

Life Style Care plc

Deepdene Care Centre

Inspection report

Hill View
Reigate Road
Dorking
Surrey
RH4 1SY

Date of inspection visit:
12 September 2017

Date of publication:
23 October 2017

Tel: 01306732880

Website: www.lifestylecare.co.uk

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
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

Deepdene provides accommodation, nursing and personal care for up to 66 people, most of whom are living with dementia. The home is set over three floors with access to upper floors via a lift. There were 59 people living in the home at the time of our inspection.

This was an unannounced inspection that took place on 12 September 2017.

There was a registered manager in post. 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 registered manager assisted us with our inspection on the day.

Some people's care records were not accurate or did not reflect people's most current needs. There was a lack of detailed guidance for staff found in some care plans and although staff knew people's care needs we felt more information could be included in records about people's personal histories. We found records relating to medicines were not always completed as they should be. Although there were a number of quality assurance checks carried out these did not always pick up on shortfalls in the records relating to people. The registered manager was responsive to our feedback and took immediate action to address concerns we highlighted to them. They also told us that people's care records had recently been changed from paper to electronic records. They said this would eventually help to improve the safety of people and the quality of care as in time more accurate information will be available for staff. Following the inspection the registered manager sent us an action plan detailing how they would ensure all actions we had identified had been addressed.

Care was provided to people by staff who were trained and received relevant support from their manager.

Staff were knowledgeable in relation to their responsibilities concerning safeguarding and keeping people free from abuse. The registered manager had worked closely with external agencies to investigate and follow up on some of these concerns. Risks to people had been identified and where accidents and incidents occurred these were recorded and analysed to look for trends.

Overall there was a sufficient number of staff on duty and people received support when they needed it. People received a variety of foods and were regularly offered juices throughout the day. Where people had a specific dietary requirement this was known by staff.

On the whole there was a good atmosphere in the home. People were shown dignity and respect by staff and staff were attentive to people. People and relatives were happy with the care provided and they were made to feel welcome when they visited. Staff supported people to take part in various activities.

The registered provider carried out robust recruitment processes in order to help ensure only suitable staff worked at the home. Staff felt supported and valued by the management team. They told us they enjoyed working at Deepdene.

Staff were involved in the running of the home as regular staff meetings were held. People and their families were asked for their views about all aspects of their care in the way of residents and relatives meetings.

Staff followed the principals in relation to the Mental Capacity Act 2005 (MCA). Where people had restrictions in place to keep them safe appropriate DoLS applications had been submitted.

Staff maintained people's health and ensured good access to healthcare professionals when needed. For example, the doctor, dietician or district nurse.

Complaint procedures were available to people and there was a contingency plan in place should there be an emergency in the home or it had to be evacuated.

During our inspection we found two 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received the medicines and medicines were stored correctly and safely.

People's risks had been identified, assessed and recorded.

There were sufficient staff on duty and the provider carried out appropriate checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns. The registered manager worked closely with outside agencies to address any safeguarding concerns.

There was a contingency plan in place in case of an emergency.

Is the service effective?

Good ●

The service was not consistently effective.

Staff had access to relevant training and supervision.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and care, respect and dignity.

Staff encouraged people to make their own decisions about their care.

Relatives were made to feel welcome in the home.

Is the service responsive?

The service was not consistently responsive.

People received responsive care in the way that they wished it. However, person-centred information about people was not always known by staff.

People were supported to take part in a range of activities.

People were given information how to raise their concerns or make a complaint.

Requires Improvement 

Is the service well-led?

The service was not consistently well-led.

Records relating to people were not always up to date or accurate.

Quality assurance audits were carried out to ensure the quality and safe running of the home. However, these had not always any shortfalls that required action.

People, relatives and staff felt the management of the service was good and senior staff were approachable.

People, relatives and staff were all involved in the running of the home.

The registered manager was aware of their statutory duties in relation to the regulations.

The registered manager had good management oversight and was responsive to any areas we identified as requiring action.

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 unannounced inspection took place on 12 September 2017. The inspection team consisted of four inspectors.

Prior to this inspection 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. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We carried out this inspection as there was a concern that people may not be safe following a number of safeguarding incidents that had occurred at the home. Some of these were still under investigation at the time of our inspection.

As part of our inspection we spoke with the registered manager, deputy manager, nine people, three relatives, two visitors and 10 staff. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink.

We reviewed a variety of documents which included 11 people's care plans, five staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

Is the service safe?

Our findings

People received the medicines they required. People had medicine administration records which detailed their prescribed medicines and medicines they could take on an 'as required' basis. We found people's MARs contained a photograph of the person for easy identification, details about their GP and information relating to any allergies they may have. Medicines were stored appropriately and securely which meant there was reduced risk of people accessing medicines not meant for them. We observed staff lock the medicines trolley each time they took people their medicines and we heard staff tell people that they had come to give them their medicines and wait whilst they took them. The deputy manager regularly carried out medicines audits.

People were looked after by staff who understood their responsibilities in relation to safeguarding. Staff were knowledgeable in how to identify abuse and told us they would have no hesitation in reporting any concerns they had. One person said, "I have never seen staff treating people badly." The registered manager was aware of their duties and had reported safeguarding concerns to us appropriately as well as to the local authority. There had been a recent safeguarding concern that had been reported to the local authority and Police which the registered manager had assisted with. A staff member said, "I would report it (abuse). Report it to social services or the police." Another told us, "We have been provided with a (whistle-blowing) number in case we are faced with a problem."

People felt safe living at Deepdene. One person told us, "They (staff) make me feel safe, they really do." Another person told us they required a hoist to be moved and said that staff moved them safely and talked to them throughout. Another person nodded their head in response when we asked them if they felt safe.

People felt there were enough staff on duty. One person said, "There is always someone around and they come quickly if you call them." A visitor told us they felt there were always a lot of staff about. We found this to be the case on the day. When people called for help they were assisted straight away. Staff were always present and people were not left on their own. People received their personal care promptly when needed. The registered manager told us a dependency tool was used to assess staff numbers. They said, "If you have the right staffing numbers you get things right." A staff member told us, "I feel there are enough staff by how the work is done. We are not stressed. We have time to spend with people." Another said, "There are enough of us, yes. It's a good environment to work in because we work as a team." A relative told us, "There are always one or two (staff) in the lounge."

People were cared for by staff who had been through a robust recruitment process. We found staff completed an application form which detailed all their previous employment history. References were sought and a Disclosure and Barring Service (DBS) check undertaken. A DBS determines whether or not someone is suitable to work in this type of setting. We also found the registered provider checked that people had the legal right to work in the UK.

People were supported to remain safe because staff identified any risks to them and took appropriate action to ensure these risks were reduced. Where people required equipment to be moved this was in place

and staff were seen to be competent when they transferred people between armchairs and wheelchairs. Where people were at risk of falling out of bed we found their beds were lowered. Everyone sitting in their rooms had their call bells to hand and people's mobility aids were within reach. Where people were moved in wheelchairs we saw staff ensuring their feet were on the footplates before moving them. People who were at risk of pressure sores were provided with pressure relieving equipment and each person had their own individual sling. One person was at high risk of falls and we saw that their call bell was clipped to their clothes. They told us they were aware of the need to call staff before getting up in the morning. Another person said, "They (staff) always talk to you when they are supporting you (to transfer) and let you know what is happening." A staff member said, "People can be at risk of pressure sores or falls. There are people that might trip. We make sure the floor is clear and everything is in its place in their rooms."

Accidents and incidents relating to people were monitored and action taken to prevent reoccurrence. The registered manager analysed all accidents each month and took action based on what she found. This included ensuring people had appropriate equipment such as sensor mats, or walking aids.

People's care would continue with the least disruption as possible in the event of an emergency. Staff were knowledgeable in relation to what they would do if there was a fire within the home. One staff member told us, "I would first stay with the resident, wait for whoever is in charge to tell it was safe to take the residents to safety. Those who can't move we would move them to a safe area and wait for help."

Is the service effective?

Our findings

One person told us the food was, "Very good." Another person told us, "The food is excellent and beautifully presented."

Where people required support to eat they were not rushed to do so. One person was being supported to eat their lunch in the lounge and we heard the staff member chatting to them and saw them giving them sips of drink between mouthfuls. A second staff member was heard saying, "Hello [name] I've got your lunch here and I'm going to assist you with it." They then proceeded to tell the person what was on their plate. Another staff member supporting someone wiped the person's mouth gently and asked them if they were enjoying their meal. We saw staff supporting people to eat when it suited them. One person chose to walk around throughout the morning and a staff member walked with them. On one occasion they helped them to eat some fruit on the move. One person did not want their lunch and asked, "Is there anything else in the house?" Staff offered them alternatives to tempt them to eat.

We saw tables were laid nicely with menus displayed. We heard a staff member offer one person juice as they sat down. They said, "Do you want your special juice, the red one?" To which the person replied, "Oh, that's lovely, thank you very much." We saw staff ask people for their permission to put serviettes on to protect their clothes.

People who were at risk of malnutrition were referred to appropriate professionals. One staff member said, "If people are losing weight they need to be referred. We need to look at their nutrition, manage their food and fluid intake and encourage them to eat." We saw that referrals had been made to a dietician.

People were cared for by staff who had access to on-going training to help ensure they were working to best practice. Clinical staff undertook emergency first aid, medication awareness, pressure sore awareness, diabetes and catheterisation training. One person told us they felt staff were competent and well trained. Another described the nursing staff as, "Very efficient." A relative told us, "It is much better now. The staff are well trained."

Care staff underwent induction and had training on areas such as fire awareness, moving and handling, food hygiene and infection control. A staff member told us, "I found the induction quite interesting. The first day we shadowed looking at how the care was done." Another said, "I had an induction. I had training and worked with a senior." They added, "They bring in trainers and update us on the right way to do things. It reminds us." Another said, "The training helps me to understand how best to work with people." Care staff also received regular one to one meetings with their line managers to discuss all aspects of their work. A staff member told us, "I have my one to one with [staff name]. I find them useful as it's a way of speaking when you have concerns." Another said, "The nurses talk to us all the time. If we need something we can go to them." On the day of our inspection the deputy manager was unable to provide us with up to date information on clinical supervisions. However, following our inspection the registered manager provided us with evidence that clinical supervisions had been taking place.

Staff provided effective care. One person told us they had been advised that they may not walk again but said that with physiotherapy and daily walks with staff that they could now walk again using a frame.

People had access to healthcare professionals should they require it. We saw evidence of involvement in people's care plans and staff worked in conjunction with other professionals to ensure people received the most appropriate care. One person told us they felt confident that staff would call a doctor if they were unwell. A staff member said, "If people look unwell I would report it straight to the nurse." They gave us an example by telling us, "One person didn't look himself. He was being quiet which wasn't like him. I called the nurse and the GP was called out and he had a chest infection."

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). The 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People had their mental capacity assessed in areas such as for going out and receiving care. Where the MCA assessment identified that the person lacked capacity to make the decision a best interest decision was made, and the least restrictive option was chosen. We heard people being asked by staff for their consent during the inspection. A staff member told us, "We need to assume that people have capacity. People need to be supported to make decisions." Another said, "We might have to do things in people's best interest. For example, if the person lacked capacity they may not be able to go out on their own. We saw evidence of best interest decisions for people, such as in the case of one person who required some medical intervention and others who had their medicines covertly (disguised in food).

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made a number of DoLS applications for people who were unable to go out on their own safely. They kept a record of these so that people were only restricted in accordance with the submitted DoLS.

Is the service caring?

Our findings

One person told us, "Staff are nice. They are lovely. There is not one that I don't like." They described the home as a happy place and told us, "We all get on here." Another person told us staff were, "Very kind." A visitor said they liked coming to Deepdene and they considered it to be a, "Good" care home. A relative told us they were very happy in how their family member had settled in and had no concerns about the care they had received. Another told us, "I feel confident to leave her here and she'll be well cared for." A third said, "Mum is very happy here."

People lived in a relaxed atmosphere. One person responded positively with us when we talked to them about the home and staff. We saw they smiled when staff interacted with them. Another person who was unable to verbally engage with us was actively watching a programme on their television in their room and seemed happy and content. One person told us, "It's a happy place. It's the staff attitude, they are all very friendly."

People were treated with care by staff and they told us they were happy with the care they received. We heard nice interactions between staff and people and when staff spoke to people they knelt down or sat beside them. One staff member said to one person, "You are lovely" as they gave them a drink. One person told us, "This is probably the best care home I've been in." They added that staff were, "Kind and treat people well." A staff member told us, "We try to show we care by sitting and having a chat with people." A relative said, "Staff make a big effort. They really know her and lots of staff have been here a long time. I do think staff know her."

People were encouraged to maintain relationships that were important to them. One person told us their family were free to visit them at any time. A relative said, "We know the code for the door so we can just come in." The registered manager told us a Deepdene Facebook page had been set up, particularly for family members who lived overseas. They told us this was a way of family keeping up to date with what their loved ones were doing as pictures of people taking part in activities were displayed. A relative told us, "Staff know my name too and will phone Dad, who normally visits, to see how he is."

People were supported to practice their faith. One person was seen reading the Bible. They told us that they were a Christian and that their religion was important to them. We saw they had a visit from a person from the local church and they prayed and sang hymns together. The visitor told us, "The staff are very attentive here, especially to people's spiritual needs."

People's privacy was respected and staff were discreet when required. We observed staff knock on people's doors before entering and when a person required a hoist to be moved staff used a screen to preserve their dignity whilst moving them. A visitor told us that staff were very good at respecting people's privacy and always knocked on the door before entering. One person required some personal care and staff discreetly invited them to return to their room so they could support them with this. A staff member told us, "We make sure we do things they want and respect people's decisions. For example, [name] does not like their personal care rushed so we take our time with him." A relative told us, "Staff are always very respectful

towards her. They have a good understanding of the best time to do her personal care."

People lived in a home which was personalised. Each person's bedroom was individual and nicely decorated. We saw that people had brought in their own furniture if they wished which included cabinets and chairs. Personal items were displayed in people's rooms including ornaments and pictures. This made them feel homely and a place where people were surrounded by their own belongings. A staff member told us, "Things have improved, there is new decoration and new furniture in people's rooms. If the chairs get stained they order new ones."

People were given choices and staff were attentive. Throughout the day we heard staff offering people a choice of drinks or where they would like to sit. One person said they were feeling chilly and a staff member said, "I will bring a cardigan for you." The person became a bit anxious and the staff member recognised this and stayed with the person whilst another staff member went to fetch their cardigan. Another person was sitting in the corner of the lounge and a staff member went over to them immediately to see if they were okay and then assisted them to the bathroom at their request. A third person became anxious when they were unable to locate some cards of theirs. Staff showed them where they were and helped them open envelopes to reassure them. We saw one person start to cry. A staff member approached them and said, "Why are you crying lovely?" They gently rubbed the person's arm, helped them to find another cushion so they could sit up properly and supported them to have a cup of tea.

Where people were able to they were involved in their care plan and discussions took place between them and staff to ensure that they received the care in the way they wished in. Relatives also told us they could be involved. One relative told us they were always called in for reviews of their family members care plan.

Is the service responsive?

Our findings

People received responsive care because staff knew people's care needs well. Assessments had been carried out on people prior to them moving in to Deepdene. This information then formed the basis of their care plan and further information was added as people settled into the home. We found information about people included their mobility, nutritional needs, any risks relating to them, sleep pattern and communication needs. There was some specific information relating to people such as one person's care plan mentioned, 'does not wear suitable footwear'. We observed that this person had bare feet and would not let staff put their slippers on. A second person was meant to have their legs elevated when they were out of bed and we saw that they sat in a recliner chair with their legs up. This same person had diabetes and there was a detailed diabetes care plan in place.

However, some people's care plans had limited information such as their emotional needs, personal histories and life events and language used in care plans was not always dignified, such as addressing someone by their surname. For example, one person had no information about their social interests, likes, dislikes or culture. In addition this person had a catheter but there was no care plan in place for this to give staff information what was needed to help ensure this person did not get an infection. Another person had Type 2 diabetes as well as epilepsy however there was no further information or guidance for staff around either of these. Two people had a history of depression but again there was no further detail apart from a reference in one person's care plan which stated, 'be aware of his moods swings'. This may mean that staff would know what may trigger this person's depression and as such would not be able to help ensure that they did not do this.

Although staff knew of what care people required, they did not know much about people's backgrounds which was reflective of the lack of information noted in people's records. We asked a staff member about one person who told us, "I'm not sure if he has family. I think he used to work on trains, but I'm not sure." When asked about a different person and they said they did not know if they had any family but thought they used to be a musician. Another staff member said this person had a visitor once a week who they thought was a friend but was not sure and they did not know if this person had children or not. A third staff member (when asked about a further person) told us, "He is shy and doesn't talk much. He spends most of his time in the lounge. I think he has family" but again they could not tell us what this person had done for a job. The registered manager told us that care plans had been transferred over to an electronic system and some of the information had not been transposed correctly. They informed us care plans were being reviewed to check all the information was correct. They sent us an action plan following our inspection which showed that they staff were committed to reviewing each care plan to ensure its accuracy by the end of October 2017.

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

Each day there was a handover between staff when the shifts changed. This helped to ensure that staff were aware of the most current information about a person. A staff member told us, "If there has been a change in

care we discuss it at handover. For example, I was told that [name] had a fall last night trying to stand on his own. He has a bruise." They said this meant they knew to monitor this person more closely that day.

People had access to activities and staff took time to help ensure people were stimulated and did not experience social isolation. During the morning we saw people actively watching a film on television and people playing chess with a staff member. Other people sat in small groups reading or chatting to each other. Staff were continually present in the lounge area and there was a friendly feeling within the room and people were engaged in their chosen activities. In different areas of the home staff were engaging with people, either through conversation or joining them looking at pictures or doing some colouring.

One person was able to access the garden with minimal support and they frequently did this. The activities lead sat with people engaging them in arts and crafts. Whilst they were doing this we heard them talk to people about their past jobs and whether they had enjoyed them. They encouraged other people to join in as we heard them say to one person who was sitting outside of the room, "[Name] why don't you come and sit in here with me?" We also saw appropriate sensory items available for people living with dementia, such as 'fiddle' blankets which they had over their knees. During the afternoon a quiz was taking place in one lounge area. We heard people involved in this. A staff member said, "I feel there are enough activities. It's just sometimes they (people) don't want to get involved." A relative told us, "There is always music or balloons and something visual for people to look at." A second relative said, "There are loads of activities. Lots of dancing and singing which she loves."

People had access to information on how to make a complaint and there was a copy of the complaints procedure in each person's room. The registered manager had compiled a complaints log and each month this was sent to Head Office for review. We noted that the service had not received many complaints and those that had been received had been responded to with an apology, such as a complaint from a family member who some health professional treatment had been delayed. We saw that the registered manager had investigated the complaint and responded in full detail to the complainant.

Is the service well-led?

Our findings

People's care records were detailed and contained good information for staff however, we found some were not as up to date as they could be or contain all the relevant information about a person. One person's care plan had not been updated to reflect the need for staff to be with them every time they walked. Another person's care plan stated, 'pureed diet, modified cutlery'. We saw they had appropriately prepared food for lunch but a normal spoon. Staff told us, and we observed, that they were able to eat independently without modified cutlery. A further person's records recorded, 'history of UTIs – urine to be checked monthly'. We could find no record of this being done and when we asked staff we were told this was no longer relevant to this person. A fourth person was stated as requiring '1:1 supervision over 24 hours' but again this was no longer the case.

Records in relation to people's medicines were not always maintained following best practice. We found in some people's medicine records (MARs) that where handwritten entries had been made these were not signed by two staff members. One person required a pain patch to be applied and although there was a date of when this was done, staff had not updated the body map on the file to show where it had been placed on the person. Another person's MAR had gaps in it so it was not clear whether or not this person had received their medicines when they required them. Where people had 'as required' (PRN) medicines there were not always protocols in place for these. These are important to give guidance to staff on why the PRN may be needed, what signs a person may display to show they required them and how often the PRN could be given.

Although there was a range of quality assurance checks in place to help ensure that a good quality of care was being provided to people these had not always identified areas that required improvement, such as the lack of information in some care plans and gaps in medicine records. Audits were carried out on medicines, care plans, health and safety, fire and accidents and incidents, staff sickness and pressure sores. The regional directors did regular walk-arounds and the registered manager undertook daily checks. Following our inspection the registered manager was able to demonstrate to us that some of the medicines issues had already been identified by a staff member through an audit prior to our inspection and these were being addressed.

The registered manager was responsive to any issues we raised with them. We met up with the registered manager regularly throughout our inspection to report on any areas we wished them to address. We found the registered manager responded to our feedback in a positive way and took immediate action in any areas they could address straightaway. Following our inspection the registered manager sent us an action plan of how they would address the outstanding areas. We noted many of these had already been completed and where they had not the registered manager had appointed staff to ensure that action would be taken.

The lack of good governance within the home was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke well of the registered manager. One person described the registered manager as being very

nice and very experienced. One visitor told us the registered manager was, "Very approachable and welcoming of visitors." A relative said, "[Name] is always around and says hello. She seems to know the residents well." A second relative told us, "Communication is very good."

People were encouraged to give their views and get involved through resident's meetings. The last meeting showed that people were all given a chance to express their views about the care they received. This included their views on the staff, the food and activities. We noted people gave positive feedback. One person was noted as saying, 'I feel like a spoilt child and a very special thank you for everything the staff did for them'.

Staff were involved in the running of the home and understood the values and visions of the service. One staff member said, "I think staff meetings are useful. If we have a disagreement we can mention it there." Another told us, "We can talk and speak about our problems." A third staff member said, "The vision is embedded in us as managers are always checking so we just follow it now. The managers are not bossy, but friendly and they remind us of the mission statement."

People were supported by staff who felt valued. One member of staff told us, "I feel valued by everyone. I get thanked by the nurses, manager, everyone. It makes me feel good that I've done something good – it keeps me going." A second said, "The manager is amazing. She is willing to listen and takes into account what you are saying."

Staff felt supported by the registered manager and senior staff. One staff member said, "I do feel listened to every day. When I was thinking of changing the way the chairs are laid out in the lounge I suggested it and it was changed. (As a result) it encourages people to sit and chat more." Another told us, "I think the manager is good. I like her. She comes to see what's going on. She will be clear about her expectations. I've never had a problem that hasn't be solved by her." A third staff member said, "I feel as though they're really so supportive. They've given me a job and trained me. They follow up on what I'm doing. If I do something wrong they will explain." An agency staff member told us, "When I started I was shown around and introduced to clients. The staff are wonderful. They are very professional and work together as a team. It's like a big family here."

Relatives were encouraged to be involved in the home. The registered manager informed us during the morning that they had emailed all relatives to notify them of our inspection and invite them to come in to talk to us. Some relatives did so. Others who were unable to emailed a response. We noted these read, 'I would have liked to have given you my support and tell them what an excellent home Deepdene is', 'Unfortunately I am unable to visit today but I am happy to speak with them if they do need a relative's voice' and, 'Best of luck. [Name] told me she is very happy!!' We noted relatives meetings were held and topics such as the food, activities or staffing were discussed.

The registered manager was aware of their responsibilities in relation to the regulations. We found that the registered manager had acted in an open and transparent way with people, their families and professionals in relation to the care and treatment people had been provided with. They promote a culture that encouraged candour and honesty and they had a system in place which identified possible breaches of professional duties. Such as in the case of the recent incidents resulting in safeguarding concerns and the police investigation. Each incident had been treated seriously and appropriate action had been taken. Full investigations had been carried out and people involved and their family members were given a copy of the outcome of the investigation. This included the details of the incident, summary of allegations, investigation details, conclusion and any recommendations.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered provider had not ensured there was person-centred information relating to people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider had not ensured good governance within the home.