

MMCG (2) Limited

# Deepdene Care Centre

## Inspection report

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Date of inspection visit:  
30 September 2022

Date of publication:  
20 October 2022

### Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Deepdene Care Centre is a care home providing personal and nursing care for up to 66 people. The care home accommodates people over three floors, each having their own lounge and dining areas. Some people were living with dementia, others had long term health conditions. At the time of our inspection, only two floors of the service were being used as the top floor had been closed for refurbishment. There were 42 people receiving care at Deepdene Care Centre on the day of our inspection.

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

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. We have made a recommendation to the registered provider in relation to some detail in people's capacity assessments.

Staff felt very supported by their peers, line managers and senior management. However, staff did not routinely receive supervisions to give them the opportunity to discuss their role, performance or training needs. We have made a recommendation to the registered provider in relation to this.

People said they were happy living at Deepdene Care Centre. They told us they felt safe at the service and staff treated them with respect and kindness. Risks to people had been identified and action taken when incidents and accidents occurred.

People received care from a sufficient number of staff who were suitably deployed around the service and people told us staff knew them well. People received the medicines they required and were referred to, or were involved with health care professionals when needed. People received sufficient food and drink and modified diets were prepared appropriately for those who needed them.

People lived in an environment that was clean and hygienic, checked for its safety and suitable for their needs. The quality of the service people received was monitored and audited to help ensure it was consistently good. Improvements had been made to the activities staff provided for people both in their rooms and communal areas.

People said staff were considerate of them and focused on their needs. People were comfortable speaking with staff or management should they have any concerns or complaints.

The service worked closely with external agencies and staff told us they had seen improvements at Deepdene Care Centre since the registered manager had started. The registered manager had a clear vision of where they wished to take the service, telling us, "I want people to have a normal life."

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 and update

The last rating for this service was Requires Improvement (report published 28 July 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the registered provider checked people's care plans for their accuracy and review staff deployment. At this inspection we found the registered provider had acted on these recommendations and improvements had been made.

### Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up on the breaches of regulation found at our last inspection.

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 COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We referred to the action plan sent to us by the provider following our last inspection. This told us what they planned to do to improve the service. We reviewed all of the information we held about the service, which included statutory notifications or safeguarding concerns. We used all of this information to support us with this inspection.

### During the inspection

During our inspection, we spoke with six people who lived at the service and four relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered director, deputy manager and regional manager as well as six staff, which included the chef and activity staff.

We reviewed documentation in relation to the care of people, as well as the running of the service. This included nine care plans in varying detail, medicines records, audits and policies. We also looked at four recruitment files for staff.

Following our inspection, the registered manager sent us further information we had requested which included details of training, supervision and surveys.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection, we made a recommendation to the registered provider in relation to assessing risks to people. At this inspection, we found improvements had been made.

- Risks to people had been identified and assessed and information and guidance was clear in people's care plans to enable staff to help reduce any risks. Staff were able to explain in detail around people's risks. We were told about one person, "She prefers to stay in her chair, rather than bed, but her legs swell and we try to encourage her to return to bed to elevate her legs."
- Some people were at risk of choking and people's care plans contained information on the type of food and drink they should be provided with, together with how they should be positioned when eating.
- One person had epilepsy and there was a clear care plan around this, highlighting potential risks. Another person was diabetic and their care plan contained information around spikes in their blood sugars, how this may affect the person and the action staff should take.
- Due to their needs, some people were cared for in bed. Staff were able to tell us how often people, who were at risk of pressure sores needed repositioning to reduce this risk.
- Each person had a personal emergency evacuation plan in place describing what support they would need in the event of a fire. Staff were able to tell us how they would respond to a fire alarm. Where people smoked, staff told us, "We take safety precautions. We have a fire blanket and people only smoke outside."
- The premises were checked for their safety and routine tests were carried out by maintenance to help ensure people lived in a safe environment.

### Staffing and recruitment

At our last inspection we made a recommendation to the registered provider in relation to deployment of staff. At this inspection, we found staff had been suitably deployed.

- People and relatives told us they received care when they needed it and we saw that people did not have to wait for staff. People and relatives told us, "Mostly there are enough staff", "I come in quite a lot, a.m., p.m. and evenings and there has always been plenty of staff as far as I could see" and, "Staff are always around and the nurses are always around."
- Staff deployment was well-organised and staff felt there were enough of them to carry out the tasks required, as well as spend time with people. We were told, "There has been a lot of agency staff, but they are good carers" and, "Staffing levels are fine. I am so happy we have three activity coordinators and a hospitality manager. These all make such a difference as it will free carers up to concentrate on people; not

just the physical needs, but also their emotional needs."

- The registered manager used a dependency tool to determine staffing numbers and they told us they had recently increased staffing levels on one floor, as people residing there had an increased need.
- Staff were employed through a robust recruitment process. This included them providing a full employment history, references and evidence of their right to work in the UK. Each prospective staff member was required to undergo a Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Deepdene and told us, "Everything about this place makes me feel safe" and, "The staff help me feel safe." A relative said, "I think he is very safe living here."
- Staff had received training in recognising potential signs of abuse and put that training into practice. We were told, "The signs I would look out for includes weight loss, if the person becomes withdrawn, unexplained bruising. I would go straight to the manager. If nothing was done, I would whistle blow without hesitation."
- Safeguarding concerns had been reported to the Care Quality Commission as well as the lead safeguarding authority and the registered manager assisted external agencies in any investigation.

Using medicines safely

- People received the medicines they needed in line with the prescription instructions and in a safe way.
- Staff were aware of those people whose medicines were time critical. One person told us, "I have medicines four times per day. I receive them at the times prescribed by my doctor."
- Medicines were stored in line with the manufacturer's instructions and reordered and disposed of appropriately. Daily temperature checks of the medicines storage area were completed.
- The service used an electronic medicines administration system. There were prompts on the system to remind staff when medicines were due to help prevent missed medicines.
- Where people had 'as required' medicines, protocols were in place giving detail on signs people may display to indicate they might need the medicine and prescription details.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

The provider was following the latest Government guidance in relation to visiting in care homes which meant people were able to see their family members.

Learning lessons when things go wrong

- Accidents and incidents were clearly recorded to include details of action taken. Following any incident,



staff monitored the person for a 24-hour period to check for any delayed effects of the incident.

- Action was taken to address incidents to help prevent their reoccurrence. For example, pressure relieving mattresses, bed rails, mobility aids or sensor mats were provided where needed..
- The registered manager carried out a monthly analysis of accidents and incidents to look for themes and trends. Staff told us, "If I was responsible for an incident, I would immediately record it on the (hand-held) device. There is no fear of admitting a mistake. I would talk through it with the deputy and it could get discussed at a team meeting so that we all learn from it."

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained the same. This meant the effectiveness of people's care, treatment and support was not always consistent.

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

At our last inspection, we issued a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to follow the principles of the Mental Capacity Act 2005. At this inspection, we found improvements had been made and the provider was no longer in breach of this regulation. However, further work was required to ensure all capacity assessments contained sufficient detail.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked capacity to make a decision, staff followed the principles of the MCA. Capacity assessments were in place and there was a record of any best interests discussion or decision. DoLS applications had been submitted where appropriate.
- Some people took their medicines in food and evidence was available to show their capacity had been assessed, a best interests decision made and giving the medicine in this way had been agreed by the GP and pharmacist.
- Other people had assessments for restrictive practices, such as bed rails, sensor mats or locked doors and staff had a good knowledge of consent. Staff told us, "I respect people's right to choose and give them choice of everything, no matter if they are confused; they must still be given a choice" and, "It's the ability of a person to express themselves and make decisions."
- We found some capacity assessments were not specific though. Questions around the person's capacity

had been answered, but there was no detail on how the information was presented to the person and how they had responded. The registered manager said they were currently reviewing decisions for everyone and updating/reviewing capacity assessments where needed.

We recommend the registered provider reviews people's capacity assessments where appropriate to check they are comprehensive.

Staff support: induction, training, skills and experience

- Staff felt very supported by their peers and management and said the registered manager was very approachable and always checking up on them. However, staff told us with the recent changes in registered managers they had not had opportunity to meet with their line manager on a regular basis in the form of supervision, although a group supervision had been held. We were told, "I don't have that (supervision) but the manager is always on the floor checking everything is okay with us."
- The registered manager said, "[Clinical lead] has carried out supervision with the night staff and I am starting to do them with other staff as I became aware they had not been done (prior to my employment)." Following our inspection, we were sent the timetable for planned supervisions.

We recommend the registered provider offers staff the opportunity to have regular appraisal of their performance.

- Staff received an induction and mandatory training when first starting at the service. Training was refreshed regularly to help ensure staff continued to work to best practice. A staff member said, "I've had moving and handling training with the registered manager; she is very thorough. Also, fire training and e-learning. There is a book to remind us when we are due a refresher. Management also remind us." A second staff member said, "I get support to do all sorts of training to enhance my role."
- Staff appeared very competent and knowledgeable. They understood the needs of people we spoke with them about. A staff member said, "The senior staff are always checking that we are confident. There is an opportunity to learn and I will always ask. I did some really interesting training on dementia when I joined."
- Clinical staff's competency was checked by the clinical lead and checks were completed to ensure they remained registered with their national body to show they were eligible to practice..

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The deputy manager completed an assessment of a person prior to them moving into Deepdene to help ensure they were able to provide the service the person needed. We were told, "We cannot prevent everything from happening, but pre-admission assessments must be done as thoroughly as possible. I prefer to do assessments face to face to get as clear a picture as possible."
- Nationally recognised assessment tools were used to obtain baseline information on the person. These were then reviewed each month to check for changes that may require care plans or risk assessments to be amended.
- Assessment tools included information on a person's skin integrity, their choking risk, their mobility or signs of dehydration or malnutrition.

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

- People received sufficient food and drink and people were provided with meals prepared in a way that was appropriate for them. For example, pureed or cut into bite-sized pieces. Catering staff had a good knowledge of modified diets and demonstrated a good understanding of people's needs. The chef told us, "Food is so important for people's happiness and I try to facilitate people's needs as much as possible." A

relative said, "They would accommodate any requests he made for an individual meal."

- People were given choice at lunchtime and to support people in deciding, plated up meals or pictures were shown. People told us, "They always make me snacks whenever I want" and, "The food is generally good."
- Where people required support to eat or drink, we saw this was provided to people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were able to access external health care professional support to help prevent hospital admission. A relative told us, "Medically they are proactive. She's been better since she's been here and I was impressed with how they organised mum having the x-ray she needed in hospital."
- The registered manager told us they had a close working relationship with their local GP practice and the doctor visited the service weekly. This helped ensure that people who needed to see a practitioner quickly were able to do so. A person told us, "The GP comes every week and if I need to see them I go on the list."
- Staff referred people when necessary to external agencies, for example, if they were losing weight, had trouble eating, or had a wound. As a result, people had received input from the speech and language therapy team, dietician and tissue viability nurse.

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

- People lived in an environment that was adapted to meet their needs. Corridors were wide and free from clutter enabling people to move around freely. We saw one person walking along the corridors uninterrupted and another accessing communal areas independently in their electric wheelchair. One person said, "This place is clean and tidy and pleasant to live in." A relative said, "The home is well maintained and modern. There are very large windows that keep the home bright."
- Where people required it, specialist equipment was provided. Such as a hospital bed, pressure mattress, standing aid or hoist.
- Throughout the premises we saw pictures, signage and items of interest, particularly for those living with dementia.

# Is the service caring?

## Our findings

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

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

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

- At our last inspection we observed staff were not always as responsive or considerate as they could have been to people. At this inspection we observed staff and people had a good relationship. Staff spent time engaging with people and were attentive to their needs.
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- People told us, "Staff are friendly and focused on me and what I need", "Staff are always very caring and considerate" and, "They are very kind and caring."
- Staff were considerate of people's needs. One person was supported by a staff member to visit their wife in hospital. A staff member told us, "Sometimes people need someone to just hold their hands; to not feel alone and I try my best to find time to do this."
- People told us they were well treated. People said, "The staff are kind. They know me and treat me with respect" and, "Nothing could be better. I couldn't ask for anything more."

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

- Staff encouraged choice. A staff member said, "We encourage independence and choice. I particularly apply this to the majority of people's personal care – what they would like to wear, encouraging them to hold the shower; guide them to wash themselves. It's nice for people to have a choice and that we are not making all the choices for them."
- People were involved in decisions around their care. One person had requested male care staff and the records confirmed that staff respected this wish. A person told us, "I have told them exactly what I want and they do as I say." A relative told us, "They (staff) give mum as much choice and control as they can."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to retain their independence. One person told us, "We are encouraged to be independent." People's care plans detailed what they could do and where they needed support.
- People's care plans recorded if the person liked to carry out their daily personal care and were able to independently get themselves dressed.
- Staff were considerate of people's comfort. One person told us, "The staff are very respectful and caring." A staff member told us several people on their floor required hoisting, telling us, "I want people to feel physically comfortable." They added, "I make sure everyone has a bed bath or shower every day. Doors and curtains are shut during this time and I use a gentle approach to support the person and help them relax."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection, we issued a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we found people were not receiving person centred care. Improvements were found at this inspection and the registered provider was no longer in breach of this regulation.

- People were known by staff and their care plans contained detailed information to support this. People had care plans around their nutrition, continence, mobility, communication, health conditions and medicines.
- Care plans were individualised and focused on the person and their needs. These were detailed in the information they provided for staff and gave guidance on how to respond to particular situations. For example, where a person may have reduced mobility due to a stroke. A relative told us, "The staff are outstanding and provide very individual personal care."
- Background information was available on people to enable staff to get to know them as a person as well as giving staff a starting point for conversation. Staff told us, "I will have a conversation and engage with the person. Over time I have got to know what people like and do not like."
- Care plans were reviewed monthly to help ensure they remained current and appropriate. If a person's needs changed, the care plan was reviewed and updated as needed. A staff member said, "Care plans are on the hand-held devices and I flick through them during the day in case there have been any updates. The nurses update them and I feel they give me enough information to do my job." A relative said, "They (staff) know Mum well."
- Where people had been comfortable discussing it, their end of life wishes were clearly outlined in their care plan and people had the involvement of local hospice's when needed.

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

At our last inspection, we issued a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we found people were not being provided with meaningful activities. Improvements were found at this inspection and the registered provider was no longer in breach of this regulation.

- Since our last inspection, the activities team had grown and the service now had three activity staff. This helped ensure that those who spent the majority or all of their time in their room had engagement from

staff. It also meant there was more variety of activity or social interaction for those who spent their time in communal areas. One person told us, "The activity worker pops in every day and does exercises with me one to one." A relative said, "There are activities. Mum joins in and staff engage with her and try to improve her dexterity."

- Care staff told us, "I get more time in the evenings to be with people. I love that part. I try to make things a bit fun. The activities are so much more improved. The residents in general seem to have gained a lot from this. There is no more sitting around just looking at each other" and, "I aim to keep everyone active. I have introduced a gardening club on a Friday. If it's too cold outside, I set up pots in the activities room. I go and chat to people who don't come out of their rooms or I read to them. I'm introducing seasonal prompts for Halloween and Christmas. We are taking two people to the library every Tuesday."
- We saw staff entertain people, either by singing with them, dancing or reading a book or newspaper.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication care plans which detailed where they required support in this respect. For example, staff speaking louder or ensuring they were at eye level with a person when speaking with them.
- One person had limited communication and their communications care plan recorded staff should call the person's name when entering their room to attract their attention before speaking with them.
- A second person had hearing loss and staff used pictures when communicating with them as well as basic sign language.

#### Improving care quality in response to complaints or concerns

- People and relative's knew who to speak to if they were unhappy or concerned about anything. They told us, "I would talk to the receptionist and/or the manager", "I would talk to a member of staff" and, "I am comfortable speaking to staff if I have concerns."
- We reviewed the provider's complaint policy and complaints received. Evidence showed that concerns and complaints were responded to promptly and letters of apology sent, or meetings arranged to discuss.
- We saw compliments which had been received by the service which included, 'thank you to all the staff who are looking after [person's name]. You are doing a brilliant job' and, 'thank you for looking after [person's name] and taking her to the library'.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, we issued a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was a lack of good governance within the service. Improvements were found at this inspection and the registered provider was no longer in breach of this regulation.

- Management assumed their roles with confidence. They had a good depth of knowledge and a good understanding of people's needs as well as the overall running of the service. The registered manager said, "The nurses have clinical knowledge, I have management knowledge. I had a full staff meeting when I started to give staff the chance to tell me how they feel. If things are wrong, I will explain why so they can understand why things need to be done."
- The quality of service provided was monitored through regular and comprehensive audits with identified shortfalls addressed. Monthly clinical analyses were completed on weight management, pressure ulcers, infections and accident and incident. Governance meetings were held and quarterly infection control audits completed. The registered manager had identified the need to review people's care plans, particularly in relation to the MCA. They had also identified staff had not been receiving regular supervision.
- Where a home presentation audit had identified the environment needed to be decluttered and some redecoration needed, this was done.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives felt staff at Deepdene provided them with a good service. We were told, "Excellent, 9 out of 10", "Outstanding, 10 out of 10" and, "The manager makes a point of coming to speak with me."
- Staff felt there was a positive culture within the service which had been created by management. We were told, "There is a good culture here in the way everybody gets along. There is good teamwork. This is helped by how staff rotate between the floors which helps us to get to know the residents and each other."
- There was a good atmosphere at the service with staff seen engaging with people in a friendly and relaxed way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong



- The registered manager understood their responsibility to apologise when care did not go to plan.
- There was evidence of the registered manager applying duty of candour when people had accidents or incidents or complaints had been received.

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

- People and relatives were given the opportunity to express their views or ideas. People told us meetings were held and said, "We have resident meetings which I attend." We read the most recent meeting covered the menu, activities and the laundry.
- Relatives said, "I will attend relative meetings when they occur." The registered manager told us, "When I first started, I met with relatives as I wanted to hear from them their ideas; their feedback."
- A relative's survey had recently been completed and feedback was collated. The registered manager shared this with us, together with the action taken in response. For example, a new labelling system had been introduced for people's clothing following comments that clothes had gone missing.
- Staff were happy in their roles and felt supported. We heard, "[Registered manager] is really good. She makes us feel a valued part of her team. She is approachable and always says how grateful she is for our work", "All the managers try very hard to make us feel good in our jobs. I think they are all so supportive and I trust them to be able to go to them if things are a bit difficult for me" and, "She's (the registered manager) not been here long, but I'm impressed. She listens to the team."
- Staff had monthly meetings where they could discuss ideas or concerns and make suggestions for improvements. For example, hospitality staff had been recruited which was as a result of a team discussion. Staff said, "We got listened to, which is a good feeling" and, "Everyone has the opportunity to share their point of view. We try to find solutions to points raised."

Continuous learning and improving care

- Staff enjoyed working at the service. They told us they had seen improvements since the registered manager had started and that she had a clear vision to improve the service people received. We heard, "I have never seen a manager like [registered manager]. She is helping us to get care plans up to standard. She always has a smile on her face and has done such good things since she joined" and, "Whatever we think could change, she [registered manager] listens and changes it."
- Activity staff said, "At first there was no resources, but when [registered manager] started the ball has been rolling. I have the support to talk about new ideas moving forward."
- The registered manager said, "I want to improve people's experience. I want people to have a normal life. I have referred one person to the community deaf services and others have accessed the local community hall or library for local groups. I read the previous CQC report and have started to improve the dining experience. I've introduced sticks to equipment to show when it was last cleaned."

Working in partnership with others

- The service worked closely with their local GP practice and the surgery pharmacist reviewed medicine for every person every 28-day cycle.
- The registered manager said, "I work closely with the community psychiatric nurse, speech and language therapy team and local authority."