

Sanderstead Care Centre Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Sanderstead Care Centre is a residential care home providing accommodation for persons who require nursing or personal care to 19 older people many of whom live with dementia. The service can support up to 44 people.

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

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.

We found systems and processes used to ensure the service was safe and effective failed to meet the required standards. We observed a lack of leadership, direction and oversight. Governance arrangements and quality assurance auditing systems were in place but not used effectively. The service was not well-led.

While we did not identify any direct impact on people, however people were at risk of harm as risks were not adequately assessed and there was an absence of key care planning documentation.

Communal areas of the home were in need of redecoration, refurbishment and regular maintenance.

People were not supported to have maximum choice and control of their lives.

Incidents and accidents were reviewed and reported to ensure lessons were learnt to drive improvements. However, lessons were not cascaded to staff. This was confirmed by the provider and by staff.

We were assured people were protected from the risk and spread of infection.

Systems in place to safeguard people from abuse were effectively implemented.

People were supported by staff appropriately as far as it was possible during the COVID-19 pandemic restrictions.

For more details, please see the full report, which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 20 April 2021).

Why we inspected

The inspection was prompted because we received information of concern from visiting professionals about the environment and the care and support people were receiving. A decision was made for us to inspect and

examine those risks. As a result, we undertook a comprehensive inspection.

The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection. We have found evidence the provider needs to make improvements.

Following on from this inspection the provider submitted a formal application to the Care Quality Commission to close the location.

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.

You can see what action we have asked the provider to take at the end of this full report.

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 monitor the service 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 safe care and treatment, premises, consent, staffing and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements. If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions, it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well- led.

Details are in our well-led findings below.

Sanderstead Care Centre Limited

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.

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 two inspectors, a specialist advisor who was a registered nurse 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

Sanderstead Care Centre 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 had a manager who was in the process of registering with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with the operations director who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the service improvement manager, three members of care staff, a nurse, a domestic worker and the laundry assistant. During the inspection we observed how staff interacted with people who used the service. We reviewed a range of records. This included five people's care records. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures, accident and incident forms and audits were also reviewed.

After the inspection

We spoke with five relatives of people. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- People's basic risks were identified but more detailed assessments were needed to ensure people's needs were better met. For example, where one person has a colostomy there was no specific risk assessment or care plan for this. Another person has a catheter and there was no risk assessment or care plan. Some risks for people were identified and integrated into people's care and support plans. This meant staff did not have the detailed guidance for staff to follow to support some aspects of people's care.
- There were general risk assessments for the environment that identified some potential hazards. Not all hazards were well managed or risk assessed. For example, action had not been taken regarding sluice room doors that were left open [a risk previously identified] with cleaning materials, soiled clothing and equipment all presenting potential risks of harm to people who might wander in. This meant people were not always protected from avoidable harm or helped to remain safe in the home.
- Access to the second floor was not secured and although only staff access was intended, people could if they wished, access this dangerous area. This meant people could access all of these rooms and experience potential harm. After the inspection the operations director told us secure locks had been fitted immediately to prevent any harm coming to people.
- We noted that some people's rooms did not have call bells and other people did not have call bells in reach. Where call bells were in reach there was no system in place to monitor the response times made by staff or the patterns of use by people. This meant the effectiveness of the call bell system was compromised and for some people, they were unable to summon help if they needed it.
- On this inspection we saw people's bedroom doors were left open. Staff said this was so they could hear when people called out for assistance. We witnessed people calling out for assistance but were unheard until we brought it to the attention of staff. This reflects the ineffectiveness of the call bell system in place at the time of this inspection.

At our last inspection the provider had failed to robustly assess the risks relating to the health and safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- The provider had an appropriate whistleblowing policy and procedure in place that staff knew about and felt confident to follow if the need arose.

Staffing and recruitment

- There were sufficient staff on duty on the day of the inspection to meet people's needs. However, staff and

professionals we spoke with told us that the provider had had to rely heavily on the use of agency staff over the last few months. They said this had caused a lack of consistency and stability for people. The manager told us that staff often went off sick at the last minute, resulting in the necessary use of agency staff. Relatives told us they felt there were not sufficient levels of staff at the service and this impacted on people's experiences and the activities they were able to enjoy. Comments from relatives included, "There aren't always enough staff on duty," and "The permanent staff are good, but the use of agency staff has been frequent, and those agency staff don't know people here very well."

- The manager told us staffing levels were based on the number of people at the service, rather than their needs and the level of support they required. We asked to see the provider's detailed dependency tool. We did this so we could be sure the provider's dependency tool was calculating required staffing levels accurately. We were told this was unavailable.
- Staff told us there were not always enough staff on duty. Sometimes only one member of staff was available for those people who were assessed as needing two carers because they could not leave their beds due to their health conditions. This meant people and staff were put at risk of harm or injury.
- We found some areas of the building were not clean. The cleaner told us their workload was more than one person could manage. The manager told us they would need to employ an additional cleaner to ensure all areas of the building are maintained to the required standard.

The failure to ensure sufficient staffing levels to adequately meet people's needs is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

- Safe recruitment practices were in place. This included obtaining references from previous employers, checking staff's eligibility to work in the UK and undertaking criminal record checks.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate policies and procedures for safeguarding and whistleblowing. Staff told us they were aware of these policies.
- Staff received training in safeguarding people from abuse and improper treatment and they were able to tell us what they would do if concerns arose. Comments included, "I received all the mandatory training offered me and I know about reporting abuse. I also know about whistleblowing and I will do this if I need to."
- People had missing persons profiles within their care records. These documents contained recent photographs of people and information critical to responding emergency personnel should people's whereabouts be unknown.

Using medicines safely

- Safe medicines practices were followed. From checking stocks of medicines and reviewing medicines administration records (MAR), we found no errors and GP instructions were being followed.
- Medicines were stored securely and there were processes in place for the ordering, processing and disposal of medicines.
- The manager told us that only staff who had completed training in the safe administration of medicines were allowed to assist people with their medicines. Staff confirmed this with us. We saw training records that evidenced this.
- Staff had their competencies assessed for the safe administration of medicines.
- The provider's policies and procedures for medicines helped to ensure people received them safely and as prescribed.
- Although the above reflects our findings on the day of the inspection, following our visit the provider

shared an external audit they had commissioned after the inspection. This audit identified issues that medication was unsafe due to a lack of PRN protocols, to wrong counts of stocks of medications, a lack of antipsychotic medication reviews with the GP and no best interest meetings for residents. The provider was taking steps to address this.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found some areas of the building were not clean. The cleaner told us their workload was more than one person could manage.
- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

Learning lessons when things go wrong

- Accidents or incidents were recorded and reviewed by the manager in order to reduce the likelihood of any re-occurrences. The recording format used to log any accident or incident was appropriate and included a section designed to enable improvements to be made to policies and practices where necessary. This meant the lessons were more likely to be learnt when things went wrong.

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 the last inspection this key question was rated as good. At this inspection this key question has now changed to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- Most people's rooms we inspected were not personalised and were sparsely furnished. In one person's room we saw a vase of flowers where the flowers had been dead for several weeks. The lack of adequate personalisation to some people's rooms and the general décor in communal areas meant that conditions of the environment were insufficient.
- People living with dementia can become disorientated in time and space. The provider had not adapted the home to meet the needs of people living with dementia by following best practice such as using coloured doors and pictures to help people recognise their bedrooms and communal bathrooms.

The failure to provide person centred care is a Breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

- The care home looked worn and tired in some communal areas such as the dining room and in the communal passageways, which were all in need of redecoration. The central courtyard was not being used by people because the decking needed refurbishment.
 - The garden was unavailable for use by people because of an unsecured drain cover. We were told this had been like this for some time. This meant that people were unable to get out into the garden or anywhere outside to relax during the spring weather.
 - On the lower ground floor, the laundry and the main corridor ceiling where people's rooms were situated had water damage and damp problems from previously leaking bathrooms.
 - A toilet seat was missing from the bathroom on the 1st floor. This meant the toilet was unavailable for safe use by people.
 - The door handle to the clinical room in the basement was broken and the room need painting.

The failure to ensure the building was suitably repaired and maintained is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

Staff support: induction, training, skills and experience

- Permanent staff told us they had received induction training when they started work at this home. Agency staff said they had not had induction training and so did not feel prepared adequately for their roles. One agency member of staff told us, "It would have been helpful to have read and digested information from people's care files."

- Staff told us they received training. Comments included, "I received all the mandatory training" and "The training here could be better". When we asked to see the training matrix so as to evidence exactly what training staff had received, we were told it was unavailable to view.
- Staff did not receive regular supervision and records we saw evidenced this. The operations director acknowledged this. Staff comments included, "I haven't had supervision now for a while"; "I haven't had any supervision"; "I had some supervision."
- The frequency of staff supervision meetings was irregular and did not meet the expected frequency as set out in the providers policy. Supervision records we saw were brief and lacked sufficient detail to provide a useful record. Staff told us they had not received copies of their supervision meeting notes and we saw some records were not signed by both parties. A member of staff told us that training identified in their supervision was not recorded on the central training system and did not take place. This meant the provider could not be assured staff received the right support and training and were able to deliver care effectively or safely.

The failure to ensure staff have the competence, skills and experience to provide care safely is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing

- The provider confirmed staff supervision and training would be reviewed and practice brought in line with their existing policies and procedures

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 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.

- Where appropriate, people had MCA assessments on their files. The MCA assessments were general in their coverage and so people were either assessed as having capacity or not. These assessments were not decision specific, so where people did have the capacity to make some types of decision, this was not necessarily considered. This meant people who had MCAs in place were not always enabled to consent to matters they were entitled and able to do so thereby reducing their independence.

The failure to act in accordance with the Mental Capacity Act 2005 is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

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

- People's needs and choices were not always fully assessed.
- The operations director told us that people's assessments and care plans were provided on staff's hand held devices and this made the information accessible to staff.
- Staff told us they could not access people's needs assessments and care plans via their handheld devices. They told us they found it difficult to identify daily tasks and that they could only log the personal care tasks they had carried out on the handheld devices. They also said a number of the devices were not working.
- Some members of staff they said they had to use the main computer in the dining room and access to it was not always possible. They said this meant they did not always have access to the information they needed to support people.
- We inspected five people's care files and found some basic care and support information was recorded for

each person. However, details with regards to some people's specific care needs were not present. For example, where for one person their mobility risk assessment identified the person was at risk of falls, there was no specific care planning to meet his mobility needs. This meant staff were not equipped with sufficient detailed information to support people to keep them safe and to maintain their health.

This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were skin integrity, nutrition, continence and diabetes plans in place which helped to mitigate risks to people and keep them safe.
- The provider responded to these concerns during and after the inspection. They confirmed all the people's needs and risk assessments would be reviewed, and their care and support plans revised to ensure their changing needs would be supported appropriately.

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

- People were supported to access healthcare services to ensure their healthcare needs were met. This was done in a timely way.
- Staff maintained records of people's appointments with healthcare professionals and the outcomes from them.
- People had Health Action Plans (HAPs) in place. HAPs are care records focusing on people's health and contain important information such as details health conditions, allergies, medicines and screening. People's HAPs also contained the dates of their COVID-19 and seasonal flu vaccinations.
- Staff supported people with their oral and dental care. People received support to brush their teeth and to attend dental appointments.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- We saw menu plans were in place and choices offered to people. However the menu was not person-centred, it was a 'centralised' menu used for all three of the provider's locations.
- The operations director told us there had been a large turnover of staff over the last six months including with the chef and kitchen assistant roles. Periods had elapsed where there was no chef and this meant there had been a lack of consistency for people and the choices they were able to make about their meals.
- Some people were indifferent about the food. They said they were offered choices at every meal. One person said, "It's alright, nothing special though." Another person said, "The food is ok".
- Relatives told us food provided to their family members was 'basic fare' and they did not think it was more than of average quality.
- Staff told us people had a choice of the food they ate and were always offered alternatives if they did not like what was on the menu. People confirmed this.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant people did not always feel well cared for or treated with dignity and respect.

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

- Some people were able to express their views and we noted people's care plans were written in the first person. However, there was nothing to indicate that they were agreed by people or their relatives. The relatives we spoke with told us they had not been involved in care planning. People's care records detailed only the basic support they required.
- People's care records were not comprehensive in the coverage of people's needs. Care records did contain some information about people's likes and dislikes but this information was sparse.

The failure to provide person centred care is a Breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

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

- The frequent turnover of staff meant people did not receive consistent care and support from staff who knew them well. The lack of continuity of care provision to people was commented by relatives. comments included, "There's been so many different staff here over the last year residents don't get to know them and vice -versa", "The massive change over in staff has been quite unsettling for my [family member]."
- People were supported by caring staff but needs assessments and care plans did not identify people's equality and diversity needs.
- Relatives told us they thought their family members were not as well treated or supported by staff as they had been some years ago. Comments included, "They use a lot of agency staff here and they don't know the residents nearly as well as they did", "There's been so much change recently it's been so unsettling for my [family member]."
- We observed people at lunch and in the afternoon to be well treated and supported by caring staff. Staff we saw supporting people seemed to be caring in their approach.

Respecting and promoting people's privacy, dignity and independence

- Whilst people's care records encouraged staff to value people's dignity, in practice this was not apparent. We were told people's doors were left open because the call bell system was not working effectively. This meant that people's privacy and potentially their dignity was limited by practical issues that needed addressing.
- Staff told us they worked to support people to be as independent as they could be. Care plans stated how people wished to be supported in many areas of their care however we noted that where people had specific health related conditions, information was limited. An example of this for one person: their care plan

said they have a colostomy but there was no specific care plan for supporting the person with this. Another person's care plan stated they had a catheter but there was no specific care plan for the condition and the support the person would need with this. This meant that people's needs might not be fully met.

- Care records noted the support people required to meet some of their personal care needs. This included noting the personal care tasks people could do for themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated requires improvement. This meant people's needs were not always met.

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

- Our findings in safe and effective to do with the failure to assess all of people's needs and risks, evidenced that the provider was not as responsive as they might have been. For example, some of people's health needs [for example those with Parkinson's Disease or a colostomy] were not specifically addressed in their care plans. The impact of this is uncertain as staff were seen to be meeting people's needs on the day of the inspection.

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

- On the day of our inspection we did not see any activities taking place in the morning. In the afternoon two staff did activities with five people in the lounge throughout the afternoon. When we asked some people at the inspection about their activities, comments included, "I'll just be watching television all afternoon as usual" and "There's nothing much to do at all here really." Feedback from relatives and professionals indicated they were also unhappy about the level of activities offered to people at Sanderstead Care Centre. Comments included, "People with dementia need purposeful activities to keep them engaged and they are not getting it at this home"; "When we visit, we often see people wandering about aimlessly with nothing to do and looking very bored".
- The operations director told us there was currently a vacancy with the activities co-ordinator post. The previous co-ordinator left after only a week in post. This meant there was a reduction in the amount of activities for people who wanted them. This had not helped improve people's well-being.
- Staff supported people to maintain the relationships that were important to them. Care records noted people's family and friends and the support they required to maintain relationships with them.
- Care records also noted the support people might require around their sexuality and identity.

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.

- The operations director told us they could provide information in accessible formats such as braille or easy read, if requested.
- Care and support plans outlined people's communication needs. This included how people expressed themselves and how best to support people to communicate.

End of life care and support

- People's care plans included a section on 'End of Life' care and had stated their wishes when the time came. We were told that when anyone required palliative care, referrals would be made to specialist healthcare professionals to ensure people remained comfortable.

Improving care quality in response to complaints or concerns

- The provider has an appropriate complaints policy and procedure in place that staff told us they knew about. We saw notices on the main notice board displaying the procedure people would need to follow if they had a complaint. The registered manager told us complaints were resolved satisfactorily.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The service was not well-led. Governance arrangements were not effective in identifying shortfalls in the quality of the service. There was a lack of visible leadership and the registered manager failed to act on known issues such as the environment, the call bell system and the sluice room issues.
- The provider had good systems in place to audit the service, but they were not used effectively. This included a series of in-house audits of staff supervision, medicines, the health and safety of the environment, care plans, infection control and aspects of health and safety. However, this auditing failed to identify the shortfalls we found such as with the environment, calls bells, sluice room doors and reporting accidents and incidents.

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

- We did not find a positive, person centred culture at Sanderstead Care Centre which achieved good outcomes for people.
- There was a new manager who had been appointed three weeks earlier before the inspection. The operations director told us he would be applying to register with the Care Quality Commission. The previous manager left a month earlier. There was a vacancy with the deputy manager's post
- The large and frequent turnover of staff at all levels up to and including the registered manager has not provided a positive culture in this home. There have been four managers in the last four years, some of whom were in post a short while. Other staff have come and gone equally as quickly, including the activities co-ordinator, the chef, nurses, carers and housekeepers. This has meant there has been a lack of consistency and continuity for people for a fairly long period of time. This has been destabilising for people. New managers bring new ways of working and the constant change of management style added to this.
- Visiting professionals have commented for several months now their concerns over the lack of staffing and the impact it has had on people living in the home. There have been occasions when staff have reported sick on the day and agency staff have not been available to provide support. This means there have been occasions when the home has been understaffed. While no identifiable harm to people has been reported, this has added to the lack of constructive and personalised support provided to people.
- People and their relatives were generally unhappy with the support their family members received. Their concerns were mainly due to the lack of adequate permanent staffing, the lack of any purposeful activities and the constant turnover of staff.

- Relatives and professionals told us they said they were informed by staff about people's progress. Some relatives were not so happy with the management of the service over the last two years as they felt the service had deteriorated in this time. Their comments included concerns over the condition of the environment and the support their family member received from staff.

The service was not effectively managed to provide good outcomes for people and records were not suitably maintained. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- There were systems in place to promote learning from incidents to improve care. However, our findings in the safe and effective domains showed improvements were not embedded into practice for these to be effective in improving care. Staff told us messages and lessons were not cascaded to themselves and therefore were unable to learn from previous incidents.
- The service worked closely with local health professionals.

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

- Systems were in place to get feedback on the service annually, however annual surveys had not taken place in line with the providers policy on seeking feedback since 2021 and no analysis of those results was made. This meant the feedback results were not used to make improvements or to highlight where there was good practice.
- Meeting minutes we saw showed staff meetings took place monthly.
- During the pandemic relatives told us they were updated with guidance relating to COVID -19, visiting and were enabled to keep in touch with their family members. Relatives told us they had frequent communication from staff during the pandemic. Relatives comment included, "The home have kept us well informed of COVID -19 restrictions and the procedures for us being able to visit when allowed," and "Staff have kept us informed throughout the pandemic and that is credit to them."

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

- CQC were informed of incidents and events at the service which the registered manager and provider are required to notify us off. This meant we could not be assured that events and incidents have been appropriately reported and managed.