

Devonshire House Care Limited

Devonshire House

Inspection report

The Green
West Auckland
Bishop Auckland
County Durham
DL14 9HW

Tel: 01388833795

Date of inspection visit:
12 January 2021

Date of publication:
01 February 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Devonshire House is a residential care home that provides accommodation and personal care for up to 25 people. On the day of our visit there were 21 people using the service, some of whom were living with dementia.

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

At our last inspection we made two recommendations in respect of medicines. At this inspection the provider had implemented all of the recommended actions, made suitable improvements, and the management of medicines was safe.

People said they felt safe and well cared for. People were safeguarded from abuse and staff understood their safeguarding responsibilities. Comprehensive and personalised care plans and risk assessments were in place. Staff were suitably trained and there were enough staff to meet people's needs.

The management team was approachable and supportive. The provider had clear and effective management systems in place. Audits were undertaken regularly, and the audits effectively identified areas for improvement. Action plans were created, implemented and reviewed to support continuous improvement.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 4 September 2019). Two recommendations were made in respect of medicines.

Why we inspected

As part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice was safe and the service was compliant with IPC measures.

Additionally, we undertook this inspection to check the provider had made the necessary improvements to meet the recommendations. This was a focused inspection looking at the IPC practices the provider had in place and the key questions safe and well-led based on the previous rating.

The ratings from the previous comprehensive inspection for those key questions not looked at on this

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

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

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Devonshire House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

Devonshire House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

We gave 24 hours' notice of the inspection to allow the care home and us to manage the risks associated with COVID-19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Durham local authority and County Durham Infection Control team.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the deputy manager, the infection control lead, a cook and three care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional documents and policies to be sent electronically.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider consider reviewing the guidance for 'when required' medicines to ensure they were accurate and person centred. We also recommended the provider consider reviewing the guidance and records kept for topical preparations. The provider had made improvements.

- Where people were prescribed medicines they only needed to take occasionally, there was comprehensive guidance for staff to follow. Records clearly detailed when and how such medicines should be administered. The provider recorded whether the medicines were effective, and the provider regularly reviewed the use of such medicines.
- Medicines were stored securely and managed safely. Medicines that required stricter controls by law were stored in a separate locked cupboard. Some medicines, such as topical creams and lotions, were only effective for a specific period once opened. The date of opening was clearly recorded on these medicines.
- Medicines were administered safely. Medicines were administered by staff who had appropriate training.
- Records demonstrated people received their medications in line with their individual prescriptions. Body maps were completed for topical creams and lotions making it clear where people needed these medicines to be applied.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff understood and were aware of their safeguarding responsibilities. Staff knew what to look for and what to do if they had any concerns. Staff were confident if they raised any concerns they would be dealt with appropriately.
- People said they felt safe and well cared for. One person told us, "I'm quite happy and feel safe. I would definitely recommend it here."
- Relatives told us they thought people were safe and settled.
- If a person was unwell, the provider would seek appropriate medical attention. One relative told us, "They will ring the GP straight away and inform us immediately."

Assessing risk, safety monitoring and management

- People's care plans were comprehensive and contained individual risk assessments to keep people safe. Risk assessments were in place for areas such as oral care, personal care, skin integrity, nutrition, hydration and mobility. People had personalised plans setting out the assistance they needed to evacuate the building in the case of an emergency, such as a fire.
- Care plans and risk assessments were reviewed monthly or sooner if required. The registered manager had implemented a system whereby any changes to a person's care plan or risk assessments were

communicated promptly to the person's relative, if appropriate.

- The environment was clean and safe for people. Communal areas were spacious, tidy and free from clutter. The door to a bathroom which was not currently in use was securely fastened and safely inaccessible to people.

Staffing and recruitment

- There were enough staff on duty to support people's needs. People and staff confirmed there were enough staff available on each shift to care for people safely and effectively. The provider regularly reviewed staffing levels and adapted them to meet people's needs.
- Staff on duty were suitably trained to meet people's needs. Staff had access to online training to ensure they remained up to date during the pandemic.
- Staff were observed to be following the provider's infection prevention and control (IPC) procedures which reflected current national guidance.
- Staff recruitment procedures were robust and ensured staff employed were suitable to work at the service. The provider carried out Disclosure Barring Service (DBS) checks, obtained appropriate references, and explored any gaps in previous employment.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing all types of visitors from catching and spreading infection. When national guidance allowed non-professional visitors, they were robustly screened with temperature checks and health declarations. The provider, however, was not screening professional visitors. The provider responded immediately during and after the inspection and implemented screening measures for professional visitors.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Improvements had been made and changes maintained since the previous inspection.
- The registered manager carried out detailed accident and incident analysis and implemented changes to reduce the risk of reoccurrence. Lessons learned were discussed and communicated to staff in regular meetings and further confirmed in meeting notes which the provider distributed to all staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager engaged openly and positively with staff, people and relatives. Staff enjoyed going to work and described the registered manager as approachable and supportive. Relatives described the registered manager as caring and told us they had regular contact with management on the telephone and by email.
- There was a person-centred culture amongst staff. We saw that people's rooms were personalised. Staff knew the likes and dislikes of individual residents which supported them to provide compassionate care.
- We observed a friendly and homely atmosphere. One staff member told us, "We are like a family." One person told us, "[The staff] are friendly and will chat with you. [The staff] are always cheerful."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had clear and effective management systems in place which identified and managed risks to the quality of the service. Comprehensive quality assurance audits were undertaken on a frequent and regular basis. The provider produced yearly reports which considered overall trends, and which allowed the provider to identify if any action was needed.
- Audits effectively highlighted issues and areas which required improvement. Action plans were implemented and completed. Audits were reviewed to ensure that actions were implemented, and improvements made.
- Staff received performance feedback, feedback following incidents, and refresher training when required.

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

- The provider had good links with the local community and had strived to maintain these links during the pandemic. For example, children from the local school, who would previously visit the home in person, were writing letters to people instead.
- The registered manager had established a forum with other care home managers to share best practice.
- The registered manager regularly sought feedback from staff and people. Staff told us, "We can give feedback and views and we are listened to."

Continuous learning and improving care

- The registered manager spoke passionately about the provider's desire to continuously improve the service and care provided. The registered manager demonstrated that the provider was proactively planning for the future and was keen to positively progress the service further.