

Shonali Limited

# Digby Manor

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 9 August 2016 and was an unannounced comprehensive rating inspection. The location was last inspected in September 2015 and was rated 'Requires Improvement'.

Digby Manor is a registered care home providing accommodation and personal care for up to 26 people. At the time of our inspection 24 people were living at the home.

There was a registered manager in post. 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. The Registered Manager had been in post since May 2016.

People were safe and secure. Relatives believed their family members were kept safe. Risks to people had been assessed and managed appropriately.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual needs.

People safely received their medicines as prescribed to them.

Staff sought people's consent before providing care and support. Staff understood when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People had a variety of food, drinks and snacks available throughout the day. They were able to choose the meals that they preferred to eat and meal times were flexible to meet people's needs.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there was positive communication and interaction between staff and the people living at the location.

People's rights to privacy were upheld by staff that treated them with dignity and respect. People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs.

People received care from staff that knew them well and benefitted from opportunities to take part in activities that they enjoyed.

The provider had management systems in place to audit, assess and monitor the quality of the service

provided, to ensure that people were benefitting from a service that was continually developing.

## 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 the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed and recorded to support their safety and well-being.

People were supported by adequate numbers of staff on duty so that their needs were met.

People received their prescribed medicines as and when required.

### Is the service effective?

Good ●

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were caring and knew them well.

People's dignity, privacy and independence were promoted and maintained as much as reasonably possible.

People were treated with kindness and respect.

### **Is the service responsive?**

The service was responsive.

People were supported to engage in activities that they enjoyed.

People's needs and preferences were assessed by the provider to ensure that they were supported in the most appropriate way..

People were well supported to maintain relationships with people who were important to them.

People and their relatives understood the complaints process and how to use it if necessary..

**Good** ●

### **Is the service well-led?**

The service was well led.

The provider had systems in place to assess and monitor the quality of the service.

People and relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

**Good** ●

# Digby 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 took place on 9 August 2016 and was unannounced. The membership of the inspection team comprised of one 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.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection and we looked at the Health Watch website, which also provides information on care homes.

We spoke with six people, two relatives, one visiting health care worker, three staff members and the registered manager. We looked at the care records of three people, three staff files as well as the medicine management processes, and records that were maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

# Is the service safe?

## Our findings

During our previous inspection in September 2015, Digby Manor was rated as 'Requires Improvement' because they were found to have insufficient staffing levels to cover staff absences. We found that this had improved. Most of the people we spoke with told us and records we looked at showed that there was now sufficient members of staff available at all times. A staff member told us, "Yes, there's always enough staff and if someone calls in sick, there's always someone to cover their shift". Another staff member we spoke with said, "Staff rotas are planned well in advance. I don't think I could work in a place that was disorganised". We saw that the provider had processes in place to ensure that staff shifts could be covered in the event of a member of staff being unable to work due to ill health. They also had systems in place to ensure that there were enough members of staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely

Most people we spoke with felt there was sufficient staff working at the home to meet people's needs and keep people free from risk of harm or abuse. A person we spoke with told us, "There's always plenty of staff around if I need them". Another person told us, "There's enough staff generally, they get to me pretty quick if I need them". A third person said, "Sometimes they [provider] could do with a few more staff in the evenings". We observed that there were enough staff available to respond to people's needs and that they were attentive when support was requested

People we spoke with told us they felt safe in the home and we saw that people looked relaxed in the company of staff. One person we spoke with said, "They're alright [staff], they look after me okay and I feel safe enough". Another person told us that they had nothing to worry about and felt comfortable living at the location. We saw that the provider had processes in place to support staff with information if they had concerns about people's safety. Staff we spoke with told us that they received regular training on keeping people safe from abuse and avoidable harm, and could recognise the different types of abuse. A staff member we spoke with gave us an example of different types of abuse and how they would recognise some of the signs and symptoms. Staff we spoke with knew the procedure for reporting any concerns regarding people safety. A staff member we spoke with said, "I'd report any concerns to the manager or senior staff".

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. The manager told us that risk assessments were updated every three months or as required because they were vigilant in identifying any daily concerns that may arise in between review periods. A member of staff we spoke with told us, "Risk assessments are done by senior staff, but I look through them, for example, trip hazards if they're unsteady on their feet or impaired vision". We saw that the provider carried out regular risk assessments which involved the person, their family and staff. We saw that risk assessments were updated regularly in care plans. Any changes that were required to maintain a person's safety were discussed and recorded during shift handovers.

The provider had emergency procedures in place to support people in the event of an emergency, such as a fire for example, and staff were able to explain how they followed these in practice to ensure that people were kept safe from potential harm. A member of staff explained to us, "We [staff] raise the alarm, dial 999

and move people to the designated evacuation area in the car park at the front of the building". Staff knew where the fire exits were and that the location had fire doors that would protect people until the emergency services arrive.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. Staff we spoke with told us that the provider had recruited them appropriately and that references and DBS checks had been completed. Records we looked at showed that this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

People and relative's we spoke with told us they had no concerns with the administration of medicines at the home. A person we spoke with told us, "They [staff] get me my medicines on time, they don't miss any, they're very good". A relative said, "[Manager's name] is very observant with health conditions and prescriptions. She makes sure no one is kept waiting for their medicine and there are no gaps in availability of medicines". We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us that all people were able to tell them when they were in pain or discomfort and when medicines were needed on an 'as required' basis. We saw that the provider had a PRN protocol in place to support people when they required medicines on an as required basis, if they were unable to ask for it themselves.



## Is the service effective?

### Our findings

We found that staff had received appropriate training and had the skills they required in order to meet people's needs. A person we spoke with said, "I suppose they're [staff] well trained, they look after me well enough". A relative told us, "They're [staff] friendly, but professional". Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. A staff member we spoke with told us about the different training courses they had recently completed. Another staff member said, "[Training manager's name] is really responsive to any training requests". The provider had systems in place to monitor and review staff learning and development to ensure that they were skilled and knowledgeable to provide good care and support. We saw that the manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people who used the service.

All of the people living at Digby Manor were able to verbally express how they preferred to receive their care and support. A person we spoke with told us, "If I need things, I'll ask them [staff] and they help me". A member of staff we spoke with told us, "[Person's name] can't hear very well, so I write things on a piece of paper and she writes her reply". Throughout our time at the location we saw good interactions between people and staff. People we spoke with told us that they were able to speak openly to staff about their care and support needs.

Staff told us they had regular supervision and appraisals to support their development. A staff member we spoke with told us that they had regular supervision and that the manager and senior staff were always available if they needed support. The manager told us, "Staff have supervision five times a year, unless they need support at any time in between". We saw staff development plans showed how staff were supported with training and supervision. We saw that the manager was accessible and staff freely approached the manager for support, guidance and advice when needed.

Not all of the people who lived at the home had the mental capacity to make informed choices and decisions about all aspects of their lives, although they were all able to communicate effectively with staff. A staff member we spoke with told us how they communicated with a person using the service who had difficulty hearing, by writing things down. Staff told us that they understood about acting in a person's best interest and how they would support people to make informed decisions. Staff understood the importance of gaining a person's consent before supporting their care needs. A person we spoke with told us, "They [staff] ask before they do things for me, I feel very well respected".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people's capacity had been assessed and that the provider had made appropriate DoLS applications to the Local Authority.

Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. A member of staff told us, "I'd try to calm them [person using the service] down, give them space to relax and compose them self". We saw that people's care plans included information of the types of triggers that might result in them becoming 'unsettled' and presenting with behaviours that are described as challenging. People's care plans also showed staff how they were to support the individual at this time.

People and relatives we spoke with told us they were happy with the food at the location. A person we spoke with told us, "It's alright. If you're hungry at any other time they [staff] will give you a snack, a sandwich or something". Another person said, "We get a choice of two meals at lunch time and if you don't like it they'll [staff] get you something else". A third person we spoke with told us, "We do get a choice of what we want to eat, it's beef stew today, lovely". They also told us how they didn't like certain foods and staff ensured that their wishes were respected. A relative we spoke with said, "I haven't tried the food but it always looks nice". We saw menus were available to help people make decisions about what they would like to eat. We saw that there was a good selection of food available and observed that people had access to food and drink whenever they wanted throughout the day. We saw people having drinks and snacks when they wanted to and fresh fruit was available for people to eat if they wished. A staff member we spoke with told us how they discussed menu choices with people on a regular basis to ensure they ate the food they preferred. We saw that staff and people using the service had regular meetings to discuss menus.

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. We saw that there was involvement from health care professionals where required relating to people's dietary needs and staff monitored people's food and fluid intake, where necessary. A staff member told us about the specific dietary requirements of three people using the service and how they were supported by dieticians to ensure that they were supported according to their needs.

People and relatives we spoke with told us that their family member's health needs were being met. A person we spoke with said, "If I need the doctor, they [staff] make sure I get to see him". Another person told us, "I get to see the doctor, dentist, optician, it's better than when I was living on my own, I was always missing appointments then". We saw from care plans that people were supported to access a variety of health and social care professionals. For example, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly.

## Is the service caring?

### Our findings

We saw that the atmosphere at the home was warm and welcoming. From our observations we could see that people enjoyed the company of staff, they were relaxed in their presence and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people. There was light hearted interaction between people and staff throughout our time at the home. A person said to us, "The girls [staff] are marvellous, a real asset". Another person we spoke with told us, "The staff are fine, they look after us [people using the service] well enough, no complaints there. They all seem caring girls". A third person told us, "After I had a stroke, there was slight brain damage. They did their best to help me understand what was going on". A relative we spoke with said, "They [staff] interact with residents and relatives. There's a nice atmosphere here, which I haven't seen in other homes". Another relative told us, "Staff are excellent, they go beyond what can be expected. They are always there to give a hug, they are genuinely caring people". A third relative said, "They know my mum really well. She is very tactile and when she wishes to dance she will grab a member of staff and they will happily dance with her".

We saw that the provider supported people to express their views so that they were involved in making decisions on how their care was delivered. We saw that people and their relatives were involved in developing care plans that were personalised and contained detailed information about how staff could support people's needs. A person living at the home told us, "They [staff] listen to what I want and help me as much as possible". A member of staff told us how people using the service (and their relatives) completed a 'Get to know you' pack when they arrived at Digby Manor, which enabled staff to gain an understanding about their life story and personal preferences, so that care and support could be delivered in a person centred way, People's care and support needs were supported by staff who knew them well, providing a consistent understanding of what people wanted. We saw that care plans were regularly reviewed and updated when people's needs changed.

We saw that people were supported to make decisions about what they did, where they went and what they liked to do. People and relatives we spoke with told us that they had attended meetings where they were consulted on activities that they would like to do. An example being a Summer Fete which was being arranged. A person we spoke with told us, "We have residents meetings every now and then, I'm happy with what's going on and I've got my own little space here". During our visit we saw people making choices about what they were doing, either in the communal lounge or their own rooms.

Staff we spoke with and observations we made showed us that people were treated with dignity and respect. A person we spoke with told us how their disability meant they were unable to carry out their own personal care, and how staff were mindful of retaining their dignity. A member of staff we spoke with explained to us how they promoted people's privacy and dignity within the home. They said, "When bathing people, we [staff] put towels around them [people using the service] when drying so that they have privacy". Another staff member we spoke with said, "We [staff] ensure that personal care is done behind closed doors". We found that people could spend time in their room so that they had privacy when they wanted it. We saw that staff always knocked on people's room doors and asked to be allowed in before entering.

Staff told us how they supported people to be as independent as possible. A member of staff we spoke with said, "We [staff] let them [people using the service] have a go at whatever the task is, if they feel confident to do so".

Staff we spoke with explained to us the importance of ensuring that peoples' right to confidentiality were maintained. Staff we spoke with told us how they would not discuss anything they were told in confidence unless a person's safety was compromised, in which case they would alert the manager. A staff member told us, "We [staff] don't speak about people [using the service] in public, we respect their confidentiality".

Everyone we spoke with told us there were no restrictions on visiting times. A person we spoke with told us, "They [relatives and friends] can visit anytime. My brother pops in three times a week". This meant that people were supported to maintain contact with people who were important to them.

## Is the service responsive?

### Our findings

We found that staff knew people well and were focussed on providing person centred care. We saw that people were encouraged to make as many decisions about their support as was practicable. Everyone we spoke with told us they were involved in care reviews. A person we spoke with said, "Yes, they [staff] come and talk to me about my care plan". A relative we spoke with told us how they were involved in care planning, along with their family member and key worker. We saw records of care planning meetings involving people and their relatives. We saw detailed, personalised care plans that identified how people liked to receive their care.

We saw that staff were responsive to people's individual care and support. We observed staff responding to people's needs promptly when required throughout the day. People we spoke to said that staff were quick to come when the buzzer was pressed. A person we spoke with in their room had the call bell within her reach and said, "Oh yes they [staff] come quickly". Another person told us, "Sometimes I have to 'buzz' the staff when other people's TV is too loud at night, but they get it sorted out pretty quick". They continued, "Staff always ask me how things are going and if I need anything, they're really helpful". A relative we spoke with told us, "[Manager's name] is on the ball. Other people might not have noted it but a month ago my mother wasn't well and [manager's name] spotted it and got her treated. She [manager] is very observant with health conditions and prescriptions. In the home that my mother was in previously they wouldn't even have noticed it and it would have been four or five days before her medicine came in".

We saw that all people living at the home had their own rooms and chose whether to stay in them or join the communal areas. Rooms were clean and personalised to suit people's preferences. A person we spoke with told us, "I don't go to the lounge that often, I like my room, it's nice so I tend to stay here".

Throughout our inspection we saw that people had things to do that they found interesting. They were engaged in activities that they found enjoyable and were supported to maintain their hobbies and interests. A person we spoke with told us, "They [staff] get me my library books. I like reading all sorts of books, except science fiction". Another person said, "I like watching football, cricket and athletics, but I've not been watching much of the Olympics because it's on at strange times". A staff member told us how they supported people to access things that they enjoyed, "[Person's name] likes sitting in the garden, some people like word games, especially anagrams and most of them enjoy watching tennis on the TV".

People and relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. A person we spoke with told us; "I know who to 'have a go at' if I need to". Another resident said, "Yes I've complained occasionally, but only about minor things. They [staff] sort them out and [manager's name] listens to me". Relatives told us that they knew the complaints procedure and how to escalate any concerns if they needed to. We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised.

We saw completed satisfaction surveys and that these had been used by the provider to enhance the quality of service provided for people at the location. We saw that the provider held family meetings to share information with relatives when required.

## Is the service well-led?

### Our findings

We saw that the provider supported staff and that the staff were clear about their roles and responsibilities. We saw that there was a good relationship between the manager, people using the service and staff. The manager was visible and people using the service knew them by name. The manager's work station was situated in the lounge area of the home, so that people using the service had direct access to them, or a senior staff member, at anytime. Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision. Staff we spoke with told us that they were happy with the way the location was managed and that the manager was approachable and that they felt that they were listened to and valued by the manager. A staff member told us, "It's lovely working here, a lot of staff have been here a long time". Another staff member we spoke with said, "They're [management] very approachable. They seem fair to me". A person we spoke with said, "I know [manager's and provider owner's names] they'll often pop their heads 'round the door and have a 'natter'". A relative told us, "I had problems with the old manager, but [manager's name] is superb". Relatives we spoke with told us that they felt there was a positive attitude at the home between the manager, staff and their family member. A visiting health care professional we spoke with told us, "They [staff] seem pretty good here [provider], they're very cooperative and since the new manager's come in, morale is much better".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself. A staff member we spoke with said, "If I have any issues, I can raise them with a senior [manager] or CQC".

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

We saw that quality assurance and audit systems were in place for monitoring the service provision at the location. This included surveys to relatives where they were encouraged to share their experiences and views of the service provided at the location. We also saw that both internal and external audits were used to identify areas for improvement and to develop and improve the service being provided to people. Prior to the inspection the provider had carried out an audit of the service by completing a Provider Information Return (PIR) form. We saw that the PIR reflected what we saw on our inspection.