

MMCG (2) Limited

# Deepdene Care Centre

## Inspection report

Hill View  
Dorking  
Surrey  
RH4 1SY

Tel: 01306732880

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Deepdene Care Centre is a care home providing personal and nursing care to 66 people aged 65 and over. The care home accommodates people across three floors, each having their own lounge and dining areas. Some people residing at Deepdene Care Centre are living with dementia. On the day of inspection, there were 48 people living at Deepdene Care Centre.

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

People told us they felt safe and we had no concerns that people were at risk at the service, despite our inspection being prompted partially in response to concerns received about unsafe care.

Senior management had made a positive impact to the service since joining. However, there was more work to be done for this improvement to be sustained and for people to feel confident they were receiving a high quality, good level of service at all times.

There was a lack of person-centred approach at times. This particularly related to a shortfall in activities provided for people and information held about them in respect of their past lives.

Staffing levels were inconsistent across the service; however, changes were made following our inspection. Staff were kind to people and people said they were enabled to make decisions about their care.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Although people said they enjoyed the food, a better dining experience was needed to ensure meals were served in an appetising way. The environment people lived in was clean and practice, however it would benefit from further development in relation to people living with dementia.

Infection control practices were good, and people received the medicines they required. Lessons were learnt from accidents and incidents and reflective practice was used to make changes in response to these.

Staff received the training they needed for their role and they told us things had taken a positive turn since the peripatetic manager had arrived.

Complaints were listened and responded to and senior management had a clear drive to improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection

The last rating for the service under the previous provider was Good (published on 6 November 2018.)

## Why we inspected

The inspection was prompted in part due to concerns received about poor practices within the service which included poor moving and handling, lack of appropriate care to people, falsification of records and unexplained bruising to people. A decision was made for us to inspect and examine those risks.

We also planned this inspection, as the service has not been inspected since the change of provider in January 2020.

Although we found no evidence during this inspection that people were at risk of harm from the concerns we had received, we found that there was further work required to embed the positive changes made at the service by the acting manager. Please see the Safe, Effective, Responsive and Well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to, lack of compliance with legal requirements, person-centred care and governance with the service. You can see what action we have asked the provider to take at the end of this full report.

## Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Deepdene Care Centre

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The service was inspected by three inspectors.

#### Service and service type

Deepdene is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This meant that the provider was legally responsible for how the service is run and for the quality and safety of the care provided. A peripatetic manager (the manager) was overseeing the service in the absence of a registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we held about the service, this included statutory notifications of accidents, incidents or safeguarding concerns which they are required to submit to us. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the manager, regional director and care workers.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received supporting evidence of actions taken following our inspection and further supporting information in relation to mental capacity assessments, staffing levels, working with external agencies and activities staff.

# Is the service safe?

## Our findings

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

The last rating for this key question was Good (published 6 November 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. We found that the service had not sustained the previous rating. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people had been identified, although staff were not always following guidance. One person was at risk of leaving the building without staff knowledge and they were to be observed at all times. But we did not see staff consistently check this person's whereabouts.
- A second person was a risk of having seizures, but there was no additional guidance or information for staff on what to do should they have one.
- Although we did see a staff member distract one person who became agitated by taking them for a walk, there was nothing in the person's care plan to inform staff on how to respond to their agitation.
- As the service was currently using a large proportion of agency staff, as much information about people's risks and how to respond to them was important. The manager told us, "People's care plans are safe, but they lack consistency."

We recommend the registered provider checks people's care plans accurately reflects information about people.

- Staff did know people and were aware of their individual risks. A staff member told us, "[Name] is at risk of falls, he shuffles. You check his footwear and trousers aren't too big."
- One person always needed a drink beside them as they were at risk of urine infections. We saw there were drinks left within this person's reach. A second person required their drinks to be thickened and we saw staff do this, then sit with them encouraging them to drink slowly.
- Where people were at risk of their skin breaking down, we saw suitable equipment had been provided, such as one person who sat on a pressure cushion whilst in the lounge.
- Bed rails for people had been removed and instead low profiling beds were provided. This meant a more dignified approach towards people and less risk of entrapment in the bed rails.

### Staffing and recruitment

- People gave mixed views on how quickly staff attended to them. One person told us they had their call bell to attract staff, but staff did not respond quickly. They said, "They are very busy, there are more staff needed." A second person also told us staff did not come quickly when they used their bell. They told us, "It takes ages." A third person said they waited an hour for staff to attend to them. We reported this feedback to the manager who immediately started an investigation into this.

- Staff also gave differing views. One told us, "We help each other, all the staff on the floor will help." However, a second said, "I don't think there are enough staff. We could do with another one particularly in the mornings." Though a relative told us, "Staff are always around."
- Our observations were that on the ground and middle floor there were sufficient staff visible. They were attending to people's needs in a timely manner and we did not see people being left in the absence of staff presence.
- However, on the top floor had it not been for the assistance of the activities lead during the morning, people would have spent much of their time unattended. Staff were busy getting people up and ready for the day meaning they were away from the lounge area in which several people sat.
- In addition, during the lunch period, again without this staff member, staff would have struggled to seat people, support those who needed assistance to eat and ensure those eating in their room all received their meals quickly. We reported this back to the manager who, following our inspection, told us they had increased the staffing hours on the top floor to take account of this. We will check at our next inspection, this increased has been sustained.

We recommend the registered provider continues to review deployment of staff, so people receive care in a timely way.

- Staff were recruited through a robust process. Prospective staff completed an application form, gave evidence of right to work in the UK and provided identification. Staff also underwent a Disclosure and Barring Service check (DBS) which helped establish if staff were suitable to work in this type of setting. Agency staff provided a personal profile and received an induction when starting at the service.

Systems and processes to safeguard people from the risk of abuse

- Considering the safeguarding concerns which prompted our inspection, we did not identify any practices which indicated people were at risk of abuse. The manager and staff were aware of how to report safeguarding concerns. They had immediately engaged with the local authority and CQC when the alarm was raised about poor practices at the service.
- People told us they felt safe. One person said, "I feel safe here." One relative said, "From what I can gather, he is safe." A second told us, "She has never said anything about feeling unsafe."
- Staff were able to recognise potential signs of abuse and told us what they would do in response. One staff member said, "If you see something, you report it. If I am not happy with something, I will tell her (the manager)." A second staff member told us, "I have, in the past, informed the manager straight away when things have been reported to me. I have no concerns now, but we would call the police or the safeguarding team if necessary."

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the



current guidance.

#### Using medicines safely

- People received the medicines they required. We found no gaps on people's medicine administration records (MARs) which indicated they had been given their medicines.
- Each person's MAR had their photograph, dated with when it was taken, information about any allergies they had and information on how they liked to take their medicines.
- We observed staff giving medicines and saw they spoke with people, explained what they were doing and made good eye contact. Staff waited until people had taken their medicines before signing the MAR.
- A staff member told us, "I have had training (in medicines) and I had my competency assessment yesterday. It's good to have this." A second staff member told us in relation to one person who had to have their medicines at a specific time, "I know I have to give them at a certain time, and I make sure I do. If I do give it late, I will write the exact time on their MAR, so I know what time to give the next dose."

#### Learning lessons when things go wrong

- When people had accidents and incidents, these were recorded in their daily notes, reported and action taken. A staff member told us, "The nurses review people's care plans when an incident happens, and information is given in handover."
- The manager had introduced reflective practice within the service. We read where a medicine dose change for one person had not been picked up, the actions/changes made were to ensure the GP always signed changes on the person's MAR and the manager was informed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The last rating for this key question was Good (published 6 November 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. We found that the service had not sustained the previous rating. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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

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

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

- We found evidence that people were being restricted of their liberty as there was a lack of documentation evidencing mental capacity assessments and best interests to support restrictive practices.
- Although there were generic forms included in people's care plans around their capacity, it was difficult to see who was involved in that assessment and how any best interests decision was made.
- Some people were on covert medicines (medicines given to them without their knowledge). Their care plans recorded staff were responsible for their medicines. However, there was no other information relating to this decision and how it was determined it was the least restrictive option.
- Other people did not have documentation in place for living at the service. The regional director said, "We recognise that they are lacking on supporting information. They will be reviewed and more supportive information recorded." We will check at our next inspection this has happened.
- Staff understood the principles of the MCA however, with one telling us, "So I have to presume everyone has capacity unless proven otherwise. I will involve the family and the GP."

The lack of compliance with the Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service was decorated and adapted suitably to meet people's needs. There were separate lounge and dining areas for people and corridors were wide and hazard free.
- Externally there was colourful seating and plants in the garden as well as a fish pond. The manager told us of plans to make the access path to the pond more accessible to people who were in wheelchairs.
- Equipment was available to support people's independence, this included mobility aids or raisers on chairs.
- Lounge areas had been reorganised with chairs and tables set out in a more sociable way.
- Despite this, however, there was a lack of sensory items, particularly for people living with dementia. The regional director told us during the inspection they had identified this, and it was to be addressed. We will check at our next inspection that this has happened.

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

- People told us they got choice in their meals and they enjoyed the food. One person told us their meal the previous day was, "Lovely."
- However, where people were on a modified diet, such as pureed meals, they were not provided with a choice of foods. This was determined by the chef and based on the most appropriate meal to puree.
- Our observations as well as the main meal did not look fresh or well-presented and there was an inconsistency across floors in terms of condiments offered to people. One meal choice was fish and chips and although people on the top floor were offered sauce to go with it, no one on the other two floors were. We spoke with the manager about this who told us they were reviewing the dining experience and had recruited a permanent chef and assistant chef who were starting in post soon. We will check the dining experience for people at our next inspection.
- We did see people regularly being offered drinks and snacks. A staff member told us, "Somebody that isn't eating or drinking, I encourage them. I usually allocate a staff to be in charge of offering drinks or foods."

Staff support: induction, training, skills and experience

- Staff said they received the training they needed. A clinical member of staff told us, "We have nursing training. Professionals come into the building and give me up to date information." A second staff member said, "When we clock in, we might get a message reminder to do training. Some training is good and some needed improvement. We have fed back to the manager." A third told us, "I think the training is brilliant."
- Staff were competent in their role. A staff member was clear on how to check a hoist for safety before using it. They told us they had training and they must check the sling and straps before moving someone. The manager said, "We've provided a lot of training. In fact, we've overloaded staff! We've introduced bespoke safeguarding training which all staff have had. It had purely been designed for Deepdene."
- The service was using a large percentage of agency staff to cover shortages. We saw agency profiles in place, and agency staff told us they had received induction when they first worked at the service.
- The service had a clinical lead who carried out clinical supervisions with qualified staff. A staff member said, "I feel supported clinically. If I have a problem, I will approach her."
- Staff had the opportunity to meet with their line manager on a regular basis for supervision and appraisal. This gave them time to discuss their role, aspirations, training requirements or any concerns.

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

- Where people required the input of a health professional, staff made appropriate referrals. There was evidence in people's care documentation of involvement from the GP and the speech and language therapy team.

- The provider had chosen to place a voluntary embargo on the service, when concerns over practice had been identified at the service. This meant no one new would move into the service until they were satisfied that their needs could be assessed and met in a safe way.
- The manager told us they had worked hard to improve the culture within the staff team and we observed a positive outcome from this as there was good team work within the service. Staff said, "I think the team I have today are good," and, "Today, I think it's a good team."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

The last rating for this key question was Good (published 6 November 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. We found that the service had not sustained the previous rating and this key question has been rated Requires Improvement. This meant people were not always involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Although staff interactions were kind and caring, we observed some instances where staff could have responded to people in a more thoughtful and considerate way. We heard one person ask on three separate occasions if the radio station could be changed as they did not like the music. A second person asked them, "Have you asked them (staff) to change it over? This is awful." Although there were two staff members stood by the doorway, neither responded to this request.
- A second person was heard asking staff for help, but staff only attended to this person when we highlighted this to them. We also heard one person ask for a cup of tea at lunch time, but staff did not make this for them.
- Two people told us staff did not attend to their needs at times, with one telling us, "I think staff turn the call bell off. If you've had a fall, you've had it."
- We did however, see staff regularly stooped down to talk to people, and we saw several occasions when staff rubbed people's arms or smoothed down their hair as a sign of affection. One person told us, "It's much better here. Staff are kind." A relative told us, "I haven't heard any unkindness by staff."
- At lunch time a staff member gently stroked one person's arm to rouse them from their nap and staff rubbed another person's arms and legs to help them more easily transfer into a wheelchair.
- We heard a staff member say to one person, "Where would you like to go? Come with me, my love" to accompany someone who wished to walk around. A second staff member commented on one person's dress when they came into the lounge area, saying, "I like your dress, it's lovely colours."
- A staff member told us, "I like the residents here, they are all so different and I care about them." We observed staff chatting to relatives in a relaxed manner which indicated good relationships with them.

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

- People were involved in their care planning and asked about their preferred routines. Some people liked to spend their time in other areas of the service. In particular one person who lived on the top floor, spent their day on the ground floor as it gave them easy access to the garden.
- A second person had asked to move floors and the manager told us this was under review and they would be invited to eat their meals on the different floor initially to see how they got on.
- People on the top floor were given a choice of where to sit at lunch time and were shown plated up meals to help them make their own decision on what they would like to eat.
- A staff member told us, "I ask people what they would like, so you are not forcing choice on them."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and dignity. A staff member told us, "If I am doing personal care, I would put a towel over them."
- We observed one person leaving the lounge area and their trousers came undone. A staff member was immediately at their side, helping them, to respect their dignity.
- People were encouraged to be independent and walk between areas with staff supporting them in a patient manner, consistently telling them, "Don't hurry."
- One person told us, "I wasn't sure I would like a man helping me to wash, but he was very kind and caring." A second said, "They are very discreet, they close the curtains to keep it private."

# Is the service responsive?

## Our findings

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

The last rating for this key question was Good (published 6 November 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. We found that the service had not sustained the previous rating. This key question has been rated Requires Improvement. This meant people's needs were not consistently met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People did not always receive responsive care. During lunch time, again we observed inconsistencies in people being given choice. On one floor people were encouraged to choose where they wished to sit and yet, on another, they were not.
- We noted in one person's care plan they had stated they would prefer male staff members to provide their care. However, on checking the daily notes we read that it was mostly female staff attending to them.
- Care plans lacked detail, particularly in relation to people's past histories and backgrounds. As the service was using a large percentage of agency staff, it was important to have information about people to enable these staff to get to know them as individuals.
- Some people's care plans had end of life wishes recorded but this varied from care plan to care plan. One person wished to have their family near and religious music playing. A second person had good information in their care plan around their specific wishes based on their religion.
- The manager told us they were reviewing everyone's care plans and, "The care plans are not 100% brilliant. They are safe, but not as person-centred and in-depth as they could be."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was little going on during our inspection. Although, we did observe on one floor staff colouring and talking with people, there was a lack of meaningful engagement throughout the service.
- We asked people who were mainly cared for in bed if staff came to talk with them and were told by one person, "Sometimes, but not very often."
- There was only one activity lead for the service. Although we noted in a recent residents' meeting, '[Activities lead name] is brilliant, we like the activities and we want more' it would be difficult for this staff member to have sufficient time to provide activities for everyone.
- A staff member told us, "The problem is they (staff) are trying, but they (people) are not always interested in the games. I encourage staff to do 1:1 sessions, but before we used to parties and BBQs." A relative said, "There is not a lot going on."
- The manager told us they were activity recruiting for another activities person and told us in the meantime, "[Activities lead name] sets up the activities on floors for staff to do, then she also goes around and does her own."

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

Improving care quality in response to complaints or concerns

- The service had a complaints policy and we read complaints had been investigated and responded to.
- The manager made a point of meeting with relatives or people to discuss and resolve a complaint and one relative had commented, "Having met you, I reckon you will get the place going in the right direction."
- Staff told us, "I would report any complaint to the manager. If there is something I can do then I will deal with it."

Meeting people's communication needs

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

- Relatives told us communication between the service and them was good and they always received a warm welcome and offer of refreshments.
- There was information in people's care plans in relation to how best to communicate with them. One person had a fear of falling and their hearing was sensitive. Their care plan instructed staff to, 'do not speak to him in a loud tone, as this may trigger his anxiety'.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The last rating for this key question was Good (published 6 November 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. We found that the service had not sustained the previous rating. This key question is rated Requires Improvement. This meant the service management was inconsistent and people were not always in receipt of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Due to safeguarding concerns raised, the service no longer had a register manager and there had been changes to personnel within Deepdene. This meant for a few weeks the service had gone through a period of uncertainty. The registered provider had placed a peripatetic manager at the service who was supported by a regional director to achieve some stability.
- Since overseeing the service, the peripatetic manager and regional director had made changes. They understood what needed to happen to improve the service and how to develop staff to take individual responsibility for their role. However, further work was needed to ensure that changes were sustained and embedded into daily practice, particularly as the peripatetic manager presence at Deepdene was not long term.
- We had identified shortfalls in relation to the Mental Capacity Act, deployment of staff, activities, care planning and management at risk. Although, these had also been identified by senior management after safeguarding concerns were raised, had the registered provider had robust oversight of this service, these shortfalls would have been picked up sooner.

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

- An action plan had been developed for the service. This recorded all the shortfalls identified, who they were to be addressed by and by when. The action plan included many of the areas we had identified at this inspection. We noted good progress in relation to completing actions.
- A range of auditing had been introduced. This included a health and safety audit, checking medical equipment, laundry and mattresses. Actions identified were addressed, such as chasing head office to update the fire risk assessment and carrying out refresher fire awareness training with staff.
- In addition, infection control audits were carried out regularly and care plans audited, together with the regional director carrying out a monthly quality audit.
- The manager was aware of their regulatory requirements. They were working with the local authority to investigate the allegations raised about the service. They told us, "I'm managing the safeguarding concerns and have got permission to investigate them. Quite a lot of quality issues have come up." They had also submitted notifications to CQC as necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff consistently praised the acting manager. One staff member told us, "It's been frustrating, but I'm now optimistic. The manager is brilliant. Everyone is offering their supporting. Sometimes it's just a bit overwhelming." A second said, "[Manager's name], I think she is brilliant. I have asked her to stay." Staff told us the culture within the service was more positive.
- We observed the manager on the floor throughout out inspection. She engaged and interacted with people and staff and when we fed back concerns to her, she immediately responded to them.
- Where concerns were raised, we read apologies were given and the manager took responsibility to follow up on these concerns.

#### Continuous learning and improving care

- Staff told us they had seen improvements over recent weeks. One staff member told us, "Now we have the clinical and deputy manager they do the audits. They even do the weekly medicines audits."
- A senior staff member told us, "I will have discussions with staff about things we could be doing better. I tell staff not to be afraid to tell me things."
- The manager said, "Residents have been anxious. I have been spending a lot of time with them and I've held meetings with staff, relatives and residents. Any concerns raised; I've logged them as formal complaints. It's been a lot of hard work, but the staff have been fantastic and there is a willingness to engage."
- Since overseeing the service the manager had replaced a lot of equipment and carried out bed rail risk assessments for people. They had updated the handover sheet for staff to give more information and introduced a 'resident at risk' document, highlighting those people who were particularly at risk. The manager told us, "The biggest work is sustainability. I am on the floor constantly. I'm here early and walk around with [deputy name]. I am teaching them what to look for, so when I leave, they will continue in the way I'd like."

#### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Residents and relatives were kept informed with meetings held to update everyone on the recent management changes. Residents had felt let down that communication had been poor initially when concerns were raised, and the manager had apologised to them and ensured they were kept updated in a timely manner.
- Staff told us they were happy working at the service, with one saying, "Yes, the staff are happy here. Everything is fine." A second told us, "I do feel supported and valued. I get thanked by [staff name]."
- Staff told us they had regular meetings, with one telling us, "We can express ourselves." The manager said, "We have department flash meetings which cover all aspects of people's care needs as well as clinical governance meetings." We read from recent meetings that actions had been addressed, such as recalibration of the weighing scales and the introduction of diabetic puddings.
- The manager had introduced an award scheme to boost staff morale. Staff could nominate other staff for acts of kindness or doing something out of the ordinary. The staff member who got the most 'ducks' received a prize. The manager said, "It's been good. We've even involved agency staff."

#### Working in partnership with others

- The manager was working with a range of agencies outside of the service. This included local colleges and universities to support with recruitment of health and social care students and advocacy services to ensure residents have access to an advocate where required.

- There was engagement with the speech and language therapy team, tissue viability nurses, district nurses and the local authority safeguarding team.
- The activities lead was involved in a study to try new activity products for people living with dementia. This would support research to improve practice and activities.
- The service was using the Surrey skills academy for train the trainer training to support staff with better practice.

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 people were provided with person-centred care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The registered provider had failed to comply with the principles of the Mental Capacity Act.

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 failed to ensure there was robust governance within the service.