever had any concerns and raised it with staff it would be sorted straight away.

Is the service well-led?

Our findings

People and relatives were mildly complimentary about the manager and staff in the home. Most thought it could be better managed and the staff could work better together as a team. One relative told us they didn't feel leadership on the top floor was great. They said people weren't always supervised and staff were always together (rather than spread out across the floor). A relative told us staff seemed to spend time filling in forms. But another relative told us the manager was, "Revolutionary" and had worked, "Systematically through the home to improve it." And a further said the 'management would sort out issues raised'.

People did not feel they saw the manager as much as they would like to. They told us, "The manager is never here first thing in the morning", "I don't see the manager very often" and "The management needs to be more involved with residents."

However, staff told us the manager was good. They said they saw her around the home and that things had improved because staff now talked more. A staff member said the new manager was excellent, "So many fast changes, lots more activities going on and a lot more training."

The morale and culture in the home had improved. One member of staff said things were improving and they were happy in their job. Another staff member said they were very happy working at Deepdene.

A further member of staff told us there had been a vast improvement in the home since the last CQC inspection. They told us nurses could make more decisions as they had been given autonomy to do so. This meant it had improved morale amongst the nurses. They said the new manager had brought in, "A lot of changes."

Although we found improvements in the home since our visit in June 2015, there was continued work to do. Management oversight in the home was good, but we needed to see that the improvements and changes were sustained. The manager had a responsibility to drive improvement so everyone living in the home received the standard of care, respect and stimulation they should expect. Since our inspection in June 2015, a new deputy manager post had been created. This meant staff were supported by this person both clinically and non-clinically, particularly whilst supervisions were not taking place.

Quality assurance checks were completed to check whether the service provided was of good quality. However, we did not find that these checks and audits identified areas that needed improvement. For example, in relation to the cleanliness and maintenance of the premises. The manager told us that 'spot checks' were carried out following the deep clean in August 2015, however, these had failed to identify that the home was still not clean.

We recommend the provider reviews their quality assurance processes.

We saw evidence that checks were undertaken for gas safety, portable appliance testing and servicing of lifts and hoists. Weekly and monthly checks were carried out for shower heads and taps, the call bell system, window restrictors, emergency lighting and fire exits. Regular checks were carried out on the water and a fire risk assessment had been completed in June 2015. We read from the risk assessment there were some outstanding actions and spoke with the maintenance person about this. We were told that some of the actions needed to be completed by an external company. Following the inspection the manager informed us that all outstanding actions would be addressed by 13 November 2015. Medication audits had been undertaken and we saw actions arising from these had been addressed.

Staff had the opportunity to take part in the running of the home by attending regular staff meetings. People and relatives were also given the opportunity to express their views on the care they received by having meetings. We read from the minutes of all meetings that all aspects of the home were discussed, from the food to staff training. We noted at one of the residents meetings people had asked for a return of the outings and saw that these had been reinstated. The manager told us they had sent out a satisfaction survey to everyone following our inspection in June 2015 but have yet to collate the results.

The manager was aware of their responsibilities in informing the Care Quality Commission of any incidents occurring in the home. We checked our records prior to the inspection and noted that incidents, incidents and important events had been reported to us appropriately.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered provider had failed to provide clean and well maintained premises for people.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered provider had not followed the legal requirements in relation to the Mental Capacity Act 2015 and consent.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered provider had failed to provide people with care and treatment that reflected their preferences.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered provider had not provided staff with appropriate supervision and development.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

The registered provider had not ensured people were treated with dignity and respect.