

Parkcare Homes (No.2) Limited

Devon House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 23 January 2017 and was unannounced. The previous inspection took place on 16 March 2016. At that inspection we found the home was in breach of six legal requirements and regulation associated with the Health and Social Care Act 2008. We found that risk assessments were not in place to protect people and medicines were not being managed safely. Mental capacity assessment had not been carried out in accordance to the Mental Capacity Act 2005 (MCA). Some people's food was not being monitored and actions plans were not in place for people at risk of losing weight. People were not involved in activities that would provide social and therapeutic stimulation. Regular audits were not being carried out to identify shortfalls and make continuous improvements and people's and staff feedbacks were not being obtained through surveys.

We served a warning notice following the inspection as medicines were not being managed safely. We carried out a focused inspection on 6 September 2016 and found improvements had been made and medicines were being managed safely.

Devon House provides accommodation, nursing care and support with personal care for up to 11 people. At the time of our visit, 10 people lived at the home who needed support due to acquired brain injuries or neuro-disabilities.

The home had a registered manager in place during our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The home had a manager in place and the provider told us that the manager will be applying for registration.

Medicines were being managed safely.

There was an activities timetable for each person and we observed people took part in activities. However, people and relatives told us that activities were not regular and records did not detail if people were taking part in regular activities.

The feeding plan for one person who received nutrition via a PEG (Percutaneous Endoscopic Gastrostomy) tube was not easily accessible to staff. Fluid balance charts for people with PEG tubes did not have 24-hour totals to reflect the overall intake and to make sure the input feeding plans were being followed accurately and the people were hydrated.

Staff told us that they felt supported, but regular supervisions were not always carried out. There were limited records to demonstrate when supervisions had been carried out.

There were concerns with record keeping as we found that daily records were not being completed in full to

accurately describe people's activities, the registered manager was unable to locate one person daily notes covering nine days and staff supervisions that had been held in November 2016.

Risks were being identified and preventative measures put in place to prevent the risk of health complications.

The home had adequate staffing levels. We observed that staff were prompt in supporting people and people were supervised at all times.

Improvements had been made in assessing people's capacity to make decisions in a particular area. MCA assessments had been carried out, assessing people's ability to make decisions. Most staff we spoke to were able to tell us about the principles of the MCA and how the test was applied to determine if a person had capacity to make a specific decision about their care.

DoLS applications had been made to deprive people of their liberty lawfully in order to ensure people's safety.

Food intake was being monitored for people with specific health concerns and appropriate intervention had been made to ensure people were at best of health.

Staff working at the home had received training they needed to do their jobs effectively. Staff had received induction when starting employment.

Quality assurance monitoring was being carried out that identified issues and prompt action was taken. Surveys were carried out and analysed to ensure people received high quality care.

Staff were aware on how to manage complaints. No complaints had been received since the last inspection.

Staff knew how to keep people safe from abuse. They knew how to recognise abuse and who to report to and understood how to whistle-blow. Whistle-blowing is when someone who works for an employer raises a concern which harms, or creates a risk of harm, to people who use the service.

Recruitment and selection procedures were in place. Checks had been undertaken to ensure staff were suitable for the role.

We observed caring and friendly interactions between people, management and staff.

People were encouraged to be independent. People were able to go to their rooms and move freely around the house.

The service had been rated requires improvement overall at the last two comprehensive inspection. Although, we found improvements had been made with medicines, risk assessments, nutrition and mental capacity since the last comprehensive inspection. We identified breaches relating to supervisions, activities and good governance.

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

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.

Risk assessments reflected people's current circumstances and health needs.

Medicines were being managed safely.

There was adequate staffing to care and support people.

Staff knew how to identify abuse and the correct procedure to follow to report abuse.

Recruitment procedures were in place to ensure staff members were fit to undertake their roles.

Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective.

Staff told us that they were supported, although regular supervisions with staff and the registered manager were not being carried out. There were limited records to demonstrate when supervisions had been carried out.

The feeding plan for one person who received nutrition via a PEG (Percutaneous Endoscopic Gastrostomy) tube was not easily accessible to staff. Fluid balance charts for people with PEG tubes did not have 24-hour totals to reflect the overall intake.

People's rights were being upheld in line with the Mental Capacity Act 2005 (MCA). DoLS applications had been made.

Food intake was being monitored for people with specific health concerns. People enjoyed the food provided by the home.

People had access to healthcare services and had been referred to the GP, dieticians and opticians to ensure that they were in the best of health.

Is the service caring?

Good ●

The service was caring.

Staff had a good knowledge and understanding on people's background and preferences.

Staff treated people with respect and dignity.

People were encouraged to be independent.

Is the service responsive?

Some aspects of the service were not responsive.

People told us that activities were not regular and records did not detail if people were taking part in regular activities.

Care plans included people's care and support needs.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not well-led.

The service had been requires improvement overall at the last two comprehensive inspection. We found that improvements had been made with medicines, risk assessments, nutrition and mental capacity since the last comprehensive inspection. The concerns at our last inspection with activities and supervisions had not been addressed in full. There were also concerns with record keeping as we found people's and staff members records were not always available or correctly completed.

People and staff feedback had been sought through surveys and the results had been analysed. However, we did not see records that showed an action plan to act on the feedback that was identified as a result of the survey.

Audits were being carried out on care plans and health and safety that identified issues and action taken to make continuous improvements.

Staff and residents meetings were being held.

Requires Improvement ●

Devon 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 is 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.

The inspection was carried out on 23 January 2017 and was unannounced. The inspection team comprised of one inspector, a specialist nurse advisor 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.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people.

During the inspection we spoke with six people, the registered manager, a bank nurse and four staff. We observed interactions between people and staff members to ensure that the relationship between staff and people was positive and caring. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people when they may not be able to tell us themselves.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at seven care plans, which included risk assessments.

We reviewed six staff files which included training and supervision records. We looked at other documents held at the home such as medicine records, quality assurance and monitoring records.

After the inspection, we spoke with three relatives.

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us, "Yes, I think I am safe" and another person commented, "I feel safe." Comments from relatives included, "Yes, I believe [person] is safe", "I feel [person] is safe there [Devon's House]" and "I do feel that [person] is safe, it is a nice environment for [person]." One relative told us that their family member was safe at the home as the person had experienced difficulties at the last place they lived in, "I was worried when [person] first moved there [Devon House] and used to go in every day but now I take days off, when I go in there the staff are really welcoming and I can go at any time."

During our last inspection the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always protected from risks associated with their support, as some risk assessments were not updated to reflect the person's current needs or did not consider their specific health needs. Some risk assessments did not provide clear guidance to staff on how to mitigate risks relating to skin breakdown and challenging behaviours.

We found assessments were undertaken to assess any risks to people using the service. These were person centred. The risk assessments were completed for each person and these covered risks in areas of diabetes, high cholesterol, choking, self-harm and when going outside. Assessments had been completed when people required support with moving and handling that listed people's ability to move. There were also plans in place for people that may demonstrate behaviours that challenged. These plans provided information on the presenting risks that people had and also listed symptoms, triggers, prevention strategies and interventions. The plan also listed the actions that staff should take to manage or reduce risks in order to ensure people and staff were safe. People were involved in planning of these risks and the risk assessments were signed by people where possible to ensure they agreed with the plan. Records showed that the risks assessments had been reviewed regularly since the last inspection and people's risk assessments were updated following the reviews.

Waterlow assessments were being completed to determine if people were at risk of skin complications. Actions had been listed if people were at risk. In one plan we found a person was at risk due to their skin being dry and an action had been listed to apply cream to the person's skin regularly to prevent the risk of skin complications.

During our last comprehensive inspection on 23 March 2016 the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we found medicines were not being managed safely. A warning notice was served to ensure medicines were managed safely. We carried out a focused inspection on 6 September 2016 and found medicines were being managed safely and the home had met the requirements of the warning notice. During this inspection we checked medicines again to ensure the improvements had been sustained.

As part of this inspection we looked at the medicine administration records (MAR) for seven people. The records we reviewed were clear and completed in full in most cases. MAR charts clearly listed people's details including, any known allergies and their preferred method of taking the medicines. There were two

people who received covert medicines at Devon House. Permission was authorised in writing by the GP and evident in people's MAR charts.

We observed the medicines round during the day. The nurse clearly cross-referenced information between the MAR chart and the blister pack and was careful to check the identification of each person. The nurse took time with each person supporting them to take the medicines before the MAR was signed. The nurse gained the consent of each person, who was able to give consent, prior to administering the medicines. PRN (medicines as needed) protocol was clear and was within people's MAR stating the maximum dosage allowed within a 24 hour period. The protocol indicated how to assess if a person needed PRN medicines. A relative told us, "I have never had a problem with [person's] medication."

Medicines were supplied in blister packs for monitored dose dispensing. There was a separate pod per medicines. People's personal details were clearly identifiable on each blister pack, along with the medicines, dose, batch number and expiry date.

Medicines were stored securely and we observed that medicines had not been left unsupervised and the medicines trolley was locked at all times when unsupervised. The fridge used to store medicine was within recommended temperature range and there were records of daily readings. The fridge medicines were suitably stored. The temperature of the room where medicines were kept was within recommended range and there were records of daily readings.

Nurses who administered medicines had received training from the supplying pharmacist. The bank nurse staff that administered medicines on the day of the inspection had been appraised and assessed by the registered manager as competent.

Controlled drugs were stored and managed appropriately. Controlled drugs were stored in a locked metal cabinet and there was an accurate record maintained. The controlled drugs register was counter signed by a second member of staff to confirm administration. Remaining balances were checked at each administration of controlled drugs and staff also performed an audit at each change of shift. The audit looked at the remaining quantities of each controlled drug.

During this inspection, most people and staff told us that there were enough staff to support and care for people. A staff member told us, "We have enough staff, I am not rushed." The home employed four care workers during the day and two care workers at nights. A nurse was employed throughout the day and night. The care workers were supported by a cook, a domestic staff and the registered manager during the day. We observed that people were being supervised at all times. The registered manager and staff told us that staffing was adequate. We observed that people received prompt attention when needed. The registered manager told us that they would be looking to recruit two further nurses and an administrator to help the registered manager with managerial duties.

Weekly fire tests and regular evacuation drills were carried out. Fire risk assessments and fire safety audits regarding the safety and security of the premises were completed with follow up actions to minimise the risk of fire. Personal Emergency Evacuation Plans (PEEPs) had been completed in full and listed what staff should do in the event of an emergency. PEEPs had been completed for people who were on wheelchairs living on the upper floors, which listed how these people should be evacuated. When we spoke to staff they were able to tell us how to evacuate these people safely. Fire evacuation slide mats were available on the upper floors.

Appropriate gas and electrical installation safety checks were undertaken by qualified professionals.

Staff understood how to keep people safe and had received training to protect people from abuse. There was a safeguarding policy in place that listed the different types of abuse and reporting lines. Staff were aware on how to whistle-blow and knew that they could report to outside organisations such as the police or the Care Quality Commission (CQC) if they had concerns. A whistle blower is a person who discloses any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

People were protected by the provider's recruitment practices. A member of staff told us about their recruitment process which included an interview, obtaining references from previous employers and a DBS (Disclosure and Barring Service) check. The checks were completed to ensure people who were employed were of good character; and to check whether they had a criminal record which might mean they were unsuitable to work as a care worker. We viewed staff files which contained references, current copies of DBS checks and identification for the staff members.

The home had a dedicated cleaning staff and we observed the home and people's room were clean and tidy. Staff used appropriate equipment and clothing when supporting people. All chemical items had been stored securely. People told us that rooms and the home was kept clean and tidy. A person told us, "Yes, my room is kept clean and my laundry is done."

There were concerns raised that people's items went missing during laundry. Staff told us that to minimise the risk of clothing going missing, with consent, people's clothes were marked with their name. People had an allocated space in the laundry room to put their clothes. This meant the risk of people's laundry going missing was minimised.

Is the service effective?

Our findings

People and relatives told us that staff were skilled and knowledgeable. One person told us, "There is wonderful staff support here" and a relative commented, "[Person's] care needs are complex and they try their very best and do a good job."

Despite these positive comments, we found some aspects of the service were not effective.

During our last inspection we found that supervisions were not taking place regularly. We made a recommendation that systems be put in place to hold regular supervisions and appraisals. The provider's policy stated that supervision should be held regularly. We asked the registered manager if she had received supervision and support. The registered manager told us that supervision had not been taking place regularly. There were no records available that documented these supervisions for the registered manager. Out of the six staff files we looked at only one file contained regular records of formal supervision held since the last inspection. For three staff there were no records to evidence that any form of supervision had been carried out since May 2016. For another staff member, supervision had not been received since June 2016 and one staff member had not received supervision since August 2016. The registered manager told us that supervisions had been carried out for staff during November 2016 but was unable to locate the records. We saw two records of appraisal for 2015/2016 for two staff members. The registered manager told us that appraisals for 2016/2017 would be carried out this year for all staff. Three staff we spoke to confirmed that they had received supervision in November 2016 and one staff told us the last supervision they had was mid-last year. Records did not show that supervisions and appraisals had been scheduled for this year.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they were supported and had no concerns about lack of support from management. One staff member told us, "She [registered manager] is very supportive" and another staff member told us, "The manager is approachable, she is very good."

During our last inspection the home was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's food and fluid intake was not being monitored when needed and any action that should be taken for people at risk of losing weight was also not recorded.

Two people received nutrition via a PEG (Percutaneous Endoscopic Gastrostomy) tube, which is when a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Both people had feeding regimes. One person's PEG feeding regime was available to staff within the Medicines Administration Record (MAR). However, one person's PEG feeding plan was not included in the MAR and not immediately accessible to staff. The manager located the feeding regime for this person in their care plan. The manager said that this person's plan would be included in the MAR to instruct nurses on feed and flushing volumes. Both people received appropriate flushing prior to feeding and after feeding. The fluid input and output for people with PEG tubes require careful and

accurate monitoring. The total quantities should be recorded at the end of each 24-hour period. We observed this was not being done at Devon House. Whilst fluid balance charts were evident and input was being recorded regularly, but there was no 24-hour total to reflect the overall input and to make sure the input feeding plan was being followed accurately. The registered manager told us that this would be addressed.

We found nutritional assessments had been completed for other people at the home, which included what type of food people liked. Some people had high cholesterol, weight issues and diabetes and we saw people's weight and food intake were being monitored. We found food was being monitored for these people and regular meals were being provided. People's weight had not been monitored on November 2015. The registered manager told us that this was because the weight machine had broken down. Records showed some people's weight had subsequently been monitored in December 2016 and January 2017. Two people's weight had not been monitored since October 2016, although these people were not at risk of malnourishment and records confirmed this. The registered manager told us this would be looked into and these people's weight would be monitored after the inspection. Records showed one person had a poor appetite and a food-fortifying plan was in place for the person. For people with diabetes, a diet plan was in place to ensure meals were sugar free and what staff should do if people had low blood sugar. A relative told us, "[Person] is overweight but [person] has lost some weight recently it is difficult as [person] is not mobile but I know they give [person] fresh food."

For one person at risk of choking, a referral had been made to the Speech and Language Therapist (SALT) and a swallowing safety guideline with swallowing strategies was in place, which included specific guidelines to support the person with and after meals. This included ensuring the person was fed slowly, was given smooth pureed food and the person was supported to brush their teeth after meals.

People told us that they enjoyed the food at the home and were well hydrated. One person told us, "I enjoy the food" and another person commented, "The food is lovely." A relative told us, "The food is really good" and another relative commented, "I think what they do best is the food, the chef is very nice and helpful."

Staff and the cook told us that choices were offered to people during meal times. The menu provided one choice during meal times. People, staff and the cook told us if people did not like what was on the menu, then they could request alternatives. A relative told us, "The chef is so good with [person] and [person] really likes him [cook]."

We observed that the kitchen was clean, tidy and cooked and uncooked meats were kept separately. There were food fortifying plans in the kitchen for specific people and also instructions on which food to avoid for people at risk of choking. We spoke to the cook who was able to tell us which people had specific diets and that specific meal plans were used to make people's food. The cook told us, for one person who was diabetic, "We have to be careful how much sugar [person] has and I give [person] lots of vegetables and salad." The kitchen had been awarded an environmental hygiene rating of five stars.

We carried out an observation during lunch time. People were not rushed and we saw some good interactions between people and staff who communicated with people and encouraged people to eat when required. We observed that food was placed within easy reach of people. Drinks were available and were offered to people. Staff asked if people had finished their drink and meals before removing them. People were offered an apron so not to get food on their clothes. There was a relaxed atmosphere during meal times and people were very complimentary of the cook and the meals.

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.

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 checked whether the service was working within the principles of the MCA.

During our last inspection the home was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that MCA assessments had not been completed in accordance with the MCA principles to determine if people had capacity to make decisions.

Training in MCA had been provided to staff. Most of the staff we spoke to were able to tell us the principles of the MCA. We found that improvements had been made with MCA forms. The MCA forms covered the elements of capacity. Best interest's decisions were being made for people that were unable to make a decision by themselves. Records showed family members had been included on the assessment when required but did not list, which family member had been involved. We fed this back to the registered manager, who informed that the name and relation would be included on the assessment.

We found applications had been made for DoLS for people who did not have capacity to make decisions on where to go and awareness of road safety when going outside therefore requiring supervision. This meant that people were being deprived of their liberty lawfully.

Staff told us that they asked for consent before providing care and support and people and relatives confirmed this. During the inspection we observed that staff asked for consent before doing anything.

Each staff file that we looked at contained records confirming that each staff member had received an induction prior to starting work.

During this inspection we found, the service had systems in place to keep track of which training staff had completed and future training needs. Staff told us that they were able to request training and found the training they had completed helpful. Training had been provided in mental capacity, safeguarding, moving and handling, positive behaviour and first aid. There was also specialist training in epilepsy and diabetes. The registered manager had requested further face-to-face training for workers in respect of challenging behaviour that specialised in neuro-disabilities to supplement the online training for positive behaviour.

People had access to healthcare professionals they needed at the right time. This was affirmed by relatives and people we spoke to. Records showed that people had been referred to healthcare professionals such as the GP, SALT, opticians and nurses. Staff confirmed people had access to healthcare professionals particularly if they were unwell. They gave us examples of where they were able to identify if people were not well such as a change in personality, lack of eating or just sleeping and what they would do if people were not feeling well such as report to the nurse, GP or call emergency service's if needed.

Is the service caring?

Our findings

People told us they were happy with the care they received. A person told us, "The staff are very caring, I can talk to the staff." A relative commented, "The staff are generally kind and caring" and another relative told us, "There are staff that really care." We observed staff were kind, polite and asked if people were comfortable and if they were feeling well. We observed a person was given a blanket which had a print of a football team and although the person could not verbalise, the staff member talked about the football team with the person and engaged well with the person offering comfort by holding the person's hands, which made the person smile.

We observed there was a happy and relaxed atmosphere in the home. Staff had good knowledge of how people preferred to be supported and there were detailed support plans in place detailing how people should be supported and cared for.

Staff told us how important it was to build relationships with people and respect their privacy and dignity. They told us that they would always knock on a person's door and call out to them before entering their bedroom and we saw them do this during our inspection. We observed that although people's doors were open during the inspection, people were able to close them if they preferred. Staff also told us how important it was to encourage people to maintain a good level of personal hygiene and would encourage and assist them with personal care when required. They told us how they would close a person's bedroom curtains before supporting them with personal care to protect their dignity or ensure the toilet door was closed when people were using it. We did not observe any specific support or care being provided that may have impacted on a person's dignity during the inspection.

Staff told us that they encouraged people to be independent but only if people were comfortable. One person told us that they were looking forward to moving to an assisted living placement and staff were supporting the person to become independent. We observed people were able to move around independently throughout the home and people on wheelchairs were able to use the lifts by themselves to go to the upper floor.

Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against their race, gender, age and sexuality and all people were treated equally.

Care plans listed how to communicate with people and people's ability to communicate. For example, one person's plan detailed that a person's answer to a question may not be accurate and for staff to repeat the question to get an accurate response and in another person's care plan, the plan noted that a person had limitations but was able to respond to closed questions.

Is the service responsive?

Our findings

During our last inspection the home was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Most people and relatives told us that activities were not taking place and we were unable to find records that evidenced activities were taking place.

During this inspection we saw that there was an activities notice board that showed people had a barbeque in the garden and did arts activities. A person told us, "When it was my birthday the staff organised a birthday party in the garden, my friends and family came." There was an activities planner on the notice board, which listed the activities that had been planned for each day. We observed that staff participated in activities with people and people were able to go outside to the local shops. Staff told us that a person went to the mosque every Friday to pray.

We conducted a Short Observational Framework (SOFI) at 3pm. A SOFI is a way of observing people and their interactions when they may not be able to tell us themselves. We saw that people were supervised at all times and if people required support then staff provided support promptly. We observed that one staff member was playing an interactive game with a person. We saw another staff member encouraging a person to participate in an activity, the person declined and this was respected. Another staff member came a while later and again gently encouraged the person to participate in an activity, the person then engaged and participated in the activity. A person who may demonstrate behaviours that challenged sat next to a person and although staff did not intervene they were very vigilant to ensure the interaction between the two people was safe and supervised.

Although some activities were taking place, records did not show if these activities were taking place regularly and if people were going out regularly. During this inspection people and relatives told us that people did not participate in activities regularly. Comments from people included, "I do not go out often, I would like to go shopping, I haven't been shopping to a shopping centre since I have been here" and "I want to go out more." Comments from relatives included, "There are not enough activities for [person], [person] would like to go out more", "The activities are terrible it used to be slightly better but it is terrible", "I have requested for [person] to go to a day care centre but nothing has happened." Staff and the registered manager told us that people participated in activities regularly and were able to tell us what people liked and disliked. Each person had an activities planner that listed what they liked. However, each person's daily notes did not detail if they had participated in these activities therefore, there was no evidence to demonstrate that these activities were taking place especially when people and relatives told us that people were not participating in activities regularly.

The home had a garden that had a ramp for people using wheel chairs. However, although people using wheelchairs had access to the garden, the garden was not paved and therefore people using wheelchairs were unable to fully access the garden. Records showed comments from a recent survey that included, "Need to get back garden done (paved) and make use of it, need garden furniture to sit on" and one relative we spoke to told us, "The garden needs to be adapted for the wheelchair users as there is not enough pavement." The registered manager told us that she had received quotes to make the garden fully

accessible, however, nothing had materialised.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that all care plans had been reviewed since the last inspection and the format had been changed to make the plans more succinct and personalised. People's care plans were divided into areas which included, eating and drinking, personal care, mobility, decision-making, communication and social preferences. Care plans were personalised and person centred to people's needs and preferences. All the care plans we looked at had been completed in full. In one person's care plan the information included the person had registered for online dating and staff were to be vigilant to ensure the person was not vulnerable to abuse. In another person's care plan the information included a person going to the local shops to buy a newspaper and soft drinks. These plans provided staff with information so they could respond to people positively and in accordance with their needs. A relative told us, "Last night they [staff] rang me so that I could say goodnight, yes, I am very pleased with it there [Devon House]."

Each person had a personal profile, which included personal details such as family members, health conditions, safety, social interaction, hobbies, support needs and capacity. There was also a sensory profile that detailed people's ability in sight, smell and hearing. There was a 'What would you like the staff team to know about you in order to make you feel comfortable, cared for and enabled' section, which listed important information on people's behaviour or support needs that staff should be aware of. There was a 'life story sketch', which summarised people's needs and preferences throughout the day and how they liked to be supported during the day and their preferences with meals and snacks. There was a 'My life before you knew me section', that detailed information on people's upbringing and background.

There was a daily log sheet and communication book, which recorded information about people's daily routines such as behaviours and the support provided by staff. We could not find one person's daily records for nine continuous days. The registered manager told us that the staff may have misplaced this and would raise the issue with staff members and at staff meetings to ensure this was not repeated.

There was a key worker system in place. A key worker is a staff member who monitors the support needs and progress of a person they had been assigned to support. The review meetings with the key worker included important details such as people's current circumstance, behaviours, concerns and if there were any issues that needed addressing. People and staff told us that people were involved in care planning and reviews. One relative told us, "I have a case manager [key worker] who is very good and very involved."

No complaints had been received about the home since the last inspection. There was a complaint policy in place, which detailed how people could complaint and the action the home would take to respond to the complaints. When we spoke to the staff on how they would manage complaints, they told us that they would record the complaint and inform the manager.

We saw one compliment had been received from a relative. The comment included, "I would like to say how nice it is now at Devon House since [registered manager] became manager. The house seems calmer; the staff happy, the residents themselves seems to be happier."

Is the service well-led?

Our findings

During the last inspection the home was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found quality assurance systems were not in place such as auditing care plans and risk assessments and obtaining feedback of people, relatives and staff through surveys.

During this inspection, we found that improvements had been made. Quality assurance systems were in place. Medicine audits were being carried out to ensure medicines were being managed safely. Audits were also being carried out on people's care plans and risk assessments and appropriate actions taken when needed. Health and safety checks were carried out to ensure people were safe from potential hazards. These audits included checking slings, window restrictors, calling systems and wheel chairs. Monthly checks were also carried out on infection control and fire safety. Monthly out of hours spot checks were being carried out by the registered manager that included observing staff, staffing levels, responsibilities of staff and hygiene. Audit was also carried out by senior management recently and the registered manager told us that they were waiting for the report to be sent.

The service had a quality monitoring system which included questionnaires for people and staff. We saw the results of the questionnaires for staff, which was very positive. Topics included training, leadership and support. Records showed that results of the surveys were analysed. The results of the survey for people were generally positive. The surveys covered safety, staffing, food and leadership. Comments from people included, "It is a nice place to live, nice staff" and "I am safe and well and looked after." Some concerns were raised in regards to activities and making the garden accessible. However although the results of the survey was analysed, we did not see records that showed an action plan to act on the feedback that was identified as a result of the survey.

The service had been requires improvement overall at the last two inspection. We found that improvements had been made with medicines, risk assessments, nutrition and mental capacity since the last inspection. The concerns at our last inspection with activities and supervisions had not been addressed in full.

There were concerns with record keeping as we found that daily records were not being completed in full and staff supervision records could not be located. Furthermore, the registered manager was unable to locate one person's daily notes covering nine days. The registered manager acknowledged that record-keeping was a concern and this had been identified during a recent audit by senior management and told us that training had been requested on recording information for staff. After the inspection the registered manager told us that an administrator had been recruited that would be responsible for storing records.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us the culture within the home was like a family and was open, caring, transparent and that they enjoyed working at the home. The interaction between staff and the registered manager was professional

and respectful. One staff member told us, "I enjoy talking to the client, they are amazing." Another staff member commented, "Atmosphere is good, I feel at home." Staff told us that the registered manager was approachable and they had no concerns regarding the management of the service. One staff member told us, "If I have any problems, I can talk to her [registered manager]" and another staff member commented, "Manager is approachable and helpful."

People and relatives spoke positively about the management of the home. One person commented, "I feel safe to go to the manager, who is lovely" and another person told us, "I like the manager, she says hello." Comments from relatives included, "[Person] is happy there it is better than the last place", "The manager is good and we can approach her if there is a problem", "[Person] is supposed to be moving to a place of assisted-living I am trying to refuse the new place as I think she is better off where she is", "I am pleased that [person] is finally settled and seems happy" and "The manager is very good." We observed that interaction between the registered manager and people was friendly and caring.

The registered manager had a thorough knowledge of each person clinically, socially and psychologically and engaged in hands-on delivery of care when required. We observed her assisting a person to use the commode. We observed the registered manager was skilled in de-escalation, as demonstrated throughout the day when several people were displaying challenging behaviour that may have challenged the service.

Residents meetings took place and records showed residents were able to discuss and provide their thoughts on activities and food. A staff meeting was held in January 2017. Topics discussed included responsibilities, activities and punctuality.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People's preferences for activities were not being held regularly to cater for their emotional and social needs. Regulation 9(3)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The registered provider had not ensured that all staff received appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The service provider was not maintaining securely an accurate and complete record in respect of the person receiving personal care and was not maintaining securely such other records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity.</p> <p>The service provider was not acting on feedback from relevant person's and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <p>Regulation 17(1)(2)(c)(d)(e)</p>

The enforcement action we took:

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