

Shaw Healthcare Limited

Deerswood Lodge

Inspection report

Ifield Green
Ifield
Crawley
West Sussex
RH11 0HG

Tel: 01293561704
Website: www.shaw.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Deerswood Lodge is situated Crawley, West Sussex. It is one of a group of homes owned by a national provider, Shaw Healthcare Limited. It is a residential 'care home' providing care for up to 90 people who may be living with dementia, physical disabilities, older age or frailty. At the time of inspection there were 73 people living at the home.

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

Since our last inspection it was evident the managers of the service and staff had worked hard to make the required improvements and raise the standard of care people received. Most of the providers quality assurance and safety systems for managing risks had been embedded, sustained and had continued to improve the providers oversight of care people received. However, some improvements were still required to ensure that all systems for monitoring people's health and care were effective in identifying potential risks from which actions to mitigate those risks could be taken. Although processes had been reviewed and updated, more time was required to monitor their overall effectiveness and embed them in everyday practice.

People and their relatives told us they felt safe and were cared for by a consistent team of staff who knew them well. Risks to people's health were assessed and people were supported to stay safe. Care and support plans were person centred and provided staff with clear guidance on how to support people. Staff were aware of their safeguarding responsibilities and knew how to report and escalate concerns.

Accidents and incidents were appropriately reported by staff, investigated by the managers and action taken to mitigate risks and reduce the risk of reoccurrence. There was a strong emphasis on learning from accidents and incidents to improve people's experiences of care. Staff worked hard to maintain a safe and homely environment which was clean and well maintained. Infection prevention and control practice was safe and in line with current government guidance.

People told us there were enough staff to meet their needs and staff came quickly when they called. Staff had undertaken training relevant to the needs of the people they were caring for and had the skills and competence to provide safe and effective care. Staff felt supported and engaged in supervision where they received feedback on their practice and had opportunities to develop.

Medicines were managed safely and people received their medicines as prescribed in a safe and respectful way. People prescribed as required medicines (PRN) had care plans to guide staff as to when PRN medicine should be administered and alternative interventions that people could try.

People were supported to develop and maintain relationships which would reduce the risk of isolation and promote their emotional wellbeing. People told us they enjoyed a range of activities and were involved in the running and development of the home. Information and the environment had been adapted to meet the

needs of people living with dementia and communication needs. People's wishes and preferences were understood by staff and people were treated with kindness and respect. We observed people were treated with dignity when receiving care at the end of their lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The culture of the service was positive, person centred and promoted good outcomes for people. Feedback from relatives and health professionals was complimentary about the care people received and the management of the service. One relative said, "I think its improved since [registered manager] took over, recently areas have been re painted or refurbished. There is a homely feel as you enter the building."

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 21 February 2020).

Why we inspected

We received concerns in relation to people's care, infection control, the management of people's medicines and the culture of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Deerswood Lodge on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Deerswood Lodge

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 undertaken 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.

Deerswood Lodge 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because we wanted to ensure we had up to date information regarding the COVID-19 status of the home. This would enable us to plan our visit safely.

What we did before the inspection

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

the last inspection and liaised with the local authority for their feedback. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and two relatives about their experience of the care provided. We spoke with 15 members of staff including the managers, team leaders, care workers, housekeeping staff, an activities co-ordinator, a chef and a GP.

We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We are currently improving how we gather people's experience and views on services when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans, speaking to staff and the person themselves. In this report, we used this communication tool with four people to tell us their experience.

After the inspection

We continued to seek clarification from the managers to validate evidence found and follow up on people's care. We looked at training data, quality assurance records and audits. We gained feedback from a health professional who has regular contact with 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 improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At the last inspection people who required their weight to be monitored had not always been weighed or monitored effectively. At this inspection improvements had been made. Staff had completed training in nutrition to enhance their knowledge and skills, and improve their understanding of people's risks. Advice had been sought from health professionals for creative ways to improve people's appetite. Staff understood their responsibilities for weighing people and reporting any weight loss. Monitoring systems for people's weights had been updated and improved managerial oversight. People at risk of malnutrition were monitored in accordance to their care plan. When changes in people's care were identified, concerns were escalated and advice from external health professionals sought. People with specific dietary needs or those who required a modified diet received their meals safely, our observations of mealtimes confirmed this. Staff were aware of what foods people should have and followed the providers policy to keep people safe.
- At the last inspection people were not always supported to receive adequate fluids and concerns raised prior to this inspection were the same. At this inspection improvements had been made. Staff had completed hydration training to enhance their knowledge and skills. Quality assurance systems had been revised and updated which had improved managerial oversight of peoples care. Fluid charts to show how much people had been drinking were completed by staff and frequently reviewed. Shortfalls in people's intake were escalated and actions taken where required. One person told us, "I have found the care quite good. We're told to drink more water; it's all said in a very nice way. With the water I drink I'm sure I'm fully hydrated." We observed drinks being frequently offered to people and plenty of drinks available around the home.
- People and their relatives told us they felt safe and were supported by staff who knew how to maintain their safety. Comments on why people felt safe included, "the staff don't change", "we've both had our vaccines" and "staff always wear face coverings." A relative told us, "I feel that Deerswood is very safe, my [person] is checked on regularly and everything is in place to prevent any falls or accidents occurring."
- People who experienced falls were supported in accordance with the providers policy. People were referred to external healthcare professionals for advice on how to keep them safe and their care regularly reviewed. People who had fallen were regularly monitored with enhanced monitoring if a head injury was sustained, this ensured any changes in the person's clinical presentation could be identified and acted upon.
- Accidents and incidents were investigated and analysed to monitor for themes and trends. These were consistently recorded and discussed at clinical meetings where actions were planned and taken to reduce related risks.
- Prior to this inspection concerns were raised about the maintenance of safety equipment. The service had a dedicated maintenance person who ensured that equipment was regularly serviced and well maintained. Our observations and records confirmed this.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to safeguard people from the risk of abuse. Staff had undertaken safeguarding training, understood their responsibilities and had confidence in the managers to report any concerns.
- Safeguarding investigations had been carried out when required. When concerns were identified, staff had taken appropriate action to mitigate ongoing risks to people. For example, one person at risk of unexplained bruising was seen by their GP. Medicine prescribed to thin the person's blood was reviewed and their care plan updated to guide staff as to how to reduce the risk of bruising, this included ensuring the environment was free from obstacles and furniture the person could bump into.
- The management team analysed safeguarding incidents and identified actions to prevent reoccurrence. Lessons learned from events were discussed with staff. When training or learning needs were identified, these were addressed through staff coaching sessions and team meetings.
- The registered manager adhered to the providers safeguarding policy and carried out their duty to report concerns to the local authority and CQC.

Staffing and recruitment

- There were enough staff on duty each shift with the relevant skills and training to meet people's needs. The registered manager completed a weekly dependency tool to determine how many staff were required how they would be deployed throughout the home. The home had maintained the same number of staff regardless of occupancy to ensure there was enough staff to safely accept admissions once the home reopened. At the time of our inspection the service was closed to new admissions. This was in accordance with Public Health England (PHE) advice following a positive COVID-19 test result for a person living at the service.
- People told us there were enough staff and staff came quickly when they pressed their call bell. One person explained that they needed two staff members to support them when walking in case they fell backwards. They told us they could get two staff to help whenever they needed. Another person explained, "I've never had to use it, but I did press it by accident once and they [staff] were here within minutes."
- Staff explained there had been a higher use of agency staff but felt there were enough to support people. Our observations and staff rotas confirmed this. One staff member said, "Yes, there is enough staff. [Registered manager] really fought for us to have more, that's why I respect them so much."
- During the COVID-19 pandemic, the provider had had experienced challenges with the retention and recruitment of staff. Although the service had vacancies, there was an ongoing recruitment programme to ensure the vacancies were filled. Recruitment and induction processes were robust, to assure the registered manager that staff with the right skills and attitude were employed. Where there were staff shortages due to vacancies or staff sickness, agency and bank staff were used. The registered manager employed regular agency staff from the same agencies to provide some consistency and continuity of care.
- Staff were recruited safely, and appropriate DBS checks and other relevant recruitment checks were completed. A DBS check is an official record which shows whether an applicant has any criminal convictions and enables the manager to make decisions about recruitment.

Using medicines safely

- Medicines were managed consistently and safely. Prior to this inspection we received concerns about the administration of medicines. At this inspection people were administered medicines by staff who had completed medicines training and were assessed as competent to do so.
- People received their medicines as prescribed and medicines were regularly reviewed. We observed people receiving their medicines in a safe and respectful way. People told us they received their medicines on time and were observed to ensure they were safe. One person told us, "They [staff] stand and watch you while you take them."

- People prescribed 'as required' (PRN) medicines had care plans to guide staff when, how and what dose of medicine was required for particular symptoms. Advice also included alternative interventions to try before the medicine was given. For example, people prescribed medicine to ease symptoms of constipation were first encouraged to increase their water intake and eat high fibre foods. Trying alternative strategies first would reduce the risk of unwanted side effects from medicine people might experience.
- Medicines were stored securely and disposed of safely. Quality assurance systems for managing medicines were effective and identified shortfalls from which appropriate actions to improve could be taken.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. There were processes in place to ensure visits were safe and facilitated in a way which reduced the potential risk of infection transmission.
- We were assured that the provider was meeting shielding and social distancing rules. People were supported to maintain social distancing. People were shielded in individual units when a positive case of COVID-19 was confirmed.
- We were assured that the provider was admitting people safely to the service. Although the home was not open to admissions at the time of our inspection, people returning from hospital were isolated in accordance with current government guidance.
- We were assured that the provider was using PPE effectively and safely. Staff had undertaken training in PPE and were observed using and disposing PPE correctly.
- We were assured that the provider was accessing testing for people using the service and staff. People and staff were tested in accordance with government guidance. Visitors to the service were checked for completion of COVID-19 lateral flow tests before entering the home. People and staff had received their COVID-19 vaccinations.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Prior to this inspection concerns were raised about the cleanliness of the home. At this inspection we observed the home was clean, hygienic and maintained to a high standard. High touch areas were frequently cleaned and there was an enhanced cleaning schedule.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. There were processes in place to ensure outbreaks were effectively managed.
- We were assured that the provider's infection prevention and control policy was up to date. The provider had clear, robust and up to date policies to keep people, staff and visitors safe.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Although the home was currently closed, the provider had a policy which ensured visits were facilitated in line with current guidance and at times which suited people.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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.

- At the last inspection the provider was not always meeting AIS. People living with dementia were asked to choose their meals for the following day and some could not remember what they had chosen. This led to people feeling confused about their meal. At this inspection improvements had been made. People were able to choose their meals on the day they would be served. Written on a white board in the dining area was the day's menu, and people could choose their meal at mealtimes when they could see the food on offer. Staff had made cards with photos of the meals available at breakfast to help people choose what they preferred and were in the process of completing this for other mealtimes.
- The environment had appropriate signage to orientate people who may have trouble navigating their surroundings. Corridors had been decorated in a way that would help orientate people to find their rooms. Information had been adapted for people living with dementia and those with alternative communication needs. For, example the complaints procedure was available in 'easy read' format. Staff administering medicines had cards with pictures on to help people understand and make choices about their medicines.
- There were people living at the service who did not use English as their first language. One person had their care plan translated into their preferred language and a book containing pictures and simple questions and phrases had been made. This enabled the person to communicate with others.

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

- People were supported to develop and maintain friendships, follow their interests and take part in activities relevant to them. Prior to this inspection concerns were raised about a lack of person-centred activities. Our findings at this inspection did not support these concerns.
- Two activity co-ordinators were employed to facilitate activities and support people to follow their interests. Co-ordinators worked five days a week and care staff facilitated activities for people at weekends. People were complimentary about the activities on offer and some had formed firm friendships. One pair told us they liked to meet in one of the sitting rooms each day. Another person said when talking about their friend, "We are like brothers."
- We observed some people sat in the garden playing board games, and others being supported to enjoy a walk. People told us the activity co-ordinators saw them in their rooms and took people into the

community. One person said, "Sometimes [staff] will come with me on their lunch break and we'll have lunch somewhere together." Another told us, "I'm cutting out pictures and letters and numbers for future use. I make birthday cards for everyone. I value the opportunity to assist [staff] and having the opportunity to make things."

- Each person had an activity profile which contained personal information and recommended activities based on their individual preferences, previous occupations and hobbies. People were encouraged to give feedback through an activities survey. One person enjoyed flower arranging and had an assortment of real and fake flowers to undertake their preferred activity. Another person liked to monitor the cleanliness of the home; staff had provided them with a pictorial audit tool so they could comment on how clean they think different areas of the home was and what cleaning equipment staff should use. Activity programmes were devised for each unit based on people's preferences, their individual needs, interests and abilities.
- People were supported to maintain contact with those who were important to them. We observed one person using the homes mobile telephone to call their relative; when the call was over, the staff member dialled another number so the person could speak with someone else. Another person told us, "I was able to use [video call] to talk with the younger ones [family], but they can visit again now. It makes a difference if you have a visitor."

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

- Prior to this inspection concerns were raised about people not being supported with personal care. At this inspection we found staff were doing all they could to meet people's needs in this area. Staff explained that some people living with dementia did not always consent to being supported with personal care. One staff member told us "I normally offer a shower or bath, if not a strip wash. If people decline, we try different approaches and different people [staff]. If someone has declined more than 3 days in a row it is taken to a team leader." Records that documented whether people had been supported with personal care showed that seven people had declined personal care for two days or more. One person had declined support for eight days, another for one month. However, staff had continually offered their support and sought advice from external health professionals when people had consistently declined. For example, one person's medicines had been reviewed, and a medicine prescribed to help reduce their anxiety when they were supported with care. Another had been referred to a dentist for advice on alternative oral hygiene products which might better enable staff to support them with oral care.
- People and their relatives told us they were involved in developing their care and support plans. People had care plans which were person centred and contained detailed guidance for staff on how to support them. One person told us they were familiar with their "plan of care" and contributed to the reviews.
- Staff knew people well and people's preferences were understood and respected. One person required a specific diet due to their religious beliefs. The registered manager had ensured this diet was provided and the persons preferred dietary needs met. A relative told us staff respected their loved one's wishes, "If a new male carer offers to shower [person] and they would rather a female this is sorted immediately, although now they are confident with either once they know them. We couldn't wish for more."
- People were offered choice about their day to day activities, for example what they would like to drink or what clothes they would like to wear, where they would like to sit and what they would like to do. Our observations of staff practice confirmed this.

Improving care quality in response to complaints or concerns

- Complaints were appropriately investigated in accordance with the providers policy. The registered manager was open and transparent when dealing with concerns that had been raised. One response identified lessons learnt to improve people's care. This involved ensuring that the home had the relevant information about people prior to their admission, to ensure they were able to meet people's needs.

- People told us they felt comfortable raising issues of concern to the management team. One person said, "If you've got something to complain about you can always go to the managers. They'll generally respond, "Leave it with me and [registered manager] will see you or I will."

End of life care and support

- At the time of our inspection two people were receiving end of life care. Both people had care plans which guided staff as to how they wanted to be supported. This included detail such as how family visiting and communication would be maintained, the drink they preferred and the temperature and décor of their room. We observed staff ensuring people were comfortable and treating them with kindness and compassion.
- Staff had accessed support from the community healthcare teams and GP to ensure appropriate medicines were in place to maintain people's comfort when required.
- Feedback shared with CQC following one relative's experience told us of the exceptional end of life care their loved one received. They said, "During the [person] time at Deerswood, up to their sad passing... they always received the upmost care and attention, from all of the dedicated carers." Comments from relatives about end of life care on the providers website included, "[Person] was always treated with respect, dignity and received wonderful care."

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 remained the same. This meant the service management and leadership was not always consistent. Leadership and the quality assurance systems created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance systems in place were not yet fully embedded enough to consistently provide effective oversight of all risks to people's health, and ensure that people were receiving care in accordance to their assessed needs. For example, systems had not identified advice given from health professionals had not been recorded. Processes for monitoring personal care and elimination were not robust enough to identify time scales that could increase potential risks to people's health. Although we found no evidence that people had been negatively impacted by this at the time of our inspection, there was not enough oversight to ensure that potential risks in these areas would be identified. This was an area of practice where improvements must be made.

When this was fed back to the managers, they acted immediately to make the required improvements. Processes to ensure potential risks to people's health were adequately monitored were revised and updated to provide effective oversight of people's care, and provide assurances staff were delivering care according to people's needs.

- The management team showed a positive and proactive response to CQC feedback both during and following the inspection. Their commitment to driving ongoing improvements throughout the service was evident and reflected in comments from people and staff. When questions about people's care were raised, the team immediately investigated these to assure themselves of the quality of care people received. For example, when we identified the lengths of time people had declined personal care, this was reviewed to ensure that staff were following the providers protocols.
- The managers and staff understood their roles and responsibilities and were passionate about providing safe and effective care. Staff were confident that concerns raised with the manager would be appropriately dealt with. The team told us they were proud of the home, their achievements and the care people received. One staff member said, "I think it's improved so much since I started. Since [registered manager] has taken over the atmosphere is totally different. They are very supportive." The registered manager explained, "This is my home, I feel like I've made a difference here, I'm really proud of the team."
- One staff member told us the registered manager had worked a shift to support the team when staffing levels were low. They said, "When we were short and I was asked to do a cleaning shift, [registered manager] was on the floor. I was like, "Wow", I'm going to help here too. It's really motivating."
- People and their relatives told us the service was well led and that care within the home had improved.

Healthcare professionals were complementary about the management of the service. One healthcare professional said the home was, "The best run, most well organised and most person-centred of all the homes I have worked with."

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

- Prior to this inspection concerns were raised about the culture of the service. At this inspection the management team and staff fostered a positive, person-centred culture which was evident throughout our visit. Staff spoke positively about the registered manager and the changes they had observed with the culture of the service. One staff member told us, "They are brilliant, really easy to talk to. [Registered manager], their door is always open. I can 100 percent go to them about anything. All the staff are treated fairly and staff morale is really good. I love it."
- Staff received regular supervision and felt supported by the managers. Staff received feedback on their practice and opportunities to develop. Issues of performance were addressed to ensure staff were competent in their role. One staff member told us they had just completed a qualification in care. They said, "The [managers] want to develop me." Another said, "I get supervision which gives me a chance to discuss training and problems."
- People and their relatives told us they felt included in their care and their views respected. Care plans were person-centred and contained detailed information about people. Staff knew people well and were able to tell us about their needs and wishes. One person told us, "I feel I'm very fortunate to be living here."
- The registered manager and staff worked hard to ensure people felt the providers values of wellness, happiness and kindness were implemented in everyday practice. The service had designed and built a happiness café in the foyer of the home to bring people together. During the inspection we observed the happiness café in use. People were enjoying the opportunity to choose a song and sing along to the music, and there was a selection of hot and cold beverages to choose from. The registered manager had also enlisted support from people's friends and relatives to transform a storage area into a wellness room. This was used as a hairdressing salon and a space where people could come and enjoy a range of relaxing activities, for example a hand massage or manicure.

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 was aware of their responsibilities under the Duty of Candour and had acted accordingly when required. Under the Duty of Candour, providers must be open and transparent. It sets out specific guideline's providers must follow if things go wrong with care and treatment. The management team had informed CQC and other health professionals when care had not gone according to plan.
- People and their relatives told us the registered manager was open and transparent about people's care; relatives were informed if someone was involved in an accident or incident or their health had declined. Records we observed confirmed this. A relative told us, "When [person] has had spells of being unwell, the [staff] are in touch with local doctors to ensure [person] is receiving the correct care for any of their complaints, they also contact me and keep me posted on these type of situations."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives gave feedback about the service through a variety of forums. The service collected service user satisfaction surveys, held meetings and individual discussions where people could raise issues and discuss matters that were important to them.
- People were encouraged to participate in the running of the home. One person told us they had been asked to support the registered manager with recruiting new staff. They showed us their notebook where

they had jotted their initial ideas for interview questions. They said, "I'm preparing for a practice run with a carer who works here. I'm thinking about three questions to ask."

- Staff were kept up to date with changes in the service and people's care. Staff meetings were held at different times during the day to enable all staff to attend including staff that worked at night. The management team worked across all shifts to ensure they were accessible to every member of the team. One staff member told us, "If there is announcement to be made, they [managers] send out a text message to all staff... reminders such as testing or changes in the home."
- The 'Friends of Deerswood Lodge' were a group of staff and relatives who worked together to support the home. They had continued to fundraise for additional resources and make improvements to the environment which would benefit the people living there. The registered manager showed us a short film produced by the Friends of Deerswood Lodge to thank the staff for their dedication to supporting people during the COVID-19 pandemic. The film contained footage of staff doing all they could to keep people safe.
- Staff worked in partnership with other agencies and had built strong relationships which led to improvements in people's care. Agencies included the local authority, mental health and community nursing teams, the GP, and therapy teams such as occupational therapists, physiotherapists and chiropodists. One health professional told us "I'm very happy with the home, the staff here are great and the patients here seem happy. I come regularly. We are looking forward to holding face to face clinics again, this works really well."

Continuous learning and improving care

- The service had a culture which embraced continuous learning and improving care. For example, shortfalls in communication between staff and visiting health professionals was identified, the registered manager took action to resolve this. The process was reviewed to ensure that changes to people's care were recorded and people's care plans updated based on the information shared.
- Staff attended lessons learned and coaching sessions and were provided with opportunities to develop and learn new skills. These were considered relevant to their role and aimed to enhance the care people received.