

Step Forward (Nottingham) Limited

Devonshire Manor

Inspection report

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21 June 2018

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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 19 June 2018 and was unannounced.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

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

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Devonshire Manor is a residential care home for up to six people living with an acquired brain injury. It is situated close to the centre of Nottingham. The home has six bedrooms, with en-suite facilities, over two floors with stairs.

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At the time of this inspection there were three people using the service.

The service had a registered manager. This 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.

The home had a welcoming atmosphere. Staff were visible and continually speaking with people they supported. People told us they felt safe at the home and there were enough staff to meet their needs. Staff knew how to minimise risks to people and ensure they had their medicines when they needed them.

Staff were trained, skilled and knowledgeable about how to provide effective care and support.

People were involved in choosing; planning and preparing their own meals and records showed people's nutritional needs were identified and met. Meals were varied. The kitchen was open for people to use in the company of staff.

People's healthcare needs were well-managed at the home.

The premises were homely and comfortable apart from paint damage in two bedrooms.

People said the staff cared about them and encouraged them to be independent. Staff communicated with people in the way people wanted including writing messages and speaking with people.

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

Activities were seen as important to people's quality of life at the home and staff ensured people had the opportunity to take part in one-to-one activities both in the home and the wider community. These included social and leisure activities based on people's preferences.

The home was well-led by the new registered manager. There was a culture of openness at the service and the registered manager was supportive. People and relatives were involved in how the home was run and their views listened to and respected. The results of the annual quality assurance survey showed a high level of satisfaction with the service provided.

Further information is in the detailed findings below.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Devonshire Manor 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? The service remain safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led.	Good ●

Devonshire Manor

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.

This inspection was unannounced and took place on 19 and 21 June 2018.

The inspection team consisted of an inspector 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. Our expert by experience for this inspection had expertise in the care of people with mental health needs.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We reviewed the provider's statement of purpose. A statement of purpose is a document which includes the service's aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No information of concern was held about the current provision of personal care to people using the service.

During the inspection we spoke with two people who used the service and three relatives. We also spoke with the registered manager and four staff members employed by the service.

We looked in detail at the care and support provided to two people, including their care records, audits on the running of the service, staff training, three staff recruitment records and policies of the service.

Is the service safe?

Our findings

People told us they feel safe living in the home. This was supported by the relatives we spoke with. One relative said, "I have no doubt my dad is safe living in the home. Staff make sure of that." Another relative told us; "They [staff] are very caring people."

Staff were trained in safeguarding and understood the provider's safeguarding policies and procedures. They said if they had concerns about a person's well-being they would raise it with the registered manager or person in charge.

Each person had risk assessments for the activities they might need support with. This meant staff had the information they needed to keep people safe while at the same time respecting their freedom.

Records showed people were involved in their risk assessments and their care plans to mitigate these risks. Risk assessments included those for eating and drinking, road safety, brain injury and mental health. Staff referred to these risk assessments and care plans; this meant staff had clear information about how to protect people from risks to their health, and what not to do, for example such as managing behaviours that challenged others.

The premises were risk assessed to identify hazards and action taken to minimise risks to people. Fire precautions were in place such as regular fire drills and checks to fire systems. People had individual personal evacuation plans in the event of fire.

There were enough staff employed to meet people's needs and keep them safe. People and relatives thought there were enough staff. A relative said, "At the moment, the number of staff seems alright, though if they get more people in then they will need more staff." There were short periods of time where only one staff member was on duty during the day, when one person needed supervision. The registered manager acknowledged this and swiftly changed the staff rota so that there were a minimum of two staff during these times.

Records showed staff were safely recruited, in line with the provider's staff recruitment policy, to ensure they were safe to work with people using care service.

People told us that they received their medicines. One person said they were supplied with their medicines; "First thing in the morning and at night time and on time."

Staff were trained in medicines administration and had competency checks. Medicines were stored securely in the home and all medicines records were up to date and regularly audited. Relevant information such as how and when to provide medicine was in place.

The premises were clean and tidy. Staff were trained in infection prevention and food hygiene. They followed the provider's policies and procedures which covered relevant areas such as hand hygiene, laundry

management, cleaning and handling spillages. This reduced the risk of people acquiring infections.

Lessons were learnt if things went wrong. For example, action was taken when there had been a medicine error. This included ensuring that staff were reminded to quickly report this to the registered manager. Staff had to undergo refresher training and been reassessed as competent before providing medicines to people again.

Is the service effective?

Our findings

Staff used a quality assessment tool to identify people's needs and choices before people were admitted to Devonshire Manor. They had the opportunity to stay on a phased basis to get used to their new surroundings. The assessment and moving in process helped to ensure the person made the transition smoothly and staff understood their needs from the beginning and could meet them.

Staff were well-trained, skilled and knowledgeable about how to provide effective care and support to meet people's needs. Records showed they completed an induction and other additional courses including how to safeguard people, training on people's health conditions and managing behaviour that challenged the service.

Staff had one-to-one supervisions and attended meetings where people's care needs and training were discussed. Staff said that, overall, they were satisfied with their training and could ask for, and receive, extra training if they felt they needed it. The registered manager was seen as very supportive of staff development. One staff member said that training on resuscitation kept on getting cancelled and they preferred face-to-face training rather than online training. After the inspection visit the registered manager said that resuscitation training had been rearranged.

People were encouraged to be involved in choosing, planning and preparing their own meals. For example, people told us they could make their own snacks and help to prepare meals. Records showed people's nutritional needs were identified and met. One person said, "Food good. I am happy with the food here."

One person said they didn't have a choice of food. However, there was evidence that that the person was involved in planning the food menu. Staff said if the person wanted another meal not on the menu they would be provided with this.

Menus were decided on a weekly basis and each person had the opportunity to choose what they wanted to eat. At the time of our inspection none of the people using the service were on special diets but staff said these could be catered for when necessary.

The kitchen was open for people to use under the supervision of staff. When people wanted a drink or a snack between meals they went to the kitchen with staff to get these. This added to the relaxed, homely feel at Devonshire Manor.

People's healthcare needs were met. A person said that if they were feeling unwell then a GP appointment would be made for them by staff. A relative told us their family member's healthcare needs were well-managed at the home. Records showed people's healthcare needs were assessed and met. Where people had accidents or developed health conditions, there was evidence that staff had referred them for healthcare support. Staff worked with health care professionals, including GPs, dentists, and opticians and followed their advice. For example, one person had been referred to a dietician for support and staff followed this guidance.

The premises were homely and comfortable and clean. One person said they were very happy with their bedroom where they had a big TV to watch. The home's facilities were accessible to people. There were plans to provide another lounge once the numbers of people accommodated increased. Paintwork was damaged in two bedrooms. The registered manager said she would ask the provider for approval for having these repainted.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made the necessary applications for DoLS authorisations so that people at the home received lawful care.

Staff were aware of Dols authorisations and said that they always asked for people's consent when providing personal care to them. People confirmed that staff asked for their consent before providing care to them.

Is the service caring?

Our findings

People told us that staff were friendly and caring. A person said, "Staff are good here. They are friendly." Relatives told us that people had a good relationship with staff. A relative said, "The staff are very kind and caring towards my relative, they show him a lot of love and ...are very nice to him in a very genuine way." Relatives told us they could visit the home when they wanted.

People told us that staff listened to what they said to them. They appeared to have a good relationship with staff. This was seen by people feeling relaxed enough around staff to share jokes and have a good rapport with them.

People were supported to practise their religion. A person told us that their religious beliefs were respected by staff and staff helped them go to church.

Staff knew people well. A relative said their family member's communication needs were met at the home; "Staff write things down to make it easier but they also know my dad very well so they are able to quickly work out what he is trying to say."

A person said that they had been involved in planning for their own care. They said that they attended residents meetings where they could put forward their ideas.

People were actively involved in making decisions about their care and support. One person said they had seen their support plans and agreed with them. We saw evidence of this is a person had signed to agree their care plan met their needs. People had the opportunity to be involved in the monthly review of their care needs. A relative told us they had been involved in choices and discussions about their family member's care and support.

People told us their privacy and dignity was respected. The provider's information outlined how staff would protect people's rights to lifestyle, independence and civil rights. A person said that staff, "Asks permission before coming into my room." Staff gave us examples of how they respected people's privacy and dignity.

People said their independence was respected. A person told us, "I like to do my own washing and ironing." They said they could do this if they wanted. There was evidence in care plans that a person could have keys to their bedroom and a code to the front door so they could come and go as they wanted.

Is the service responsive?

Our findings

Staff provided personalised care that was responsive to people's needs. They communicated with people to ensure the care and support provided was what the person wanted.

We saw staff showing a genuine interest in people. For example staff talked to people about their individual interests such as going to the gym and football.

People received their care as planned and their care plans were updated when their needs changed. People had a page profile that told staff about them, their likes and dislikes, and preferences. This included people's religious wishes. Staff demonstrated they were aware of individual information in care plans. The registered manager had a system that staff signed care plans and risk assessments to ensure they were aware of this information on how to meet people's needs. The communication book was used to make staff aware of any changes in people's needs. One relative told us, "if anything has gone on with [family member] staff will quickly tell me this by phone."

People told us they were satisfied with the activities they had. One person said, "Am happy here, go to the gym, going to Mansfield and shopping." People were given the opportunity to say what activities they wanted to do and were asked if they wanted to go on a holiday. A holiday abroad had been arranged and a person was looking forward to this trip. Relatives told us their family members were always given the opportunity to go to outside activities if they wanted. Staff were aware of people's preferred activities. Care notes outlined regular activities of people's choice.

Records showed that no formal complaint had been made since 2013. People told us that knew how to make a complaint. If they had any concerns then staff listened to them and took action. A relative told us that they had a concern and staff took action to deal with this. There was one report in a residents meeting of a person not being happy about a member of staff who took them out. The registered manager swiftly dealt with the issue.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. Information in the home was presented, as far as possible, so people could understand it. People's communication needs had been assessed and acted on. For example, a relative said their family member had been supplied with written information due to difficulties understanding what staff said to them. The complaints procedure was in large print to assist people with sight issues to read it.

At the time of our inspection the home was not providing end of life care. People were encouraged to express their end-of-life wishes in discussions about their care plans.

Is the service well-led?

Our findings

There was a relaxed atmosphere in the home. Staff assisted people with chores. People went out of the home and took part in various activities such as going to the gym and shopping.

Relatives told us the registered manager was friendly and efficient. Communication was very good. People, relatives and staff all said they would recommend the service. They all thought it was well led and well-managed.

A relative told us, "I would definitely recommend this home. The staff are all friendly and I have no concerns." Another relative said, "It's a good place. Staff are really caring." Relative said that communication between staff and family members was good and staff were knowledgeable about people's needs.

The registered manager was involved in people's support and had a good relationship with them and staff. We saw her assisting staff with people's one-to-one support in a positive and helpful way.

Staff said there was a culture of openness at the service and the registered manager was supportive. One staff told us, "I am always supported. The manager is really good. The best manager I have had."

People told us they have the opportunity to attend residents meetings where they could raise anything they wanted. They felt confident about speaking to the management of the service if they have any concerns. A person said, "I can speak with [registered manager]. She is good." A relative told us staff and management showed genuine warmth and care for their family member.

There was an annual survey of people's views. This showed a high level of satisfaction with the service. Residents meetings were held to check that people were happy with the service on issues such as food and activities. Other surveys for relatives, staff and professionals also showed the service was performing very well.

The registered manager had a system where staff signed to say they read care plans and risk assessments and understood them. Regular supervision sessions and meetings also helped to ensure that staff were aware of how to provide good quality care. Staff told us that any issues or problems were dealt with by the registered manager. Important issues such as care plans, risk assessments and health and safety had been audited to ensure people were provided with a quality service.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the home and on their web site. The provider was also aware of the responsibility to submit notifications and other required information to CQC and had provided the appropriate information when required.