

# Farnborough & Cove War Memorial Hospital Trust Ltd

## Devereux House

### Inspection report

69 Albert Road  
Farnborough  
Hampshire  
GU14 6SL

Tel: 01252512967

Website: [www.devereuxhouse.hampshire.org.uk](http://www.devereuxhouse.hampshire.org.uk)

Date of inspection visit:  
17 July 2017

Date of publication:  
23 August 2017

### 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 unannounced inspection of Devereux House took place on 17 July 2017. Devereux House provides residential care for older people over the age of 65. It is located above a day centre within a residential area of Farnborough, Hampshire. The home offers a service for up to 16 people. At the time of our visit 11 people were living in the home full time and two people were being supported temporarily with respite care.

We last inspected Devereux House on 11 and 13 January 2016 and found the provider to be in breach of regulations in relation to good governance and fit and proper persons employed. We issued a warning notice for the breach of regulation in relation to good governance. The provider was required to meet the regulation relating to the warning notice by 31 May 2016. During this inspection we found the provider had taken action to ensure the requirements of this regulation had been met.

We served a requirement notice on the provider regarding the breach of regulation in relation to the employment of fit and proper persons. The provider was required to send us an action plan detailing how they were going to make improvements to meet the regulation. During this inspection we found the provider had made some improvements to their recruitment process but there were still some gaps in relation to staff previous employment histories. However, prior to the completion of this report the registered manager had provided evidence to demonstrate that all gaps in staff employment histories had been addressed. In addition the provider had also made improvements to their recruitment documentation to ensure robust processes going forward.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People were protected from abuse because staff were trained and understood the actions required to keep people safe. Staff had completed the provider's required safeguarding training and had access to guidance to help them identify abuse and respond appropriately if it occurred. Staff were able to demonstrate their role and responsibility to protect people.

Risks specific to each person had been identified, assessed, and actions implemented to protect them. Risks to people had been assessed in relation to their mobility, social activities and eating and drinking. Staff were able to demonstrate their knowledge of individual risk assessments and how they supported people in accordance with their risk management plans.

People's care plans had been reviewed to ensure they included all of the information staff required to meet people's needs.

The registered manager completed a daily staffing needs analysis to ensure there were always sufficient

numbers of staff with the right skills mix and experience to keep people safe. We reviewed staff rotas which confirmed that people had been supported by sufficient numbers of suitable staff to keep people safe. Staff had undergone pre-employment checks as part of their recruitment, which were documented in their records.

People received their medicines safely, administered by staff who had completed safe management of medicines training and had their competency assessed annually by the registered manager.

The provider's required staff training was up to date, including safeguarding people from abuse, moving and positioning, the Mental Capacity Act 2005, fire safety, food hygiene and infection control. This ensured staff understood how to meet people's support and care needs. Training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively.

Staff had received individual supervisions and appraisals from their supervisors who completed competency assessments in relation to staff skills such as moving and positioning.

Staff supported people to make as many decisions as possible. People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and deprivation of liberty legislation and guidance.

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. People were supported to consume sufficient nutritious food and drink to meet their needs, in accordance with their care plans.

Records showed that people had regular access to healthcare professionals such as GPs, speech and language therapists, opticians, dentists and podiatrists. The registered manager had developed excellent links with specialist nurses, particularly the Specialist Community Nurse for Care Homes, who held regular clinics at the service. Staff had benefitted from training and guidance from a range of specialist nurses.

People and where appropriate their relatives were supported to be actively involved in making decisions about the care they received. Staff had developed positive caring relationships with people and spoke with passion about people's needs and the challenges they faced. Healthcare professionals made positive comments about the positive impact on people's well-being due to how well staff had implemented their guidance.

People's privacy and dignity were maintained by staff who had received training and understood how to support people with intimate care tasks. Staff demonstrated how they encouraged people to be aware of their own dignity and privacy.

The management team were committed to ensuring people were involved as much as they were able to be in the planning of their own care. Staff reviewed people's needs and risk assessments monthly or more frequently when required to ensure that their changing needs were met.

The registered manager sought feedback in various ways, including provider surveys, visitor's questionnaires and trustees visits, which they used to drive continuous improvement in the service. Since our last inspection there had been no complaints raised. People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs.

The registered manager and management team inspired staff to deliver good quality care to people living at

Devereux House. Staff were able to tell us about the values of the provider and we observed staff followed these in practice. The registered manager was highly visible within the service and readily available to people and staff. The registered manager and senior staff had developed and sustained an open and positive culture in the service, encouraging staff and people to raise issues of concern with them, which they always acted upon.

The registered manager had established systems and processes that enabled them to identify and assess risks to the health, safety and welfare of people who use the service and to ensure compliance with legal requirements. The provider had maintained accurate, complete records in relation to people, including a record of the care and treatment provided and decisions taken. The provider's audits of medicines management, staffing needs analysis, staff recruitment, accidents and incidents and care records enabled the provider to identify and assess risks to the health, safety and welfare of people and take appropriate actions to improve the service..

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People were protected from abuse by staff who understood the action they needed to take in response to suspicions and allegations of abuse.

Staff understood the risks to people and followed guidance in accordance with their care plans to keep them safe when delivering their care.

There were sufficient numbers of staff with the appropriate skills and knowledge to meet people's needs at all times.

The provider had appropriate arrangements in place to manage people's medicines safely.

### Is the service effective?

Good 

The service was effective.

People received support and care from staff who were well-trained and used their knowledge and skills to meet people's needs effectively.

People were supported to make informed decisions and choices by staff who understood legislation and guidance relating to consent, mental capacity and DoLS.

Staff encouraged and supported people to have sufficient to eat and drink to maintain a balanced diet that met their individual needs.

People's health needs were carefully monitored by staff who made prompt referrals to healthcare professionals when required to maintain their health.

### Is the service caring?

Good 

The service was caring.

People were treated with kindness and compassion in their day-

to-day care by staff who responded to their needs quickly.

People were actively involved in making decisions and planning their own care and support. Staff listened to and respected people's views, which they acted upon.

People were treated with dignity and respect at all times.

### Is the service responsive?

Good ●

The service was responsive.

Staff understood people's needs and delivered care and support in accordance with their individual wishes.

The service provided person centred care which was planned and reviewed in partnership with them and their families to reflect their individual wishes and what was important to them.

The provider sought feedback to improve the service, which they acted upon.

When complaints had been made, they were used to learn lessons and drive improvements in the service.

### Is the service well-led?

Good ●

The service was well-led.

Staff spoke with pride and passion about their service and understood the provider's values, which they demonstrated in the delivery of people's care.

The service had strong links with the community and worked effectively in partnership with local nursing specialists to support care provision, service development and joined up-care.

The registered manager provided clear and direct leadership visible at all levels which inspired staff to provide a quality service.

The registered manager effectively operated quality assurance and clinical governance systems to drive continuous improvement in the service.

# Devereux 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.

This inspection took place on 17 July 2017 and was unannounced. The inspection team consisted of one adult social care inspector and an adult social care inspection manager.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

During the inspection we spoke with the provider's registered manager, two senior staff, five care staff, one cleaner, an office administrator and an agency chef. We also spoke with the manager of the associated day centre which was located below Devereux House, on the ground floor. This centre provided opportunities for people to engage in various arts and craft activities, access to a unisex hairdresser and chiropodist clinic. We spoke with ten people living in the service and two of their relatives who were visiting, about their experience of the quality of care provided by the service.

We reviewed six people's care plans, including needs and risk assessments, together with people's daily records. We observed two medicine administration rounds and the lunchtime service. We reviewed 13 medicines administration records (MARs). We looked at six staff recruitment files, and reviewed the provider's computer training records. We reviewed the provider's policies, procedures and records relating to the management of the service. We considered how comments from people, staff and others, as well as quality assurance audits, were used to drive improvements in the service. After visiting the service we spoke with six relatives, a care commissioner and four health and social care professionals who had engaged with the service.

# Is the service safe?

## Our findings

At the last inspection on 11 and 13 January 2016 we found people were at risk of being cared for by unsuitable staff. The recruitment files we reviewed showed no evidence of the applicants' full employment history. We found the provider's application form did not prompt applicants to provide a full employment history and a written explanation for any gaps. Unexplained employment history gaps could identify that further information may be available which might make applicants unsuitable to work with people who use care and support services. The provider had not protected people by ensuring that the pre-employment information required in relation to each person employed was available. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider's application form did prompt applicants to provide a full employment history and a written explanation of any gaps, although it did not afford enough space to provide the relevant details. The provider's checklist for completed applications did not require the auditor to check full employment histories had been provided together with explanations for any gaps. The provider's records of selection interviews did not contain prompts for the interview panel to ask about any gaps in applicants' employment histories. We examined six recruitment files and found five did not contain full employment histories with explanations of any gaps. When we informed the registered manager they took immediate action to address these shortfalls. As a result of this action the files reviewed during our inspection now contained all of the relevant information. Further evidence demonstrated that the recruitment files of other staff recruited since our last inspection contained all of the required information. The registered manager provided examples of the new application forms, check lists and interview record forms demonstrating the required improvements had been made. The registered manager had demonstrated the provider now operated a recruitment process that met the requirements of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had undergone robust pre-employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

At the inspection in January 2016 staff understood people's needs and the care they required to stay safe. However, people's risk management plans required further development, including guidance relating to the use of support belts when people fell to ensure people were safely supported to get up after a fall. At this inspection we found that staff had completed further training in relation to moving and positioning. This enabled staff to support people safely after they experienced a fall to reduce the risk of further injury. Staff were able to demonstrate their knowledge of the individual support people needed to move safely, including the different types and size of belts they required.

Since the last inspection the registered manager had implemented a post falls management policy which



ensured all care plans contained the required information required for staff to support people safely after a fall. The registered manager had also arranged for an audit of all support belts, to ensure people were supported by the right equipment. Staff competency in this area had been checked regularly by the Community Nurse for Care Homes.

At the last inspection staff understood the risks associated with the use of specific medicines but these risks were not always recorded for staff to refer to. This meant there was a risk that staff might not always protect people from the risk associated with their medicine, as they did not have information telling them what action to take to keep people safe. At this inspection we found staff knew the risks to people from their specific medicines, for example; where people were prescribed Warfarin. Warfarin is a medicine which thins the blood and can have significant side effects, including prolonged and intense bleeding and bruising. Staff understood the support people needed to prevent the risk of bleeding. This was consistent with the information provided within the provider's policy in relation to Warfarin and people's individual care plans.

At the inspection in January 2016 most of the staff had worked at the home for some time. As a result they knew people's risks well and had received information from the registered manager, visiting professionals and a detailed shift handover about how to keep people safe. However, there was a risk that in the absence of detailed care records, agency and new staff might not have all the information they needed to know how to keep people safe. At this inspection the registered manager had reviewed people's needs and risk assessments to ensure they contained all the information staff required to meet people's needs safely and to mitigate any identified risks.

At our last inspection staff could not always see from people's medicine administration records (MAR) whether people had received their medicine as prescribed. Records had not been kept when staff supported people to apply all their prescribed creams and or topical ointments. Handwritten changes to people's medicines were not always double signed and dated so staff would know from the MAR who had made this change if they had any queries. There was a risk of people being given an overdose of their medicines or not receiving them as staff could not tell from the MAR whether people had received their medicine as prescribed.

During this inspection we found people's medicines were administered safely by staff who had completed the provider's required training to do so. Staff had their competence to administer medicines assessed before they were authorised to administer medicines unsupervised. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects. Staff supporting people to take their medicine did so in a gentle and unhurried way. Medication administration records (MARs) confirmed people had received their medicines as prescribed. When staff had supported people to apply prescribed creams or topical ointments records accurately reflected this. Any changes to people's medicines were always double signed and dated.

The registered manager had implemented further training and audits to ensure the MARs reflected whether people had received their medicines as prescribed to mitigate the risk of people either being given too much medicine or not enough to safely meet their needs. Medicines were stored safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective.

Where people were prescribed medicines there was evidence within their care plans that regular reviews were completed to ensure continued administration was still required to meet their needs. People had medicines risk assessments to manage the risks associated with the use of their medicines.

There were effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Staff administering medicines completed a stock check of each medicine after it had been administered and completed a full stock check weekly. The management team completed a monthly medicines audit. The service had a positive audit completed by their community pharmacist on 21 June 2017. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

At our last inspection the provider had not always maintained an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to each person and of decisions taken in relation to the care and treatment provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the registered manager had made the required improvements to meet the regulation. Care plans which were up to date and contained a complete record of their care and treatment.

People consistently told us they felt safe living at Devereux House. One person told us, "I feel safe because the staff take their time and never rush me. They make me feel safe because if I am worried they are very kind and reassure me." Relatives we spoke with told us their loved ones were in a "safe and loving environment".

People were protected from the risks of potential abuse by staff who knew what actions to take if they felt people were at risk. Staff had completed the provider's safeguarding training and were able to demonstrate a clear understanding of their roles and responsibilities, including reporting concerns to external authorities. People and staff told us they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. There had been no safeguarding incidents notified to the CQC since the last inspection. However, the registered manager was able to explain their role in protecting people from avoidable harm and abuse.

At our last inspection we found there were sufficient suitably qualified staff deployed to meet people's needs safely. However the provider did not have a clear system to determine the required staffing level to ensure people were safe and their needs were met. The registered manager told us they now completed a daily staffing needs analysis after the handover from the night shift, based on people's individual dependency. If people's needs changed they reviewed the staffing level and increased it where required to meet people's needs.

Since the last inspection the registered manager had spoken with people, relatives and staff regarding their views about staffing levels. As a result they had increased staffing and experience levels on the night shift. This ensured that at any time there was a senior member of staff on duty. The staffing level during the busy morning period had also been increased.

People told us there had always been enough staff to meet their needs but staff were now able to spend more time with them. Relatives told us there were always sufficient staff because people did not have to wait to have their needs and wishes met. One relative told us, "It's uncanny sometimes they appear before you call them." Staff consistently told us the staffing level was "Just right" as there were busy times followed by periods where they could really make a difference to people's day. One senior member of staff told us, "This is the best staffing I've known since I have been here." Another staff member told us, "I think it is one of the reasons everyone is happy here because you have time to spend with the residents really getting to know them". Throughout our inspection we observed all calls were responded to promptly by staff who worked well together as a team.

Accidents and incidents were recorded and reported to the Care Quality Commission where required, which were analysed by the registered manager to identify any themes or trends. The registered manager ensured all incidents were reflected upon during shift handovers and staff meetings to ensure necessary learning was shared as soon as possible. People were kept safe because the provider proactively reviewed all incidents and took action to reduce the risk of a future recurrence.

# Is the service effective?

## Our findings

People, relatives and health and social care professionals told us that the registered manager and staff assessed people's needs with them to make sure the home could support them effectively, which records confirmed. One relative told us how they had been impressed with the registered manager's preparation and their attention to detail in the transition planning to support their loved one to move into Devereux House.

People, relatives and health and social care professionals made positive comments about the effectiveness of the service. One person told us, "You can't fault the girls (staff). They always know what to do and never get flustered." Another person told us, "They look after me so well and always get the doctor or nurses if I'm poorly." A relative told us, "They (staff) are very aware of signs that (their loved one) might be unwell or have an infection and take action immediately." A health and social care professional told us, "The registered manager is committed to improving the skills and knowledge of their staff so they deliver good quality care based on best practice." Another health and social care professional told us how they had been impressed with the registered manager's initiative. Whilst awaiting the appointment with the health and social care professional the registered manager had sought best practice guidance from other recognised sources and had already implemented certain measures which later formed part of the health professional's guidance.

Staff had completed an effective induction course based on nationally recognised standards and spent time working with experienced staff. During this time they shadowed experienced staff to learn about people's specific needs and how to support them. Staff said that the more experienced staff members were very good at supporting them develop their skills and knowledge. A new staff member told us they had received a thorough induction that gave them the skills and confidence to carry out their role effectively, which was enhanced by working alongside an experienced colleague. The registered manager had linked the induction programme to the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are expected to achieve nationally. This ensured staff had the appropriate knowledge and skills to support people effectively.

Staff had completed the provider's required training in relation to fire safety, first aid, safeguarding adults, the Mental Capacity Act 2005, medicine administration, infection control, food hygiene and health and safety. Where people had specific health needs the registered manager had arranged additional training, for example to support people with diabetes and epilepsy. The registered manager had also arranged training to raise staff awareness in relation to the support people required who were at risk of allergic reactions and to mitigate the risks associated with different types of medicine, such as Warfarin.

Staff consistently told us that their training had significantly improved since the last inspection, which made them feel they were valued by the provider. Staff told us the provider also encouraged and supported them to complete other nationally recognised qualifications in care, which equipped them to fulfil their roles and responsibility. The registered manager was in the process of completing a nationally recognised qualification to further develop their skills and knowledge to fulfil their role. Records confirmed that the provider's required training was up to date or had been scheduled to be refreshed. The registered manager

had created a programme of annual training to ensure staff continued to enhance and develop their personal skills. This meant the provider had ensured that staff had been enabled to attain and maintain the necessary skills and knowledge to support people effectively.

At our last inspection the registered manager told us that formal supervision and appraisal sessions had not taken place since the absence of the deputy manager in July 2015. We recommended that the provider sought guidance from a reputable source on current best practice concerning the supervision of staff, assessing their competence and encouraging professional development.

At this inspection staff consistently told us they had six monthly supervisions and appraisals, which records confirmed. Staff told us they felt well supported by the registered manager and had ample opportunities to discuss working practices and training requirements.

The registered manager frequently worked alongside staff providing care and support. They told us this gave them an opportunity to assess staff competencies in different areas. Any areas identified for improvement were discussed with the individual staff member and shared learning was delivered during handover meetings. At the time of inspection the registered manager was in the process of developing a competency framework which would involve the senior staff having responsibility for developing specific staff skills, such as moving and positioning.

There was a strong emphasis on the importance of eating and drinking well, which was driven by the chef and registered manager. We saw people had drinks close to hand in their rooms throughout the day and were regularly encouraged by staff to drink more.

At lunch we observed ten people, all of whom had a healthy appetite, eat a main course and a pudding, with several people asking for a second helping. Where people had been identified to be at risk of choking we observed that staff provided the necessary support, in a way that maintained their dignity. For example cutting up their food into small enough pieces, which they could then eat themselves without support. People were supported to eat and drink sufficiently to stay healthy.

People told us they enjoyed lunchtimes which were also very sociable events where they met their friends and discussed what they had been doing and their plans for the afternoon. People consistently told us the food was 'excellent' and the menu was based on their preferences. A visiting relative told us, "He (their loved one) loves his food here and the staff are always encouraging him to drink more." This relative continued "The staff are very good when people have infections, they monitor everything he consumes and are always encouraging him to drink and eat well." Another relative told us, "Coming here has done my mum the world of good. Before coming here she wasn't eating well and kept falling. Since she came here she's put weight on and hasn't fallen once."

Staff were able to tell us about people's likes and dislikes. People had a choice of meals and were offered alternatives like omelettes if they did not want any of the main meals on offer. Where required people's weight was monitored to ensure that any fluctuation which could indicate a change in their needs were identified and acted upon promptly.

The registered manager had developed good links with local health and social care services. The Specialist Community Nurse for Care Homes visited the home routinely to review any falls, infection and nutrition concerns to ensure action taken was in line with current best practice. The Community Nurse for Care Homes told us the registered manager listened to their advice and implemented their guidance effectively.

Where people had complex and continued health needs, the registered manager always sought to improve their care, treatment and support by identifying and implementing best practice. The service worked with health professionals to ensure people's additional or changing needs were supported, for example; the NHS continence service when making decisions whether people required continence aids. District nurses visited the home when needed to dress wounds and provided staff with specialist training, for example; stoma care. A stoma is a surgically created opening at the front of a person's abdomen which diverts faeces or urine into a pouch on the outside of their body.

People were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GPs, psychiatrists, opticians and dentists whenever they needed them, for example; there was a podiatrist's clinic situated in the day centre. People, relatives and health professionals told us the registered made prompt referrals when healthcare support was required, for example; one relative told how staff promptly referred their family member to their GP when they had developed fluid on their lungs. Relatives told us they knew staff had completed training in relation recognising and responding quickly to infections. One relative told us staff had taken swift action when their loved one had developed a leg infection.

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.

The manager told us that all of the people being supported by the service at the time of inspection had full mental capacity to make their own decisions. People said they were able to make informed decisions about all aspects of their care and whether they wanted to live in the home. Where people's condition had deteriorated previously and they were deemed to lack capacity to make decisions about their care they were referred to and assessed by the community dementia nurse, who supported them to find an appropriate specialist dementia service.

We observed staff always sought consent from people before undertaking any care tasks. At our last inspection staff had not received MCA training and did not always have a clear understanding of their responsibilities to protect people's rights. At this inspection all staff understood the main principles of the legislation and how to apply them to protect people's human rights.

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 are called the Deprivation of Liberty Safeguards. The registered manager was able to identify when a person would be at risk of being deprived of their liberty. At the time of our visit no-one who lived in the home had their freedom restricted or required an application under the safeguards to be made on their behalf.

## Is the service caring?

### Our findings

People were supported in their day to day care by staff who were kind and gentle. People told us they were happy living at Devereux House, which was their home. One person told us, "Nobody tells you that it will take at least two years to get used to being in a home and I have caused lots of problems for the staff, but now I wouldn't want to be anywhere else. The girls (staff) are wonderful, so patient and kind." Another person told us, "The staff are out of this world. Nothing is too much trouble for them. They are always checking how you are and if you want anything." Another person told us, "I'm lucky because I have family who come to visit me regularly but the staff treat everyone here like their own family. " One person told us, "At night they come and talk to me if I can't sleep", which stopped them from being anxious and reassured them. The person told us this made them feel that their wellbeing really mattered to the staff supporting them.

The registered manager had cultivated a family atmosphere in the home where people, relatives and staff shared a mutual respect and affection. Relatives consistently praised the registered manager and staff for creating such a warm and homely environment for people to live in. One relative told us, "The caring nature of the manager and staff is plain to see. Everything is calm and unhurried and you never hear a raised voice." When asked what made the staff 'excellent' one relative told us, "It's the caring. It's not one big thing, it's all the little things that they (staff) do all the time, for instance, just asking if people have finished before taking their plate away." Another relative told us, "Staff go out of their way to do little things to make (their family member's) life better. She loves tennis and Roger Federer and they always make sure she can watch it, like recording the tennis when she is asleep."

Another relative told us, "They (Staff) don't just care about the residents but for their families as well. When I went through a bad time recently the manager and staff were really there for me, which I will never forget."

A health and social care professional told us "Staff at Devereux House are very caring and treat people with dignity and respect, especially when they are anxious and confused."

Staff were highly motivated and inspired to offer care that was kind and compassionate and were determined and creative in overcoming any obstacles to achieving this. People and relatives told us that staff were committed to providing people with information and explanations they understood at the time they needed them, especially when circumstances were likely to emotionally upset them.

One person told us how staff had compassionately supported them in relation to a bereavement involving a young relative. The person was unable to attend their loved one's memorial service so staff arranged for the person to carry out a personal memorial tribute in the garden at Devereux House, which involved the release of a symbolic balloon. The person told us, "It is things like that which show you how caring the staff are. I will never forget (their loved one) or the kindness of the staff."

One person had developed a health condition which made it difficult for them to wash their hair, which was their pride and joy. A senior member of staff was impressed by a less experienced co- worker's



compassion and determination to support this person. A key worker is a named member of staff who is responsible for ensuring people's care needs were met. This included supporting them with activities and personal care. The co-keyworker had taken extra time providing this person's personal care and had developed a method with them, which allowed them to work together to wash their hair. This seemingly small development in the provision of their personal care had a significant impact on their psychological wellbeing.

Staff told us they enjoyed working at Devereux House and were committed to providing high quality care for people living there. One member of staff told us, "This is the best place I have ever worked because you get to know the residents personally and want to do your best for them. Just one smile makes you feel you are doing something worthwhile."

Throughout the inspection we observed and heard staff providing reassuring information and explanations to people whilst delivering their care, particularly when supporting them to move. At the start of the inspection we observed one person who was anxiously pacing about in their bedroom. A senior staff member offered kind reassurance whilst ascertaining their anxiety was being caused because they could not find their favourite cardigan. We observed staff reduce the person's worry by engaging in conversations about other things to take their mind off the cardigan. Later that day the person was happily reunited with their favourite item of clothing which had been to the laundry. We observed another person who was disorientated after briefly dozing. Staff immediately provided gentle reassurance, which eased the person's anxieties and improved their wellbeing.

People's privacy was respected. On several occasions we observed staff discreetly support people to rearrange their dress to maintain their personal dignity. Staff always knocked and asked for permission before entering people's rooms.

Staff took their time with people and did not rush or hurry them. People consistently told us that staff treated them with dignity and respect, which we observed when staff supported people in their day to day lives.

People were consistently treated with dignity and respect by staff, who spoke and communicated with them in accordance with their communication plan. When people were approached by staff they responded to them with smiles or by touching them, which showed people were comfortable and relaxed with staff. We observed staff speak with people in a way that was appropriate to meet their needs and ensure their understanding. When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Where necessary, staff used gentle touch to enable people to focus on what was being discussed.

When people were upset, we observed that staff recognised and responded appropriately to their needs immediately, with kindness and compassion. Staff knew how to comfort different people with techniques they preferred, for example, by holding their hands or putting an arm around their shoulder. Staff demonstrated in practice that they understood guidance in people's care plans regarding their individual emotional needs.

People said staff were polite and respectful when providing personal care. Staff gave examples of how they supported people in a dignified way with their personal care, by ensuring doors were closed. We occasionally observed people asleep in their rooms with the door partially open. We checked their care records to confirm this was their choice.



Where staff supported people with sensory impairments we observed meaningful interactions encouraged by staff adopting techniques, in accordance with people's support plans, for example; ensuring they were sat directly in front of a visually impaired person, face to face and at the same level, often by kneeling down.

Staff knew people's life stories, their interests and like and dislikes which enabled staff to engage in conversations about topics other than the person's support needs. One person told us, "The girls (staff) take a personal interest in me and my life which makes me feel special."

Staff understood their responsibilities in relation to equality and diversity and were able to explain how they ensured people had their different cultural customs and values respected. The registered manager told us that the multi-cultural nature of the staff team had naturally created an ethos of respect for diversity which enhanced the provider's policy and procedures. The registered manager and staff supported people with their spiritual and emotional welfare, for example; one person went to church every night and then shared supper in their room. Representatives from different faiths visited the home weekly and more frequently if required.

Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records in order to protect their privacy. Staff told us about the importance of treating people's personal information confidentially. During our inspection all care records at the home were kept securely in the registered manager's office, which was locked when not in use, to ensure they were only accessible by those authorised to view them.

# Is the service responsive?

## Our findings

People had an initial assessment of the care they required to enable the provider to assure themselves that they could meet the person's care needs. Once people's initial assessment had been completed this information was shared with staff at the staff shift handovers. Staff were also allocated time to review new care plans. This ensured staff were informed of the needs of new people.

If the registered manager did not think their staff had the necessary training and skills to meet the person's assessed needs they would not offer them a placement. We reviewed documentation to confirm this. However, the registered manager worked closely with the Specialist Community Nurse for Care Homes who arranged staff training where required to meet the needs of people with specific health conditions.

People benefited from a stable staff team who had been working at the service for some years. People, relatives and health and social care professionals told us staff understood people's needs and delivered care and support in accordance with their individual wishes.

At our last inspection the provider had recently implemented an electronic assessment and care planning tool. Although people told us they received care that met their needs, some improvements were needed to ensure the new care plans included all the information staff would require to know how to meet people's needs.

At this inspection improvements had been made to people's care plans to include all of the information staff required to meet people's needs, for example; Care plans of people who lived with diabetes informed staff about how to recognise if their blood glucose levels became dangerously low or high and the action they needed to take to ensure the person's safety.

At the inspection in January 2017 people were supported to maintain and develop their independence. However, the care plans of people who were working towards leaving the home following rehabilitation, did not inform staff how they were to be supported to achieve greater independence, for example; in the self-management of one person's stoma care.

At this inspection staff had received training from specialist nurses to support people with their stoma care. The Community Nurse for Care Homes reviewed and assessed staff competency during their regular clinics at the home. Staff told us they were now confident to support people to achieve greater independence by supporting them to self-manage their stoma care. At this inspection there were no people being supported with stoma care.

At our last inspection people had conflicting views about whether they were offered a choice about their morning and evening routines. The manager was unaware that some people were not happy with their routines and undertook to ascertain if people would like some changes to be made.

At this inspection people told us they got up in the morning when they wished and went to bed at any time

they chose. One person told us, "I like to get up early in the morning but I can have a lay in if I want to." Another person said, "Sometimes I like to have a nap in the afternoon but it is up to me." One relative told us, "They have got it spot on here. Residents should do what they want to do, whenever they want, as long as their safe, and that's what happens."

The activities co-ordinator and staff ran a diverse range of activities for people including: art, craft, music, games, films, outings, church services, exercises and gardening. People were encouraged and supported a broad range of activities on a daily basis which were held in the day centre on the ground floor. In addition they provided one to one sessions for those who could not or did not want to join in group activities.

People told us they were supported to follow their interests and take part in stimulating social activities. One person told us, "There's lots to do but most of the time I just prefer to be on my own." They also told us, "The staff always encourage me to take part, which I do sometimes and when I do I enjoy it." People consistently told us the highlight of the week was a visit from "Father (Name of vicar)" who was very amusing. Another person told us they looked forward to taking Holy Communion. The provider ensured that people's emotional and spiritual needs were met.

People's relatives told us they were always welcomed into the service and encouraged to visit at any time as often as possible to maintain their loved one's emotional wellbeing and prevent them from the risk of feeling socially isolated. One relative told us, "This home is better than others because they develop friendships amongst other people living here so people are never lonely."

A member of the Board of Trustees visited the service monthly and this provided people with an opportunity to give their views about the service and make suggestions for improvements. The provider took account of people's views and took action to meet people's needs.

Since the last inspection the registered manager had encouraged trustees with relevant skills and experience to take the lead in such monthly visits; for example; healthcare professionals and people with experience in regulation and governance.

The registered manager and provider sought feedback in various ways, including provider surveys, questionnaires and monthly keyworker meetings, which they used to drive continuous improvement in the service, for example; One person required hearing aids but told staff they actually preferred not to wear them most of the time. We observed the person's wishes had been respected. The person's relative told us, "They (staff) spent months patiently trying to get (their loved one) to wear them but now she prefers not to have them in. But the carers are so attentive and are always speaking and communicating with her."

An annual satisfaction survey had been completed in June 2017 and reflected people's positive experiences of their care. The registered manager was in the process of analysing the results before providing people and relatives with the results and action to be taken to improve the service.

People and relatives told us if they had a complaint they would raise it with the registered manager and were confident action would be taken to address their concerns. One person told us, "You don't need to make a complaint because if there's something wrong you just tell the carers and they sort it out straight away." A relative told us, "The manager is very good and wants to know if something is not right so they can sort it out before it becomes a problem. If you ask the staff to sort something out it gets done straight away." Relatives consistently told us the registered manager made a point of speaking with them when they visited to make sure their loved one was happy and whether there was anything they could do improve their quality of life.

At the last inspection the provider did not have an up to date complaints policy. Prior to this inspection the registered manager had reviewed many of the provider's policies, including the complaints policy which had been updated. Staff were aware of the provider's complaints policy but consistently told us the registered manager encouraged them to use their initiative and proactively resolve problems as soon as they were raised to prevent them escalating. Since the last inspection there had been no formal complaints made about the service. The last complaint received related to the provider's decision not to provide care to people with a diagnosis of dementia. The provider identified that if people were to develop dementia whilst living at Devereux House they would be supported by the community dementia nurse to find alternative accommodation. At the last inspection The Board of Trustees told us they would be reviewing the care provided to people who developed dementia to ensure where possible, people could be supported to remain at Devereux House. At this inspection we found that staff had completed dementia awareness training which demonstrated that the provider used learning from complaints to improve the quality of the service.

## Is the service well-led?

### Our findings

At the last inspection on 11 and 13 January 2016 we found the provider had failed to ensure there were adequate systems and processes in place to be compliant with all regulations and take action to mitigate the risks of potential breaches of regulation. There was a lack of appropriate checks and audits in place to assess, monitor and improve the quality and safety of the service provided. There was a lack of systems and processes in place to assess, monitor and mitigate the risks associated with people's health and welfare. The provider had not kept accurate and complete records of people's care and treatment. Records did not always reflect the care and treatment people required or the care and treatment that they had been provided. These circumstances were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the required improvements had been made. The registered manager had implemented and effectively operated quality assurance and governance systems which were used to drive continuous improvement in the service. The service now had effective records and management systems to measure and review the delivery of care against current guidance and best practice.

The registered manager had implemented monitoring arrangements to meet the requirements in relation to preventing, detecting and controlling the spread of infections. People were protected from infection risks as the registered manager had set up processes to assess and review infection control practices within the home.

Monitoring arrangements were now in place to ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed to meet people's needs. The registered manager completed a daily staffing needs analysis based on people's dependency to determine the number of staff and skills required in order to meet people's needs, including new admissions.

The registered manager had implemented a staff competency framework and system of staff supervision and appraisal. This ensured staff were enabled and supported to meet people's needs.

The provider had installed a computerised system for care planning. This system prompted the registered manager and staff to check care plans. This system now ensured care plans contained all of the necessary information staff required to provide care in accordance with people's needs and wishes and to mitigate any identified risks associated with their care.

The registered manager had put effective arrangements in place to ensure people received their medicines as prescribed and had ensured the community pharmacist recommendations in July 2015 had been implemented and maintained. Medicine audits had been undertaken to identify and understand shortfalls and prevent people being at risk of not receiving their prescribed medicines. These measures had resulted in improvements to the management of medicines.

Monitoring procedures had been put in place to review recruitment practices to ensure all the required

information relating to applicants was available prior to a job offer being made.

The registered manager had reviewed policies and procedures which were required to ensure the safety and welfare of people. This assured staff would know what current best practice looked like, how they were to deliver a safe quality service and identify risks related to bad practice to minimise the impact on people's health and safety. For example, the provider now had a policy to inform staff how to safely care for people living with diabetes.

Since the last inspection the registered manager had reviewed policies and procedures which were required to ensure the safety and welfare of people. This assured staff would know what current best practice looked like, how they were to deliver a safe quality service and identify risks related to bad practice to minimise the impact on people's health and safety. For example, the provider now had a policy to inform staff how to safely care for people living with diabetes.

The provider now had an up to date moving and handling policy. This informed staff of the system for assessing and planning care when people might require staff's assistance to move safely in the home, without causing bruising or injury. This provided clear guidance and working protocols to ensure staff always knew how to consistently provide quality care, monitor each other's practice and identify when people's care fell under an acceptable standard.

Staff training had been reviewed in relation to the requirements under the Mental Capacity Act 2005 (MCA) and the service had a policy to ensure appropriate action would be taken if people lost the capacity to make decisions about their care in line with the MCA. This assured the provider that people were supported by staff who understood the legislation and guidance in relation to the MCA and protected their human rights.

The registered manager operated a safety incident reporting system to ensure they would be informed of all incidents that could indicate people's health and safety were at risk. For example, there was now a system for staff to report and record when a medicine error occurred or when they identified bruising. The reporting system now incorporated all potential safety incidents which enabled the registered manager to monitor for any trends, investigate for the root cause and learn from these incidents so that effective action could be taken to prevent reoccurrence. The provider's systems now identified all safety incidents that could indicate people were at risk of unsafe care.

The provider now ensured records kept of people's care and treatment were accurate and complete. Records reflected the care and treatment people required and the care and treatment that had been provided. For example, all of the people who required support to get up safely with the use of equipment had risk management plans relating to the safe use of the relevant equipment, such as support belts, included in their care plans.

The registered manager and staff consistently demonstrated a commitment to continuously improve the quality of care people received. The registered manager and senior staff told us that it was essential to recruit staff who shared the provider's ethos of being caring and passionate about the best quality of life possible for the people they supported. New members of staff told us how the importance of developing caring relationships with people had been emphasised by the registered manager and senior staff.

The registered manager and senior staff had developed and sustained a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always acted upon. People, relatives and staff told us that there was a close family atmosphere in the home where people cared for one another. Without exception, people and relatives told us the registered manager was responsible for

creating the extremely caring and supportive environment at the home. One person told us, "Together with (senior staff) she (the registered manager) leads by example and sets the standard for all of the carers." A member of staff told us, "She has definitely improved the culture and made everything more centred on the people living here."

People and relatives spoke highly about the effective management of the service. One relative told us, "The manager is dedicated to everyone here and making this their home." Another relative told us, "The manager and her seniors are so experienced and committed to what they do that it sets the standards for all the staff." Staff consistently told us the registered manager and management team provided clear and direct leadership and were "very supportive" and "readily approachable". One staff member told us, "My senior is wonderful, they are so calm that no matter what is happening people feel everything is going to be ok. She inspires you to be as good as them without even knowing it."

At the last inspection the provider and registered manager did not fully understand their responsibilities, for example; They were unaware of their legal obligation to register with us. At this inspection we found the registered manager had completed the required registration process and was completing a recognised nationally accredited course to improve their management skills.

Since our last inspection the registered manager had addressed the failings identified. The registered manager told us the provider had been supportive by ensuring resources were made available to develop staff and drive improvement.