

Davlyn House Care Limited

Davlyn House

Inspection report

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Tel: 01782512269

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 18 February 2016 and was unannounced. This was the first time the service had been inspected since the current provider was in place.

The service was registered to provide accommodation and personal care for up to 20 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 18 people were using the service.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

People were treated with great kindness and compassion and they were very happy with the care they received. People were encouraged to make choices about their care and their privacy and dignity was respected by staff who had a passion to provide exceptional care.

People felt safe and staff knew how to protect people from avoidable harm and abuse. People's risks were assessed and managed to help keep them safe and we saw that care was delivered in line with agreed plans.

There were enough staff to meet people's needs. We saw that requests for support were responded to promptly by staff who had been checked to ensure they were suitable to work with the people who used the service. Medicines were safely managed, stored and administered to ensure that people got their medicines as prescribed.

Staff were suitably trained to meet people's needs and were supported and supervised by the registered manager. Staff understood how to support people to make decisions and when they were unable to do this for themselves, support was provided in line with the Mental Capacity Act (2005).

People were provided with enough food and drink to maintain a healthy diet. People had choices about their food and drinks and there was flexibility to meet their preferences. People's health was monitored and

access to healthcare professionals was arranged when required.

People had support to meet their individual needs and preferences by staff who knew them well. Care plans were detailed and personal so that staff had the information they needed to be able to provide support to meet individual needs and requirements.

People knew how to complain and staff knew how to respond to complaints. A complaints procedure was in place although no formal complaints had been received.

The registered manager understood the conditions of registration with us. We saw that systems were in place to monitor quality and the registered manager analysed information and took actions to make improvements when required. There was a positive and homely atmosphere at the service and people felt the registered manager was approachable and responsive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and systems were in place to protect them from avoidable harm and abuse. Risks were assessed and monitored and there were enough staff to keep people safe and meet their needs. Medicines were managed safely and people received them as required.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people effectively. People were supported to make their own decisions in line with the Mental Capacity Act (2005). People were supported to eat and drink enough to maintain a healthy diet and they had access to healthcare professionals when required.

Is the service caring?

Outstanding ☆

The service was caring.

People were treated with exceptional kindness and compassion by staff who knew their individual needs and preferences. People's privacy and dignity was respected and upheld by staff who had a passion to provide individualised care. People were supported to be as independent as they could be by staff who spent time with them to help them achieve their goals.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their individual choices and preferences and were involved in the planning of their care. People were encouraged to participate in activities and pursue their hobbies and interests. People knew how to complain though no formal complaints had been received by the service.

Is the service well-led?

Good 

The service was well led.

People felt the registered manager was approachable and they were visible throughout the service. Quality was monitored and action was taken to make improvements when required. The registered manager maintained links with the local community and external agencies to help improve the quality of the service.

Davlyn House

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 was planned to check whether the 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 18 February 2016 and was unannounced. The inspection team consisted of one inspector.

We looked at the information we held about the service. This included looking at notifications. A notification is information about important events which the provider is required to send us by law and includes information such as serious injuries that may have occurred or allegations of abuse.

We spoke with six people who used the service, four relatives and two visiting professionals. We spent time observing care in communal areas because not everyone was able to talk to us about their experiences. We spoke with five members of care staff, the registered manager and the provider.

We looked at three people's care records to see if they were accurate and up to date.

We also looked at records relating to the management of the service. These included quality checks, two staff recruitment files and other documents to help us to see how care was being delivered, monitored and maintained.



Our findings

People told us they felt safe. One person said, "I feel safe because everyone gives you a hand if you are struggling. There's always someone around." Another person said, "I really do feel safe here." Relatives and professionals had confidence that people were safe. One relative said, "[My Relative] is definitely safe and that's the main thing."

Staff knew how to protect people from avoidable harm and abuse. They were able to explain the types of abuse that may occur and how they would recognise signs that may give cause for concern. Staff were able to explain how they would report concerns to ensure that necessary investigations were completed. One staff member said, "I would go directly to the manager or the senior on shift, I'd write it all down and report it." We spoke with the registered manager who had a good understanding of local safeguarding adult's procedures and they had worked with the local authority and attended training to ensure they were familiar with the latest legislation and policy.

People's risks were assessed and monitored to keep them safe whilst supporting their independence. A relative told us, "The manager came out and did an assessment beforehand, so they could make sure they could meet [My Relative]'s needs and have everything in place." Individual assessments were completed by the registered manager for each person when a risk was identified and plans were put in place to minimise these risks. We saw that one person was identified as being at high risk of falls, there was a risk assessment and management plan in place. This stated that the person should have a sensor mat in place to alert staff when they needed assistance to move. We saw that this was in place and that staff responded in line with the risk management plan. One staff member said, "[Person who used service] has a sensor mat in place because they are not always steady and might forget their frame. They like to be independent, we don't stop them, we just help them, remind them and walk with them." We observed people being supported to move safely in line with their risk management plans. A visiting professional said, "People are safe and well supported here. Some people do have falls but they do everything they can to prevent it, they couldn't do anything more." When any incidents or accidents did occur, we saw that the registered manager reviewed records of these and took action to reduce the risks. We saw that regular checks of equipment were completed to ensure they were safe for use.

People told us and we observed there were enough staff to meet the needs of the people who used the service. One person said, "They are quite busy but you only have to wait a couple of minutes, they always come to you." A relative said, "On the whole, they are very well staffed." We saw that people's needs were met and requests for support were met in a timely manner. A new call alarm system had been installed

which clearly showed staff who had requested assistance and when. A relative said, "My relative likes that they have the buzzer with them all the time, they find it comforting." The system allowed the manager to review call response times and how long it took staff to provide the support to the person. The manager reviewed this regularly and their findings supported our observations that call alarms were answered promptly. The registered manager told us that they had authority from the provider to increase staffing when required, for example, if people were unwell. They told us that one person experienced a change in needs which required more staff time and that they had been able to source additional staff to support the person during this time. Staff rosters and time sheets showed that a minimum level of staffing was maintained and additional hours were often worked by staff to provide additional support or activities to people who used the service.

Staff told us and we saw that safe recruitment practices were followed. This included references and Disclosure and Barring Service (DBS) checks to make sure that staff were safe and suitable to work at the home. The DBS is a national agency that keeps records of criminal convictions.

Medicines were managed safely so that people received them when they needed them. We observed that people were offered pain relief medication and that protocols were in place for staff to follow for people who were prescribed 'as and when required' medicines. We saw that staff administering medicines gave people explanations when they needed them and observed people taking their medicines before signing to confirm this. Systems were in place to ensure that medication was stored, managed and administered safely and we saw that these were effective.



Our findings

Staff told us and records showed they had completed training to help equip them with the skills and knowledge to support people effectively. Staff were able to demonstrate how training had helped them to better support the people who used the service. One staff member described how attending a recent training session about supporting people with dementia made them think more carefully about the people they support. They said, "It teaches you that if you ask someone to do something, you need to give them time to process. You should speak one at a time and not overcomplicate things." We saw that staff effectively supported people with dementia. For example, we saw two staff supporting a person to stand. They spent time with the person, giving them clear instructions to help them understand what they wanted the person to do to ensure they were supported safely and effectively.

Staff were supported to carry out their roles effectively. A staff member told us they completed a thorough induction which included formal training, shadowing more experienced staff members, spending time talking with the registered manager and reading people's care plans to enable them to support people effectively. Staff confirmed that they had support and supervision with senior staff or the registered manager. One staff member said, "We have formal supervision but there is constant learning and support. We have time to ask questions during shifts. We're very well supported by the management and we have the full support of the team."

People told us and we saw that people were asked for consent before they were supported. For example, before supporting someone who used a wheelchair to move, we saw staff ask, "Would you like to come through for your lunch?" People were asked where they would like to sit and how they would like to spend their. 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. Staff were trained and had a good understanding of the MCA. When necessary, people's mental capacity to make their own decisions was assessed and recorded in line with principles of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that referrals for DoLS authorisations had been made when required and the staff were trained to understand their responsibilities. The registered

manager had a very good understanding of their responsibilities under the MCA to ensure that people's legal and human rights were respected.

People told us and we saw that they enjoyed the food at the home. One person said, "The food is smashing, you get a choice as well. It's nicely cooked and nicely served." We saw that people were offered choices of food and meal times were flexible to meet people's needs and preferences. At breakfast time, people were offered a choice of porridge, cereals and toast though we saw that some people were enjoying cooked breakfasts such as egg on toast. People could have their breakfast at whatever time they chose. People told us and we saw they were regularly offered and provided with a choice of hot and cold drinks. One person said, "There are plenty of drinks and a nice cup of tea."

People were supported to maintain good health and had access to healthcare professionals when they needed them. One person told us that they had a regular appointment with a consultant each month to monitor their health condition and that the same staff member would support them to the appointment. They told us they appreciated this because they had consistency and that staff member helped them to understand and monitor their condition. A relative said, "The manager rang the doctor recently because [My Relative]'s breathing was bad. They also see the district nurse regularly." A visiting healthcare professional told us, ""The staff follow our instruction to the letter. They always contact us for advice and report to us what they have found. The communication from them to us is excellent." The registered manager told us they had a good relationship with the local GP and practice nurse who they would contact for advice and work closely with to ensure that people's health needs were met. People's records showed that they had access to a range of healthcare professionals including GP, district nurses, optician and chiropody.



Our findings

People and staff were very happy at Davlyn House. One person said, "It's lovely here, I'm really comfortable. I came for a month and I decided to stay I love it so much. It's just like being at home." People were treated with care, compassion and great kindness. People and their relatives involved in the service consistently commented on the exceptionally caring approach the staff at the service provided. People's comments included, "It's a nice friendly place. The staff are kind" and "I was so poorly when I came here but the staff are so good and looked after me so well that I'm much better now." People felt cared for and felt that they mattered. Relatives complimented and praised the caring nature of the staff. They said, "The staff actually care, staff choose to work here and I can't speak highly enough of them" and "It's lovely here, all the staff have been lovely." A healthcare professional commented, "Staff spend time with people and know them really well here. It's a wonderful place."

The service had a strong person centred culture and people and their relatives felt that staff go above and beyond their role in providing care and support to them. A relative said, "Staff go the extra mile, they do anything they can possibly do. They made Christmas just wonderful for the people who live here." One person, who had dementia, celebrated their birthday and staff planned a special day of events, celebrating their achievements in their career. The registered manager told us, "When prompted, they are able to remember their career and they achieved so much it deserves to be recognised and celebrated." The local newspaper and members of the community were invited into the home to join the celebrations and we saw that the person's story was told in a life story book complete with pictures and articles from local and national newspapers, which staff had collected from a range of sources. We saw photographs of the person smiling and looking happy on the day and the person's family said it made them feel proud.

A relative told us, "The individual care they give is excellent." One person's grandchild got married abroad and the person was not well enough to attend the wedding. The registered manager and staff arranged a themed party on the day of the wedding including food and music from the country they were getting married in to help the person feel included in the celebrations. Staff contacted the person's family members to ask for photographs and memorabilia from the day and made a picture board for the person to savour the memories of the day. The person's relative told us, "It was wonderful. [My Relative] has a better quality of life here than she did at home, difficult as it is to admit." This showed that the staff team really cared about the people they support and wanted them to feel special and that they matter.

Staff knew people well including their preferences and were motivated to provide care that was kind and compassionate. One staff member said, "We get to know people really well because we are quite a small

home and we have time to spend with people." Another said, "I love working here, I love everything about it. I have always looked after people, it's what I love doing. I'm here to listen to people and make sure they are safe and happy."

People and their relatives were involved in decisions about their care and support. One person said, "They always ask me what I want to drink even though I always have tea. They're good like that." We observed that staff took their time and went out of their way to ensure that people could express their views and choices. For example, we saw that one person who had dementia had chosen to have soup for their lunch which was not on the menu, however they could not state which soup they would like. The staff member fetched three tins of soup from the kitchen and sat with the person to allow them to select their preferred option. A staff member told us, "We always offer choices but how we do that depends on the person, we know people so well that we know what works for the individual." People's care plans recorded information that was specific to the person and gave staff information on how best to support the individual to make their own choices. For example, one person's care plan advised staff to offer a list of options to the person and they would be able to say which one they would like. We saw that staff did this to allow the person to successfully express their choices.

People told us and we saw that their privacy was respected. One person said, "I choose to spend time in my room, I go down to the communal areas when I want to, if there's something going on I want to get involved in." We saw that some people chose to spend time in their rooms with their doors closed and staff were aware of and respected this. A staff member told us, "People can have privacy when they want it. They can go to their rooms or they can use the conservatory to meet with their family or others."

There was a visible culture of 'dignity in care' throughout the service. Relatives and staff proudly told us how the service had celebrated 'Dignity in Care Day'. A range of activities were provided including helping people to reminisce. Friends and relatives were invited into the home and pets were brought in to help trigger fond memories for some people who used the service. A staff member told us about one person with dementia who does not usually actively participate in planned activities. However, on dignity day foot spas were bought in to help people reminisce about past days paddling in the sea. We saw photographs of the person smiling and laughing with their trousers rolled up and their feet in the water. Staff told us, "They loved it, it was great to see [Person who used the service] so happy and enjoying themselves."

We saw and staff told us that people's dignity was respected. We saw staff discreetly providing support to people who used the service. For example, we saw a staff member quietly ask a person, "Would you like to use the toilet before lunch?" The person nodded and staff discreetly supported them out of the lounge. One staff member said, "When I help people to wash and dress, I always offer them a towel to cover themselves up and make sure the doors are shut so it's private." We saw that one person's care plan stated that it was important to them that they were dressed nicely and smartly. We saw that they wore a smart outfit with matching jewellery and we heard the registered manager compliment the person on how nice they looked which made the person smile and they showed off their bracelet proudly.

The registered manager continually strived to develop their staff team and appreciate them so that they were inspired to provide person centred, dignified care for people. The registered manager, who is a dignity champion, nominated Davlyn House staff team for Staffordshire dignity awards in the outstanding example category. They were also nominated by a person who used the service. The registered manager highlighted numerous examples of when staff had gone 'the extra mile' to provide exceptionally caring support to people. The registered manager was very proud of the service provided at Davlyn House.

Staff supported and enabled people to remain as independent as possible. One person told us, "They let me

try to do things for myself, they helped me to learn how to do things again, I couldn't do it before, when I first came here, I can now." We saw that staff spent time with people to enable them to maximise their independence rather than doing things for people. For example, we saw staff spending time giving clear direction and encouragement to one person to help them to walk independently. Staff said, "You're doing really well, keep concentrating, take it steady." We saw that the person smiled and thanked the staff when they achieved their goal of walking independently and staff praised their efforts.

There was a warm and homely atmosphere. People told us they were happy with the care they received. One person said, "All the staff are nice, nothing at all is too much trouble." Relatives told us and we saw they could visit at any time and the staff were always welcoming. A relative said, "As soon as you come in they make you welcome." We could hear staff and people singing and laughing together. Staff had an appreciation of people's individual needs and were committed to promoting and respecting people's privacy and dignity. Staff comments included, "We go out of our way. It's their home, it's not our workplace. If they want something, we help them to achieve it. It's a home from home"; "I think this home is so friendly. I don't think there is anyone that lives here who is not happy and that's what we want" and "We are always aware that we work in people's home. It's friendly, there's constant chatting and it's very homely."



Our findings

People told us they received personalised care that met their needs and could spend their time how they chose. One person said, "You can choose when to get up and when to go to bed." Another person said, "Staff help you to do whatever you want." Staff knew people's preferences and how they preferred to be supported. One person said, "They know me very well, maybe a bit too well!" We saw that people laughed and joked with staff which showed they were at ease in their company. We saw that some people drank tea from a mug, others from a cup and saucer dependent on their preferences. One person told us that they worked as a cook when they were younger and that they loved and missed it. Staff were aware of this and we saw that staff invited them into the kitchen to help cook a steam pudding for tea time. The person was pleased to be asked and accepted the offer whilst smiling.

People told us they were supported to take part in the activities they chose. One person said, "There's always something going on, you don't get bored. We all chat to one another too, we are all friends." A relative said, "[My Relative] enjoys living here. They have lots of entertainment and my relative was saying how much they enjoyed the church service." A church service was performed at the home once per month for people who wanted to take part. Additionally, people were supported to attend the local church and also a 'snack and natter' community group held at the church. A number of outings were arranged for people who chose to attend including a summer canal barge trip with fish and chips and people told us they enjoyed this. There were a number of activities arranged at the home including musical movements gentle exercise group, singers and performers as well as quizzes, crafts and pamper sessions. One person said, "They've painted my nails for me because I can't do them neat enough, they look nice don't they?" We saw staff offering and giving people hand massages using scented lotions, asking "how does that feel?" One person responded, "Oh it feels lovely, thank you."

People and their relatives were involved in the planning and review of their care. A staff member said, "People are always involved in developing their care plans." We saw that people's views were recorded within each individual care plan. Care records contained information about people's care preferences and life history and relatives were asked for information when people were unable to give information themselves. This ensured that staff had access to the information they needed to provide personalised care and meet individual needs. Regular reviews of care plans were completed and changes were made as required to ensure people received care that met their needs and preferences. Staff told us they were given time to read care plans and used the information to help them support people. For example, one person who had dementia was often getting upset. Staff were aware that they liked cats and had always had a cat as a pet at home. They sourced a lifelike cat as an object of reference that moved, sounded and felt like a

real cat. We saw that the person took comfort in having the cat with them and that knowledge of the person had helped staff to provide personalised care to meet their individual needs.

People and relatives told us they would feel able to go to the registered manager if they needed to complain about their care. One relative said, "We could go to the manager if we needed to." Another relative said, "I've got no complaints to make but if I did I'd just go to the manager and they would sort it." Staff knew how to respond to complaints, one staff member said, "I'd let them speak and I'd listen. I'd tell them about the complaints procedure and refer them to the manager." We saw that the complaints procedure was displayed in the home although no formal complaints had been received by the service. We saw that people's feedback was encouraged in a residents and relatives survey. The registered manager told us they had not yet formally analysed and fed back about the results of the survey, we saw that people's comments were positive. Some people had suggested that the home's décor could be updated and we saw that plans for a refurbishment were already in place.



Our findings

People, relatives and visiting professionals felt supported by and had confidence in the registered manager. One relative said, "The manager is very approachable." Another relative said, "There's nowhere else I could have felt so settled to leave my relative." People told us and we saw that the registered manager was well known to people who used the service and knew their needs and preferences. They spent time chatting with people about things they liked and supporting people alongside care staff. A visiting professional said, "The manager is very approachable. They are always celebrating special events and extend the invite to us; they invite us in for coffee and cakes." The registered manager was visible to people and had time available for people.

The registered manager understood their responsibilities of registration with us and was supported by the provider at regular formal and informal meetings. We were notified of significant events in line with registration requirements. The manager felt supported by the provider to deliver a quality service. The registered manager told us, "They still give me autonomy but are also supportive. If I have concerns, I am able to tell them." We saw the provider talking with people who used the service and their relatives. The provider knew people well and told us they visited the home regularly. This was confirmed by people, relatives and staff. A visiting professional said, "The owners seem to be good, they seem caring and interested in people."

Staff felt supported by the registered manager and we observed a positive, open culture. There was a calm and relaxed atmosphere and staff told us they enjoyed their work. One staff member said, "We all get on well, if there's a problem we just get it sorted out." Another staff member said, "The registered manager is always there for us." Staff knew about and understood whistleblowing procedures and said they would feel confident to use these procedures if required. Relatives felt welcomed to the home and involved in the development of the service. They told us how they were invited in to the home for formal reviews and informal chats and felt able to raise their views. One relative said, "The registered manager goes way above and beyond her role." A regular newsletter was produced and paper copies available at the home entrance, this helped to share information about good practice and maintain links with families and the community.

Quality checks were completed by the registered manager. These included medication and falls audits and analysis of accidents and incidents. We saw that these were effective and where concerns were identified, action was taken to improve quality. For example, during an analysis, the registered manager identified that one person had an increased number of falls. A sensor mat was ordered and put into place to reduce the risk of further falls. A medication audit identified that application of topical creams was not being consistently

recorded. The registered manager was in the process of implementing a new system whereby people would have their own lockable cabinet in their rooms to store creams and records of application. We saw that lockable cabinets had been ordered and were awaiting delivery.

The registered manager maintained links with the local community and external agencies to help improve the quality of the care provided. For example, the registered manager taught at the local college to students completing their National Vocational Qualifications in health and social care. The registered manager said, "It helps to keep me up to date, I'm passionate about knowledge and skills." We saw that staff were supported to complete qualifications via links with the college to help improve the quality of care provided. The registered manager had nominated the local church for a Staffordshire dignity award in the community category and they had been successful in winning the award.