

Mr & Mrs B Clarke and Mrs C Mills

The Devonshire Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 13 and 14 November 2018, the first day was unannounced.

The Devonshire Nursing Home 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 home is registered to provide nursing and personal care and accommodation for up to 42 older people and people with physical disabilities. At the time of the inspection there were 31 people living at the home. Some people had complex health care needs and required nursing care and support, including end of life care. Other people needed support with personal care and assistance moving around the home due to frailty or medical conditions, such as a stroke and, some people were living with dementia.

The registered manager was present during the inspection. 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.

At our last inspection in February and March 2016 we rated the service as good. Although we had asked the provider to make improvements in relation to safe moving and handling; to ensure staff followed current guidelines when assisting people to move around the home. At this inspection we found these improvements had been made and the evidence continued to support the rating of Good.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

An effective quality assurance and monitoring system was used to identify areas where improvements were needed and appropriate action had been taken to address them. For example, audits of the care plans showed that they had not consistently been reviewed each month. The registered manager and nurses had introduced 'resident of the day', so that all aspects of the person's care and support provided was reviewed and updated as required.

People discussed and agreed the care provided with staff, who had a good understanding of people's needs, preferences and choices. Risk had been assessed and people were supported to be as independent as possible in a safe way. The activities were varied and agreed with people through regular discussions, feedback surveys and resident's meetings.

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

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Systems had been developed to support people with sensory loss and staff assisted people to use glasses and hearing aids.

People said the food was very good; they were offered choices for each meal and staff provided assistance when required. Relatives and visitors were made to feel very welcome and people were supported to keep in touch with them.

People, their relatives, staff and professionals said the registered manager was very good, and felt the service was well-led. Feedback was sought to improve the quality of the service and residents meetings and surveys encouraged people and relatives to put forward suggestions for improvements.

Further information is in the detailed findings below.

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 had improved to good.

Risk to people had been assessed, staff supported people to be independent and used appropriate moving and handling to assist people to move around the home safely.

Staff had attended safeguarding training, they understood how to protect people from harm and when to inform the local authority.

There were enough staff working in the home to provide the support people needed and robust recruitment practices ensured only suitable staff were employed.

Medicines were administered safely and regular audits ensured records were completed correctly.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

The Devonshire Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the 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.'

This inspection took place on the 13 and 14 November 2018 and the first day was unannounced. The inspection team consisted of two 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.

Before the inspection we looked at the information we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager, about events that occurred at the service. We also reviewed the information sent in by the provider and registered manager in the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service; such as what they do well and any improvements they plan to make.

We spoke with 11 people, six relatives and 12 staff; including the registered manager, deputy manager, nurses, care staff, cook, activity staff, maintenance staff and housekeeping staff and one health professional.

We reviewed records, including four care plans, the provider's internal checks and audits, three staff files, medicine records and accidents and incidents.

We asked the registered manager to send us minutes from residents, staff and management meetings, the training plan and policies and procedures. These were sent promptly following the inspection.

Is the service safe?

Our findings

At our inspection in October 2017 this key question was rated Requires Improvement as improvements were needed to ensure staff followed current guidelines when assisting people to move around the home using walking aids. This inspection found that improvements had been made and the rating had improved to Good.

Risks to people were well managed. People were supported to be as independent as possible and when required staff assisted them to move around the home safely. For example, people were reminded to use their walking aid to walk around the lounge and staff guided them to sit down safely in the armchairs and at the dining table. People who were unable to stand on their own were assisted by staff to transfer from wheelchairs to armchairs using hoists. This ensured they were safe and could spend time in the lounges and join in activities if they wanted to. One person said, "Yes I need help to go to the lounge and they are so nice about it and look after me." Records showed that staff had completed moving and handling training and they talked about people's individual needs and how they supported them to make choices and be safe. Risk assessments were specific to each person's needs, they included risk of falls, nutritional needs and waterlow to identify if people were at risk of pressure sores. Pressure relieving mattresses and cushions were provided to reduce this risk. Records showed these were checked daily to ensure they were at the correct setting, based on each person's weight, those we looked at were correct.

People told us they felt safe at the home. One person said, "They are very caring and look after me well, I do feel safe living here and everything makes me say that." Relatives were equally positive and one told us, "Absolutely safe, I love this place, they are so good to her, and I would go to Matron or her assistant, always checking that we are happy with her care." Staff were trained in safeguarding and were clear about the action they would take if they thought someone was at risk of harm. One member of staff said, "I would stop whatever was happening and report it to the matron or nurse, wouldn't matter what it was or who it involved including staff. But I haven't needed to do that." Safeguarding procedures were displayed on the office notice board for staff to refer to if they had any concerns. This included information about whistleblowing and how to raise concerns about care. Staff knew they were there and pointed them out during our conversations.

Medicines were managed safely. People received their medicines as prescribed and policies and procedures were available for staff to follow and refer to. People said they were given their medicines when they needed them, "The medicines are always on time", "I know what they are" and "They tell me what they are for so I know what I am taking." Medicine administration records (MARs) contained information about each person, including allergies and a photograph, and staff signed these only after medicines had been taken. There was guidance for staff to follow for medicines prescribed 'as required' (PRN), such as paracetamol for pain relief and staff asked people if they were comfortable and offered PRN medicines. Medicines were stored safely in locked trolleys and cupboards and weekly checks ensured the MAR had been completed and there were sufficient medicines available. Creams and ointments were kept in people's rooms, they were applied as needed by care staff and records showed these were used as prescribed. The MAR and records were checked daily to ensure they were completed correctly.

There were enough staff working in the home to provide the support and care people needed. People told us, "Yes there are enough staff and they come when I ring" and "Yes they spend time with me, I think there are enough of them." A relative said, "They answer the call bell as quickly as possible." Staff also told us there were enough staff working in the home. One member of staff said, "Yes there are enough of us, we have time to talk to residents, we don't need to rush and I think if we thought we needed more the matron would sort it out."

Robust recruitment procedures ensured only suitable staff worked in the home. Relevant checks had been completed and staff files included application forms, two references, interview records and evidence of their residence in the UK. A Disclosure and Barring System (Police) check, which identify if prospective staff have a criminal record or were barred from working with children or adults, had been completed for all staff. Staff told us these had been completed before they started work at the home, "To keep residents safe."

The home was clean, tidy, well maintained and there was ongoing repair and replacement as required. Environmental risk assessments were completed to ensure people, visitors and staff were safe and records showed relevant checks had been completed. For example, call bells and people's personal electrical equipment. The fire alarm was checked weekly. People told us about this and said it made them feel safe. One person told us, "Regular fire testing, my possessions are safe, everything is well maintained." Staff said they had attended fire safety training, records supported this and personal emergency evacuation plans (PEEPs) had been completed for staff to refer to if they had to assist people to leave the building safely.

Staff had attended infection control training and used protective personal equipment (PPE) when needed, such as gloves and aprons. Hand washing and hand sanitising facilities were available throughout the home. Laundry facilities had equipment that was suitable to clean soiled washing and keep people safe from the risk of infection.

Accidents and incident were recorded and staff said they discussed these to identify a cause and make changes to prevent a re-occurrence. The registered manager audited these records monthly to look for trends or areas where improvements could be made to reduce risk. This showed that staff learnt from accidents and incidents and action was taken to reduce risk.

Is the service effective?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People's needs were assessed, support was provided in line with current guidance and staff had a clear understanding of people's rights to appropriate care irrespective of their age, sex or disability. People told us staff had the skills and knowledge to look after them. They said, "Yes the staff have the qualifications to look after me, they know me very well" and "Yes I definitely think the staff have the skills to look after me. I am usually in bed; I need help to get up." People told us the food was very good, choices were offered and staff supported them to have a good diet. Staff said they enjoyed working at the home and were expected to keep up to date with their practice.

People were encouraged and supported to have a nutritious diet. People said they chose what they wanted to eat from at least two choices and could change their mind and have something different if they wanted to. People sat in the lounges, using the dining tables or armchairs, or if they preferred they remained in their bedroom. Staff said it was their decision and people agreed they decided where they had their meals. One person told us, "I am fussy with my food so it can be tricky. They have cooked me something separate, yes snacks in-between, I get enough to eat." A relative said, "Food is very good and they have adapted it for her." The cook had an excellent understanding of people's dietary needs, their likes and dislikes and offered meals based on their preferences and feedback from surveys and resident's meetings. Specific diets were catered for, including soft and pureed meals, depending on people's individual needs and staff supported people with their food and drink when required. People said they could have snacks or a drink at any time and their relatives had joined them for meals and parties, "Which was very nice." Relatives said the meals were very good and they were invited to join their family members at parties, which were arranged to celebrate different festivals. These included Easter, Halloween, Remembrance Day as well as people's birthdays. At the time of the inspection the cook had made a birthday cake for one person, people and staff sung happy birthday and the person enjoyed sharing their cake with other people and relatives. Records were kept of how much people ate and drank; people were weighed regularly and appropriate health professionals were contacted, if staff had any concerns with a person's diet, such as the GP or dietician

People were supported by staff who had the skills and knowledge to understand their needs and offer assistance as required. The provider information return (PIR) stated that there was regular training and supervision, to ensure that 'staff delivered care based on factual knowledge'. Staff told us there was regular training and they were kept up to date with refresher training when needed. The training included infection control, food hygiene, health and safety, first aid, pressure area care, record keeping, nutrition and hydration, long term health conditions and equality and diversity. Staff were aware of people's rights, irrespective of their age, race or disability, they offered support accordingly and were confident that people's preferences and rights were protected. One member of staff told us, "We all have the same rights, just because residents live in care doesn't mean these change." There was a supervision and appraisal plan to ensure staff had regular supervision and appraisal and there were regular staff meetings to keep staff up-to-date and discuss issues within the service.

Staff were aware of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and had completed the training. The 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 people 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Staff knew how to make referrals to the local authority if required, although they had not made any referrals for people at the time of the inspection.

New staff were required to complete induction training. The Provider Information Return (PIR) stated this lasted as long as needed for each member of staff. New staff were supernumery and were not counted in the staffing numbers. They worked with more experienced staff and completed the induction programme, which is in line with the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. Most of the care staff were working towards or had completed a national vocational qualification. There was very low turnover of staff at The Devonshire Nursing Home, some staff had worked there for over 20 years and the registered manager and cook had worked there for over 30 years. A new member of staff said, "They are all really good, the matron and deputy said they are always available if I have any questions, but all the staff have been very good and I think we all work really well together as a team."

People were supported to be as healthy as possible and received healthcare assistance from professionals when they needed it. People told us, "Yes health professionals are arranged, I see a chiropodist on a regular basis", "Yes a doctor is arranged" and "Doctor, dentist and chiropodist all arranged, I have seen the dentist here recently." Records were kept of the visits; if there were any changes to people's support needs this was recorded in their care plan and the guidance for staff to follow was reviewed and updated.

People's individual needs had been met by adaptations to the home and equipment was provided to ensure they were as independent as possible. The Devonshire Nursing Home is two buildings that have been adapted and connected through a corridor on the ground floor. People could access their rooms and communal areas, using the lift or stair lift and there were slopes and ramps which enabled people to use the gardens. The building is a listed building, which means it is protected from alterations to the external and internal structures and any applications for changes must be agreed with the local council's planning department. Consequently, the home retains many of the original features, including fire places, wood panelling and open staircases and any potential changes may be limited. Such as updating the call bell system or extending the building. Although people said they liked the original features and had no concerns about limitations on modernising the home. One person said, "I like it as it is, homely and cosy. I don't think they need to make any changes. I wouldn't like a modern home."

Is the service caring?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People were supported by staff who had a good understanding of their needs and provided assistance in a kind and caring way. People told us, "Yes kind here, all of the staff, I think they do treat me with dignity and respect, I am blessed to be here, it is my home", "Staff are all kind, caring and patient and yes very respectful" and "Definitely the staff are caring, very respectful, I feel friends with them." Relatives were equally positive, "Staff are lovely, never seen or heard anything I would object to, very patient, they spend as much time as they can with her and definitely treated with dignity and respect" and "Yes the staff are very kind and caring, absolutely treated with dignity."

Conversations between people, staff, relatives and visitors were friendly and relaxed; there was laughter with jokes shared and they clearly knew each other very well. Staff demonstrated a good understanding of each person's needs, which were discussed at the handover at the beginning of each shift and recorded in their care plans. People said they had seen their care plans and could be involved in the reviews if they wanted. People told us, "Yes I have got a care plan, very caring environment here; you can feel it in the building", "They talk to me if anything changes in my care yes" and "My wife deals with the paperwork and that sort of thing."

We saw staff encouraged people to make decisions and promoted their independence; by asking them where they wanted to spend their time and assisting them to so if necessary. People told us, "You can have a bath or shower when you want", "I can bath/shower every day if I want to, not bothered whether I have a male/female carer" and "Lovely atmosphere, it is great, everybody is friendly and caring from cleaners, chefs all the way through, always treated with dignity and respect yes." Relatives said, "Yes staff are kind, caring and patient with a lot of humour, definitely treat her with dignity and respect which is not always easy", "The enthusiasm and encouragement is very nice to see, I have seen a big improvement in him since he came here", "Very happy with the care, the whole package makes him safe" and "I think they understand Mum better than I do sometimes."

Staff had a good understanding of equality and diversity. They provided personalised support that reflected people's needs, choices, preferences and respected people's rights and beliefs. Staff told us, "We respect each resident's choices and decisions, if they are unable to make decisions we would have had best interest meeting and relatives would be more involved" and "This is their home and we are lucky enough to work here so they can have be best life." People said staff responded quickly if they needed someone to talk to or assistance. One person told us, "They are all excellent, couldn't ask for anything better. I am really well cared for by them all."

Relatives said they could visit at any time and were always made to feel very welcome. They were told we were doing an inspection and were happy to talk to use about the support and care provided. Relatives said, "I come most days and I always feel very comfortable here, they are like family, which is very nice" and "They make me feel very welcome and look after residents so well." People knew we were doing an inspection, we

walked around the home with the registered manager who introduced us and explained what the inspection was. People said, "I am very happy here", "I choose my clothes from a limited choice, the laundry service works well, and I am gradually getting my room as I want it", "Visitors and family are encouraged and made welcome; yes it is a caring environment here" and "I very much like my room and visitors made very welcome with a tray of drinks, they know my family well now, my son brings them Donuts."

A visiting professional said, "If I had to find a home for a relative this would be the place I would suggest, It is really lovely here, always something going on for the residents." Advocates were available to support people if they had no relatives or representatives and information was available in the office for staff to contact them with the agreement of the person concerned. They said this service was not needed at the time of the inspection.

Records were kept secure and staff were aware of the General Data Protection Regulation (GDPR) which came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. Care plans and other records were stored in a locked trolley near the staff room.

Is the service responsive?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

People received care and support that was responsive to their needs by staff who had the necessary skills and a good understanding of each person's preferences and choices. People told us, "Superb quality of care here, I am very happy here", "The quality of care I get here is excellent; if I had a worry they would always help me", "Yes happy here, no worries at all", "Excellent care here, no complaints at all" and "I am getting good quality care here; yes it has a homely atmosphere." Relatives were equally positive and said, "The atmosphere is comfortable, relaxed and very homely", "Yes he gets the care he deserves and expects" and "Yes she gets the service and care that she expects here, never had to complain about anything."

People and relatives spoke very highly of the activities and the activity co-ordinator. People, relatives and staff had written separately to the National Activity Providers Association (NAPA) to explain the activities provided at the home and how good they were. They were clearly delighted she had won the award for the Best Activity Coordinator for 2018. One person said, "It was our way of showing our appreciation for what she does." Relatives told us, "She is amazing with everything she arranges to include outside trips which relatives can go on; this encourages normality and normal activities", "She is excellent and guides Mum to be included in activities" and "There is very little which is not possible, she is amazing, she has won a National Award." The level of activities available to people and relatives was commendable.

The activity co-ordinator arranged activities that were planned around what people wanted to do, with regular feedback sought after an activity had been provided and through activity surveys and residents meetings. Internal activities included singing, card making for Christmas, lunch out, gentle movement to music, chocolate tasting, pet pals, chair yoga and visits from Bourne Choir and local school and nursery. Staff said they were planning the pantomime for Christmas and there would also be carol singing with local schools. Although people were not restricted to activities provided in the home, additional requests were placed on the wish tree and staff supported people to do these. For example, one person wanted to go to a restaurant for a meal and they were supported to have the meal with relatives. Another person wanted to go to a show at a local theatre. The trip to the theatre was planned for when the refurbishment at the theatre had been completed and it was open. People were kept up to date with what was happening in the home through the newsletter called the 'Weekly Sparkle'. This reminded people of historical occurrences and current celebrations, such as birthdays, as well as any changes in the home, including new staff. These were given to each person and displayed in the entrance area. During the inspection the activity co-ordinator was on holiday and had arranged activities and volunteers to ensure they continued. People told us the chiropodist and hairdresser were visiting them the first day and volunteers spent time with people on a one to one basis. On the second day an external entertainer sang songs in the large lounge, which people enjoyed and they sang along with songs they knew.

People told us, "I enjoy chatting to other men here. I like making things with timber, it is a developing project", "Occasionally I do activities, I quite enjoy the singing, and I keep occupied", "I enjoy the activities. I do go to the lounge" and "I do some activities, we have lunches, open days and we had a wonderful day for

my birthday." Relatives said, "She enjoys singing, quizzes and music" and "Oh yes he goes down often for the activities, he enjoys them, the vicar will always visit and give us communion together." One relative told us the summer fete had been very good and most people living at the home had spent at least some time in the garden joining in as much as possible.

People continued to support Gertrude, the grandma they sponsored in Uganda through the Quicken Trust and, they used money raised at the summer fete to do this. The activity co-ordinator continually looked for additional activities that people might want to do. A pen pal system had recently been set up and they had received two letters from people living in care homes in America. A map of the world had been attached to the wall in the main corridor and people could see where the pen pals lived as these had been highlighted. Staff said this had only just started and they would be discussing this with people at the next residents meeting.

Photographs captured the activities and these were displayed along the corridor. In addition, a home screen, placed in the entrance area, enabled people to view them through a continuous display of photographs. If people chose not to participate staff kept them informed and when possible showed them what had been arranged. For example, all staff dressed up for the Halloween party and they showed their costumes to people in their own rooms. One member of staff said, "They are part of our family community here and we think they should know what is going on in their home, even if they don't want to join the party." People told us they knew when parties and activities were planned and staff respected their choices if they preferred to remain in their room. They said, "I don't do any activities, I sit and look out of the window and read until my husband comes, I love nature", "I watch TV a lot, I like watching snooker and quizzes, I don't get lonely" and "I am quite happy doing my beading and listening to a story on my tablet. I am happy with my own activities, the ones offered are brilliant if you want them."

People had been involved in discussions about their needs, with their relatives if appropriate, before they moved into the home. Staff said this was to ensure people's individual needs could be met. One person said they had spoken to the registered manager with their relative and they had decided together that, "The home was the best place for me at the moment." The information from the assessments was used as the basis for the care plans; which were developed and reviewed regularly with people and/or relatives to ensure they received the support they needed. We found clear information about people's social, medical and spiritual history; including their likes and dislikes, hobbies and interests and details of people and places important to them, in the care plans we looked at. Staff spoke knowledgeably about each person's life before they moved into the home and how they supported them to continue to enjoy their interests and hobbies as much as possible. One member of staff told us, "We have a keyworker system, it is being reviewed now, but it means we get to know residents very well and their families. If they need anything we can go shopping for them or tell their relatives and they bring it in." Another member of staff said, "We get to know all of the residents very well, we work in each part of the home so we know how much support and care residents need, what they like to do and also what they prefer not to do. It also means they get to know us very well. It means we are like a family, residents, relatives and us working together." This enabled staff to deliver highly effective person-centred care.

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff had completed AIS training and discussed how they supported people with sensory loss to use their aids, such as glasses and hearing aids, so they could see when reading or doing activities and hear when they spoke to each other, relatives and staff. One person had different communication needs and staff had developed pictures for them to point out what they

wanted. Each area of support and guidance for staff were recorded in the care plans and were easily accessible if people needed to attend external appointments.

A complaints procedure was in place; a copy was displayed on the notice board near the entrance to the home, and given to people and their relatives. There had been no complaints in the last year and comments from people and relatives clearly stated they had no complaints. One person said, "I know all the staff and have never had anything to complain about. Relatives told us, "No never had to make a complaint" and "No never had to complain about anything." There were many thank you cards with complementary comments about the care and support staff provided. These were also displayed on the notice board near the entrance for staff and people to see.

Staff had completed training to support people when their health needs changed and they needed end of life care. People's personal preferences were recorded in their care plan, these included do not resuscitate forms (DNAR) and people told us they had agreed and signed these.

Is the service well-led?

Our findings

At our last inspection this key question was rated Good and this inspection found it remained Good.

An effective quality assurance system monitored and reviewed all of the systems and facilities in the home, to drive forward improvements, so that staff continued to provide the care and support people wanted and needed. Audits were used to assess all areas, including medication, care plans, accidents and incidents, activities, meals and health and safety. Staff said they knew the matron and senior staff did regular audits. One member of staff told us the audits, "Make sure everything is done properly and residents have the care they need." Another member of staff said, "There needs to be systems in place to monitor what we do so that we know the residents are being looked after how they would want."

When audits found areas where improvements were needed action had been taken to make sure these were made. For example, the care plan audit had identified that care plans had not been consistently reviewed when people's needs had changed or monthly as required. Because staff had a very good understanding of each person's needs there was no impact on the care provided. However, senior staff felt there should be a more effective system in place to make sure the care plans were updated as required. They had looked at the care provided, staff responsibilities and also the staff rota to see when nurses, who reviewed the care plans, worked at the home to see how the care plans could be allocated. To improve the care planning records a 'resident of the day' was introduced, after discussions with people, their relatives and staff. This meant each aspect of the care and support provided for one person would be reviewed and updated as required on one day a month, so that all the records reflected their specific individual needs and how these could be met. This included conversations with the person and their relative if appropriate and their keyworker to talk about personal care and support. The cook discussed their food preferences and dietary needs and maintenance staff checked their bedroom to make sure electrical equipment was safe to use. Such as the profile bed, which are electrical, with a mattress that can be moved to support people to sit up or lid down comfortably. People said they thought the resident of the day was an excellent idea and they had asked for a poster with 'Resident of the day' written on it to be attached to the person's bedroom door when it was their turn. This had been suggested by people living in the home and each person knew whose day it was and had enjoyed theirs or were looking forward to it being their turn.

The philosophy of care at The Devonshire Nursing Home remains one of working together and meeting people's individual needs. Through discussions with people and their relatives so that the care and support provided is agreed and is clearly what people want and need. People said they were involved in decisions about the care they received and in developing the services provided. One person said, "Yes I have a care plan that we talk about and agree and they always ask me and everyone else if we are comfortable and is there anything I need. Can't get much better than that. I don't think so anyway." A relative told us they discussed their family members care with staff every time they visited them, they had read the care plan and agreed with the support provided. They said, "The staff are so good, I can't think of any way to improve what they do. I have no worries and quite happy for her to stay here."

People, relatives and staff said the registered manager had an open-door policy and was available to talk to

at any time. People said they knew the registered manager and told us, "Yes I know the Matron, she has been good to me", "I do know who the Matron is, yes she comes to see me very regularly" and "Yes I know the Matron, she turns up by my bed, very hands on, doesn't just sit in her office, she is a very nice person." Relatives said the registered manager was easy to talk to and ensured that their family members were looked after. They told us, "Yes the Matron is very approachable, she always talks to Mum as does her deputy", "Oh I do indeed know the Matron; the atmosphere is comfortable, relaxed and very homely" and "Yes the matron talks to us and we had a recent review with her deputy."

There were regular three-monthly resident's meetings, which were advertised and involved the people who attended the meeting as well as those who did not but wish to but wanted their comments heard. From the minutes it was clear they discussed the previous meeting, what had been requested and feedback about these. Positive comments were recorded in one of the minutes for the bowling trip and a trip to a restaurant for a pizza, that people had requested at the previous meeting. People talked about the food, laundry, future wishes, activities and general issues, such as the repairs to the rear paving when the weather improves. People told us, "No I haven't been to a residents meeting but I always get the minutes", "No not been to a residents meeting, I have had brief chats with the Matron" and "Yes I have been to the resident's meetings, I like to know what is going on and see what other residents think."

There were clear lines of accountability and staff were aware of their colleagues and their own roles and responsibilities. Staff said they enjoyed working at the home and were fully supported by the management, including the registered manager, deputy and the provider. They were encouraged to put forward suggestions for improvements and could discuss these or any concerns during their supervision or the team meetings. There were regular team meetings for each group of staff in the home, such as domestic staff, kitchen staff, nurses and care staff. From the minutes of the meetings it was clear they discussed any issues around their practice. For example, domestic staff said they did not have time to complete all the tasks they were given and their manager agreed they would talk to the registered manager about additional hours to cover these areas.

The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to, it requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong. Notifications had been submitted to CQC about events or incidents they are required by law to tell us about.