

SheffCare Limited

Deerlands

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Deerlands is purpose built and registered to provide accommodation and personal care for up to 40 older people. One corridor of the home is dedicated to supporting people living with dementia. The home is situated in the Parsons Cross area of Sheffield, close to local amenities and bus routes. All accommodation is based on the ground floor. All of the bedrooms are single and communal lounges and dining rooms are provided. The home has an enclosed garden. A car park is available.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was not present during this inspection. The deputy manager was available and in charge of the home at the time of our visit.

Our last inspection at Deerlands took place on 8 October 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

Summary of findings

This inspection took place on 28 July 2015 and was unannounced. This means the provider did not know we were going to carry out the inspection. On the day of our inspection there were 37 people living at Deerlands.

People spoken with were positive about their experience of living at Deerlands. They told us they felt safe and staff were “smashing”. They told us they could talk to staff and if they had any worries or concerns they would be listened to. Comments included, “I am home here. I am very happy, clean, warm, well fed and amongst friends” and “We are all looked after, they [staff] are lovely.”

Relatives spoken with had no concerns regarding their loved ones care. They told us staff always kept them up to date with any news and they were always made to feel welcome at Deerlands.

One healthcare professional spoken with also made positive comments. They told us they had no concerns about Deerlands and it was “A good home.”

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures were thorough and ensured people’s safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was

expected of them. They were happy in their work, motivated and confident in the way the service was managed. The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so their health was promoted and choices could be respected.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement any actions were addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and told us they felt safe.

Good



Is the service effective?

The service was effective.

People were supported to receive adequate nutrition and hydration.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

People felt staff had the skills to do their job.

Good



Is the service caring?

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Good



Is the service responsive?

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

A range of activities were provided for people which were meaningful and promoted independence.

People were confident in reporting concerns to the manager's and felt they would be listened to.

Good



Is the service well-led?

The service was well led.

Staff told us they felt they had a good team. Staff said the manager's and team leaders were approachable and communication was good within the home. Some staff meetings were held.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

Good



Deerlands

Detailed findings

Background to this inspection

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

This inspection took place on 28 July and was unannounced. The inspection team consisted of one adult social care inspector 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. The expert had experience of older people and dementia care.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service.

We contacted Sheffield local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from commissioners. This information was reviewed and used to assist with our inspection.

During our inspection we spoke with eighteen people who lived at the home and three of their relatives to obtain their views of the support provided. We spoke with ten members of staff, which included the deputy manager, the clerk, a team leader, care workers, an activity worker and ancillary staff such as catering and domestic staff. We also spoke with a health professional who was visiting the home during our inspection.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included three people's care records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

All of the people living at Deerlands that we spoke with were asked if they felt safe and we talked about what that meant in terms of physical safety, the kindness of staff, worries or problems, calling for help at night and receiving medication. All the comments made were positive. People said, “I do feel safe, I’m all right here,” “I feel safe here; I wouldn’t feel safe at home. Everyone treats me well,” “I am fine here, the staff see to it” and “I am very safe here and I would tell them [staff] if I didn’t.”

People told us that if they did have a worry or any concern they would tell a member of staff and they were confident they would deal with the concern appropriately and involve the right people.

All of the staff asked said that they would be happy for a loved one to live at the home and felt they would be safe.

People told us they thought there were enough staff to deal with their care needs. They told us staff were always available and gave them the support they needed.

People told us they received their medicine on time and staff supported them to take their medicines.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people’s safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said that they would always report any concerns to the registered manager, deputy manager or team leaders and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed that procedures to keep people safe were followed.

We saw that a policy on safeguarding vulnerable adults and a copy of the South Yorkshire joint agency safeguarding procedures were available so that staff had access to

important information to help keep people safe and take appropriate action if concerns about a person’s safety had been identified. Staff knew that these policies were available to them.

Employment records were held at the services head office, but these were available to view on the services computer system. We looked at three staff files to check how staff had been recruited. Each contained an application form detailing employment history, interview notes, two references and proof of identity. Two of the files checked contained evidence of a Disclosure and Barring Service (DBS) check. One file held no information relating to a DBS check. We discussed this with the deputy manager who gave assurances that this would be investigated. We were later provided with evidence of this person’s DBS check from the providers head office. We saw that the company had a staff recruitment policy so that important information was provided to manager’s. All of the staff spoken with confirmed they had provided references, attended an interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

We looked at three people’s care plans and saw that each plan contained risk assessments that identified the risk and the support they required to minimise the identified risk. We found risk assessments had been evaluated and reviewed on a monthly basis to make sure they were current and relevant to the individual.

The service had a policy and procedure on safeguarding people’s finances. We spoke with the clerk who managed the records for people’s money. The clerk explained that each person had an individual record and could access funds from a petty cash float. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. The deputy manager and clerk informed us that the financial systems were audited annually by the company’s accountant. The last financial audit took place in April 2015. This showed that procedures were followed to help protect people from financial abuse.

Is the service safe?

At the time of this visit 37 people were living at Deerlands. We found that four care staff, a team leader, the deputy manager, an activities worker and ancillary staff that included domestics and a cook were on duty. We saw people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. We spoke with the deputy manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. We looked at the homes staffing rota for three weeks prior to this visit which showed that the calculated staffing levels were maintained so that people's needs could be met.

We found there was a detailed medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medication had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed that staff had understood their training and were following the correct procedure for administering and managing medicines. We found that a pharmacist had inspected the medication systems on 8 June 2015 and recommendations made had been acted upon. For example, a five bar key and lock had been purchased to store Controlled Drug's (CD's) following the pharmacist's advice.

We found that staff were identified each day to administer medicines. We observed staff administering part of the morning medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet. We heard staff asking people if they needed their pain relief and respecting their responses.

We checked three MAR and found the medicines held corresponded to the details on the MAR. The MAR's had been fully completed and indicated when a person had been sleeping during medicines administration they had been given their medicine at a later time.

We found CD's were stored and administered in line with safe procedures. Controlled drugs are prescription medicines, which are controlled under the Misuse of Drugs legislation. We checked two CD administration records and found the medicines held corresponded to the details on the CD register. Whilst the majority of administrations held two signatures, in line with safe procedures, one record of administration for two days prior to this inspection, had only been signed by the person administering. We spoke with the deputy manager and the senior staff that had administered the medicine. They confirmed that a second staff had witnessed the administration but had omitted to sign the register. The day following our inspection, when the identified staff was next on duty, we received confirmation that staff verified they had witnessed the administration and had made a note in the CD record to evidence this. All other CD records seen held two signatures for each administration.

We saw temperature checks of the treatment room where medicines were stored were carried out on a daily basis. These examples showed the home ensured medicines were stored and managed as they should have been so that people received them safely.

We found that policies and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that monthly infection control audits were undertaken which showed that any issues were identified and acted upon. We found Deerlands to be clean. One domestic staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean.

Is the service effective?

Our findings

People living at the home said their health was looked after and they were provided with the support they needed.

People told us if they need the doctor, dentist or chiropodist they came to visit. One person said the doctor came on a regular basis, every Wednesday. Comments included, “The staff make sure I get my medicine – I had a heart attack and if I am not well the staff send for the doctor quickly.” This person said that since coming to Deerlands she was “like a new woman”.

Relatives spoken with had no worries or concerns regarding the healthcare support provided to their loved one.

People told us they enjoyed the food provided and they had choice. Comments included, “The staff know what food I like and they help me to eat,” “The food is nice and I eat well. I am always hungry and they get me what I ask for,” “We have lovely food and plenty of choice. You can pick what you like and if you don’t like something they’ll give you something else” and “I can have food in my room if I want.”

We observed part of breakfast service in one area of the home. We saw people were provided with different meals according to individual choice. One person enjoyed scrambled eggs on toast, whilst another person had cereals and toast as their preference. We saw people arriving for breakfast at different times according to their preference. We joined some people for lunch in another area of the home. The room was clean and bright. There were vases of fresh flowers on the tables and music playing in the background. The chairs were upholstered and comfortable. This gave the room a pleasant homely feel. People had chosen different dishes from the menu, which they had ordered the previous day. Some had poached white fish with a white sauce, others had lasagne. Everyone said the food was enjoyable and they ate well. We saw one person ate very slowly but they were not rushed in any way and they finished their meal at their own pace. Whilst no one appeared to need help to eat, the staff regularly encouraged people to drink during the meal. We saw that water, lemonade and juice were provided. One person had sherry diluted with lemonade. They said they liked a sherry at lunch time and their daughter brought a bottle of their favourite brand “every now and then.” The atmosphere in the room was happy with people sharing conversation. We found that one person was provided with different food to

the menu choices and another person was provided with their meal in their room, in line with their individual choices. This showed a flexible approach to providing nutrition.

We found ‘satisfaction surveys’ had been sent to relatives in April 2015, to obtain their views of the support provided. We saw the audit of relatives’ responses. This showed that all respondents stated they were ‘Very satisfied’ or ‘Satisfied’ when asked if the service met their relatives care needs.

We spoke with a healthcare professional who was visiting Deerlands during our inspection. They had no concerns about the home and commented “I think it is a good home and people are well looked after.”

We found that surveys had been sent to health professionals in April 2015 and seven completed surveys had been returned from a variety of professionals, including GP’s, district and community nurses, a foot health professional and medicines standards officer with Sheffield Clinical Commissioning Group (CCG.) We saw the audit of the surveys and found all responses were positive. In the surveys, when asked ‘If you provide advice or instruction to the staff is it followed?’, where relevant all respondents said ‘Yes.’

We spoke with the cook who was aware of people’s food preferences and special diets so that these could be respected. The cook showed us ‘Diet Admission Information’ sheets which recorded food likes, dislikes and allergies for each person at the home. The cook was aware of people who needed a specific diet and described how a ‘soft diet’ was provided to one person in line with their assessed needs and following advice from a dietician. We looked at the menu for four weeks and this showed that a varied diet was provided and choices were available at all mealtimes. This demonstrated that staff had a good knowledge of the people in their care.

Staff told us they were provided with a range of training that included moving and handling, infection control, safeguarding, food hygiene, equality and diversity and dementia awareness. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills. Staff spoken with said the training was “Good” and provided them with the skills they needed to do their job.

Is the service effective?

In the healthcare professional surveys, when asked 'Do you believe that staff have been sufficiently trained to meet the needs of service users?' We saw that all respondents had answered 'Yes.'

We found that the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Records seen showed that staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their manager's at any time. Staff were knowledgeable about their responsibilities and role.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. The deputy manager was aware of the role of Independent Mental Capacity

Advocates (IMCAs), how they could be contacted and recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The deputy manager informed us that where needed DoLS had been referred to the local authority in line with guidance.

We looked at three people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people living at the home and their relatives had been asked for their opinions and had been involved in the assessment process to make sure people could share what was important to them. We saw care plans had been signed by the person to evidence their agreement.

The care records showed that people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, speech and language therapists (SALT), chiropodists and dentists. People's weights were monitored monthly and we saw evidence of involvement of dieticians where identified as needed.

Is the service caring?

Our findings

People told us they were happy living at Deerlands and staff were respectful. Comments included, “I wouldn’t go back (to living on my own.) I’ve made friends and I’m happy here,” “The staff are nice, we have a laugh with them,” “The staff treat me well,” “I have privacy and I do what I want to do” and “My privacy is respected, staff knock before they come into my room,”

We found that ‘satisfaction surveys’ had been sent to people who lived at the home in March 2015 and 17 people had chosen to respond. We saw that the results from the survey were positive. All of the respondents had stated that they were ‘very satisfied’ or ‘satisfied’ when asked if the service provided respected their privacy.

In the surveys to relatives, respondents had said they were ‘Very satisfied’ and ‘Satisfied’ that staff treated their relative with dignity and respect.

We saw that staff interacted with people in a caring manner. One staff member commented, “We give 100%. We treat everyone how you would want to be treated, how you would want your Mum and Dad to be treated.” All of the staff spoken with said they would be happy for their loved one to live at Deerlands.

People said staff responded to their needs and knew them well. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided.

In the surveys sent to health professionals, all respondents answered ‘Yes’ when asked if they considered staff’s approach to be dignified, caring and respectful.

During our inspection we spent time observing interactions between staff and people who lived at the home. We saw that in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them in a corridor or entered a communal room. Staff shared conversation with people and were attentive and mindful of people’s well-being. We saw care workers knock on bedroom doors before entering. We saw that care workers listened patiently to people and

gave them the time to say what they wanted. People were always addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff.

All assistance with personal care was provided in the privacy of people’s own rooms. We heard staff speaking to people and explaining their actions so that people felt included and considered. People told us they chose when to get up and go to bed, what to wear and what they ate and this was respected by staff.

We did not see or hear staff discussing any personal information openly or compromising privacy.

We found that the home had a dignity champion whose role was to share good practice with staff. Staff told us that the topics of privacy and dignity were discussed at training events and they found these informative and helpful.

We found the home had an end of life champion to share good practice with staff. We saw a leaflet ‘when a loved one dies’ in the information point in reception which provided practical advice and words of comfort should relatives choose to use this.

The care plans seen contained information about the person’s preferred name and how people would like their care and support to be delivered. This showed that important information was available so staff could provide personalised care and support.

People who used the service could not recall being involved in their care planning, but none of the people we spoke with wanted to be more involved.

We saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. A leaflet on advocacy services was on display at the information point in the reception area. An advocate is a person who would support and speak up for a person who doesn’t have any family members or friends that can act on their behalf.

The deputy manager said that visiting times were flexible and could be extended across the 24 hour period under certain circumstances and with the agreement and consent of the person who used the service. Relatives spoken with said that they visited regularly and at different times of the day.

Is the service responsive?

Our findings

People who lived at the home said staff responded to their needs and knew them well. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided. People told us they could choose when to get up and go to bed. Comments included, “The staff are like family, we have nothing to worry about” and “They [staff] know what I’m like. I want for nothing.”

People told us they enjoyed the leisure opportunities provided. A married couple told us they had recently celebrated their wedding anniversary and been taken on a canal trip. One person told us that her Dad used to keep pigeons and one of the carers, who was aware of this, introduced them to another person living at Deerlands who used to breed pigeons. They said “The old gentleman across the way used to breed pigeons and my Dad used to breed pigeons – we have that in common so now we often have a chat.” This was a proactive response by the staff to help build friendships amongst people. Several people told us they had been out on different occasions to choose new bedding for their room and had ‘made a day of it’ by having lunch out as well. One person said “My bedroom is lovely. They [staff] took me shopping to choose my own bedding.” This person wanted to show us their room. We found it was very attractively decorated and furnished. They were clearly very proud and very pleased with it.

Relatives spoken with said the staff were responsive to their loved ones needs and commented, “The activities are good; bingo, games, visits. There was a cruise on the canal and a trip to Barnsley market,” “The staff are very encouraging. We can talk to the staff. There is always someone to talk to and if we ask for something it gets done. Hair, teeth, GP, chiropodist; it gets done,” “The staff recommended cotton underwear for [name of relative] because when they arrived four months ago they had a skin complaint. They [staff] arranged this and they are much better,” “[Name of relative] had shingles a couple of weeks ago and the doctor was called straight away” and “We had a look at four different homes when [name of relative] was in hospital and this was by far the best. It would be difficult to find somewhere better.”

We found that an activity worker was employed for 24 hours each week. We spoke with the activity worker, who was enthusiastic about their job. They told us they

organised a variety of events and fund raising to facilitate further opportunities for people. They commented, “I make sure I always have things for a table top sale, so people can choose their own small gifts and cards for their family. It’s about dignity, having a choice.”

We found that a variety of leisure opportunities were provided for people to enjoy as they chose. These included quizzes and games, joining another care home for trips out, visiting entertainers, fish and chip suppers, trips to supermarkets, flower arranging and crafts. We observed people enjoying a game of bingo in the afternoon that was well attended. Staff told us that the home had recently held a World Cup carnival event alongside Age UK Big Chinwag to celebrate National Care Homes Open Day, which people enjoyed. We found that individual activities such as chatting, crosswords and manicures were provided to people so that opportunities were still available to people who chose not to join in group activities.

We found a ‘Living well through activities in care homes’ toolkit was available to staff. The toolkit had been devised by the college of occupational therapists and was designed to equip care homes with ideas to provide a service focussed on individual’s needs, preferences and activity choices.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink, if they would like to sit outside or if they would like to join in activities.

Peoples care records included an individual care plan. The care plans seen contained details of people’s identified needs and the actions required of staff to meet these needs. The plans contained information on people’s life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and plans showed that people had regular contact with relevant health care professionals. This showed people’s support needs had been identified, along with the actions required of staff to meet identified needs. Whilst the plans held evidence that they had been checked, and risk assessments had been updated on a monthly basis, they only contained a record of the check if changes had been made. This was discussed with the deputy manager who gave assurances that care plans would record each monthly check.

Is the service responsive?

In their surveys, people living at Deerlands had been asked if their care plans were based on their needs and choices, and asked if they were given enough information regarding the support provided. All respondents said they were 'very satisfied' or 'satisfied.'

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

Staff told us about a specific behaviour of one person. We checked their care plan and found information relating to this and guidance for staff about how to support the person. We saw that referrals had been made to relevant health professionals. We found that a clinical psychologist had written to the home regarding this person and had stated, "I was really impressed by the sensitivity of your staff, and their thoughtfulness to balancing the needs and risks of their residents. I am confident in your ability to manage this issue, so will discharge [name of person] at this point from CMHT (Community Mental Health Team.)" One person told us about a specific health issue they had.

We checked this person's care plan and found information relating to this had been recorded, along with the actions required of staff to promote and meet their specific health needs. These examples showed that care plans contained relevant and accurate information.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure and 'Tell us how it really is' leaflets on display in the entrance area of the home. A suggestions box was also placed in the entrance area so that people had the opportunity to use this if they wished. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw that people were provided with information on how to complain in the 'service user guide' provided to them when they moved into Deerlands. This showed that people were provided with important information to promote their rights and choices. We saw that a system was in place to respond to complaints. A complaints record was maintained and we saw that this included information on the details of the complaint, the action taken and the outcome of the complaint.

Is the service well-led?

Our findings

The manager was registered with CQC and had been the manager at Deerlands since April 2003.

We spoke with people about the management of the home and who they would speak to if they had a problem or complaint. Everyone said the staff were responsive to their needs; they were happy and had no complaints. Comments included, "If I had a problem I would talk to the manager," "Staff seem very good, you only have to go to them to tell them what you want" and "If something was bothering me I would speak to a member of staff but I'm as happy as anything." People commented on how happy they were, and said, "I enjoy my life," "I am happy here," "I don't think there is a place you could be happier, anything I want I get" and "I couldn't think of anything better than being here. I have no worries and no concerns." We asked one person if they would recommend this care home to friends or family and they said (jokingly) "If I recommended it here to friends they might come and never go away again!"

The relatives we spoke to were similarly positive. No one had any issues or complaints, they were aware of who the registered manager was and that they could raise any issues at any time and they would be dealt with promptly.

We saw a positive and inclusive culture in the home. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the management was approachable and supportive. Comments included, "The manager's and senior's are great, you can go to them" and "I love my job. We're a good team and 100% we care." We spoke with two members of staff who worked on the unit supporting people living with dementia. Both said they were happy working at Deerlands and felt well supported but both said that this unit was very busy, particularly at lunch time and tea time and sometimes they had to ask for staff from other areas to assist, which was provided. One staff said that the lounge in the unit supporting people living with dementia was not big enough if everyone wanted to sit in there. They said they were able to talk to their manager and felt well supported at stressful times. We did not observe crowding in this lounge during our inspection.

During our inspection we saw good interactions between the staff on duty, visitors and people who lived in the home.

We observed the deputy manager around the home and it was clear that they knew the people living at the home very well. We saw that people living at the home and staff freely approached the deputy manager to speak with them.

Relatives told us that staff were approachable, friendly and supportive.

We found that a quality assurance policy was in place and saw that audits were undertaken as part of the quality assurance process. We saw the quality assurance officer had undertaken monthly visits to check procedures within the home. In addition to routine audits, each quality assurance visit had a different focus, such as meals and menu planning, dignity in care and care planning.

We saw that checks and audits had been made by the registered manager, deputy manager and senior staff at the home. These included care plan, medication, health and safety and infection control audits. We saw that records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns. We saw records of a 'daily walk around' that the registered manager or deputy manager completed to check and audit the environment to make sure it was safe.

We found that surveys had been sent to people living at the home, their relatives and professional visitors. Information from the returned surveys has been reported on throughout this report. We saw the results of the surveys had been audited and where needed the registered manager had developed an action plan to identify plans to improve the service.

Staff spoken with said staff meetings took place so that important information could be shared. Senior meetings and 'corridor' meetings took place so all staff could be involved in these. All of the staff spoken with felt that communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.