

Devonshire House Care Limited

Devonshire House

Inspection report

The Green
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

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

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

Medicines were managed safely at the home, but some improvements were still needed.

We have made two recommendations regarding medicines.

People were happy living at Devonshire House and felt safe. Appropriate safeguarding procedures were in place to protect people from abuse. Staff knew how to report concerns internally but some were unsure how to report concerns externally. The registered manager assured us they would revisit safeguarding procedures at the next team meeting to refresh the staff. Staff were confident that any concerns raised would be taken seriously by management.

There were enough staff to meet people's needs and they were recruited safely. Staff received appropriate training and support to enable them to carry out their role effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were happy with the food provided and the cook catered for everyone's needs. Although work was still ongoing, for example the building of a shower room and decoration, we found the environment had improved.

Staff were caring and treated people with kindness. People were treated with dignity and respect.

People had clear, detailed and person centred care plans, which guided staff on the most appropriate way to support them.

There was a clear management structure and staff were supported by the registered manager and provider. Improved quality assurance systems were being introduced. However, this was a new system and needed to be sustained further.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 February 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since January 2019. During this inspection the provider

demonstrated that improvements have been made. The service is no longer rated as inadequate in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Devonshire House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector, one assistant inspector, a member of the medicine team 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.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The PIR was completed prior to the last inspection but still provided relevant details. We received feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and seven relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, senior care worker, care workers, activity coordinator, domestic staff and the cook.

We reviewed a range of records. This included four people's care records, seven medication records and five care plans to look at medicines. We observed medicine administration. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and work was needed to make sure the environment was safe. We also found that medicines were not managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. We have made recommendations with medicines.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines systems were organised, and people were mostly receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, disposal and administration of medicines: however, some improvements were needed.
- Arrangements were in place for the recording of medicines. However, records for some people's medicines stock did not reflect what was available. Therefore, we could not be sure these were correct.
- There was some guidance for care staff about where or how often to apply creams. However, for some people the guidance was incomplete and there were gaps in the records.
- There was some guidance for staff to show when people should be offered medicines prescribed when required, however more detail was needed. Staff did not always record the reason they had given these medicines or the outcome for the person. Therefore, we were unable to establish if the medicines had been effective.

We recommend that the service consider reviewing the guidance for when required medicines to ensure they are accurate, and person centred.

We recommend that the service consider reviewing the guidance and records kept for topical preparations.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were safely managed.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded in their care plans and updated when people's needs changed. Risk assessments were in place for areas such as moving and handling, under nutrition and dehydration, falls and the use of bed rails and provided information on how to mitigate the risk.
- Where people were at risk of malnutrition and dehydration, we saw clear and up to date information within

their risk assessment with guidelines from the Speech and Language Therapists (SALT) on how the food should be prepared and if drinks needed to be thickened.

- Monitoring charts for people's food and fluid intake were in place. However, although people were receiving plenty of fluids, the target fluid intake had not been recorded on the charts or the amount people were receiving totalled. The registered manager arranged for this to happen immediately.
- Work had been done to make sure the environment was now a safe place for people to live in.

Preventing and controlling infection

- Ongoing improvements were being made to the environment to ensure the prevention of infection.
- Domestic staff felt they could complete their duties and that improvements had been made to the environment.
- The service was free from malodour.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure living at Devonshire House. One person said, "I feel safe, I don't feel threatened, they [staff] look after me."
- There were robust processes in place for investigating any safeguarding incidents. We saw records which confirmed that where abuse was suspected, action had been taken immediately and thoroughly investigated. There were systems in place so that any concerns would be reported to CQC and the local safeguarding team when needed.
- Staff knowledge about safeguarding processes was variable, two staff we spoke to were not confident in how to raise a Safeguarding outside of the service. The registered manager assured us they would revisit safeguarding procedures at the next team meeting to refresh the staff. The training matrix showed that some staff were due refresher training in Safeguarding and the provider was advised of this during inspection.

Learning lessons when things go wrong

- Accident and incident analysis was in place and appropriate action taken to avoid reoccurrence.

Staffing and recruitment

- Staffing levels were sufficient to meet the needs of the people using the service and work had taken place to ensure staff were deployed more effectively throughout the service.
- Recruitment checks had been completed to ensure that new staff employed were suitable to work at the service. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection the provider had failed to ensure the premises and equipment was secure, suitable and properly maintained. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- We saw improvements to the service had been made to make sure the environment was safe.
- There were still some concerns with the temperature of the water. The provider was managing it on a daily basis, they were plans for a new plumbing system.
- The service had begun adapting the environment to meet people's needs.
- Dementia friendly signage was in place, coloured toilet seats and doors were in use to better help people with dementia understand their environment.

Staff support: induction, training, skills and experience

- Staff were inducted safely, they completed shadow shifts and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff received regular support through supervisions.
- Further training was required in challenging behaviour. The registered manager had identified incidents where staff had not taken appropriate action when managing behaviours that challenge. The provider was arranging this training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat balanced and specialist diets safely. One person's favourite food was corned beef pie, and the cook had made an alternative using a soft alternative to pastry to ensure they were still able to eat this.
- The service had worked with a person whose anxiety placed them at high risk of malnutrition by fortifying yoghurts and drinks reducing their risks of malnutrition to moderate.
- Procedures had been put in place to ensure safe food serving and storage temperatures.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed prior to admission to ensure their needs could be met. A further

assessment took place once the person came to live at the home.

- The information from both assessments was the basis for the care plan. Care plans were reviewed monthly or more often if required.
- Staff talked about people's individual needs and explained how they provided the support people needed. Staff knew people well and encouraged them to make choices and decisions about their day to day support and care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There were good links to external health and social care professionals and visits or appointments were made when needed.
- People saw a specialist professionals and appropriate referrals were made.
- The speech and language team (SALT) offered guidance for people at risk of choking or difficulty swallowing, community nurse and nurses from the diabetic team were contacted when additional advice was required.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA <, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People said they chose how and where they spent their time. We saw people moving about the premises as they wished.
- Staff had completed MCA training and ensured people had choices and could make decisions.
- People had their capacity assessed and applications for DoLS had been made appropriately. At the time of the inspection five people had a DoLS in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection we found staff to be task orientated with little interaction with people and there was very little evidence to show people received baths.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw staff spent time with people and knew people really well. One relative said, "They [staff] do sit and talk to her quite often, when I come in one of the girls is sat next to her talking."
- Staff were observed providing respectful, kind and considerate care. People we spoke with said, "They [staff] are marvellous" and "They [staff] are kind and patient."
- Staff knew people's preferences and how they preferred to be supported. For example, one person always wanted their door open.
- The service has an equality and diversity policy and we saw evidence to show staff supported people's individual and diverse needs.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions around their care.
- Meetings for people who used the service took place regularly and people were asked for their views and to share ideas. For example, one person requested chicken tikka masala, this was arranged. However they preferred the takeaway. They now enjoy regular takeaways and there were photographs of them enjoying the meal with a glass of wine.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person who had anxiety about enclosed spaces wished for their doors to be left open, the service ensured they had privacy screens in place to maintain the person's dignity whilst providing personal care.
- People were supported to remain as independent as possible. Comments included, "She always gets herself up in the morning" and "I decide what I do in here."
- People were receiving regular baths. A new walk in shower was to be installed in August 2019.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection we found improvements were needed to records that explained how staff were to support people and to the provision of activities.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was focused on their needs, preferences and routines.
- The service had introduced the resident of the day and on this day, they sat with the person to discuss their care plan and update it where needed. One person said, "I can talk you through my care plan if you want."
- People had details about their previous jobs, achievements and things important to them as part of their care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in their care plans. These were shared appropriately with others, including professionals.
- Information was available in different formats such as pictures. One person said, "I have a scribe [support aid] to help me with the quiz, the manager suggested it."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The activity coordinator kept an album of photographs of all events and activities which took place.
- People enjoyed entertainers coming to the service to provide activities. On the day of the inspection exercise activities took place and people enjoyed this.
- In house activities still needed work to be more person centred especially for people living with dementia. The activity coordinator displayed a very caring pleasant approach to people and was obviously knowledgeable about peoples' likes and dislikes. However, when asked whether there were other activities they would like to introduce, they seemed less proactive in this area, and less confident to take on extra activities which they had not done before. The registered manager said they had recently become members of National Activity Providers Association (NAPA) which should support this. NAPA support with activity provision which is respectful, creative, innovative and fun.

- One person had attended a local day centre and returned with lots of friends who stopped for a drink and to chat with people. There was lots of laughter and people enjoyed the interaction.

Improving care quality in response to complaints or concerns

The provider had systems to analyse complaints and concerns to make improvements to the service.

- Information relating to how to make a complaint was readily available throughout the service and also in easy read format. At the time of our inspection the registered manager had no ongoing complaints. Historic complaints showed the registered manager took appropriate action to address the issues raised.
- Everyone we spoke with said they were very confident if they ever had any concerns these would be dealt with professionally. However, one person said, "I did raise a complaint, but they didn't keep me fully informed, the problem was dealt with, but I had to ask."

End of life care and support

- Staff had received training to support people as they neared the end of their lives.
- People's end of life choices were recorded in their care plan if they had chosen to share this information.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to assess or monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements were needed with the guidance for the safe administration of medicines.
- Staff were knowledgeable and enthusiastic about their working roles.
- All staff had a clear understanding of their job roles and how to provide safe, responsive and effective care. One staff member told us, "The management are in five days a week now, everything has improved, it is so much better."
- The registered provider had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements. We saw these were regularly completed and reviewed. However, this was a new system and needed to be sustained further.

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

- The registered manager had used skills for care to assess the culture within the home and positive characteristics of staff members to improve the culture since the last inspection.
- People and relatives said there was a friendly and relaxed atmosphere at the home. Our observations confirmed this.
- The registered manager and management team positively engaged with people, visitors and staff. Comments included, "It is a happy place" and "It is exceptionally good, they [staff] are motivated girls, I like them, and they like me."
- Staff worked in all areas of the home which allowed them to have good knowledge of everyone's needs. Staff comments included "I like it it's a nice place to work for, very friendly" and "It is so much better, everyone is pulling together, and it makes it easier to do our jobs."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.
- The management team knew how to share information with relevant parties, when appropriate.
- The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.

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

- The provider had established forums in place to communicate with people. This included meetings and formal surveys.
- People were being included with the refurbishment of the home, such as choosing wallpaper and colours..
- The registered manager had developed links to ensure the service was part of the community. Children from a local nursery came to mix with people and undertake activities such as colouring on a weekly basis.
- People who used the service regularly visited the local pubs and cafés and they have also taken part in West Auckland in Bloom where a member of the community came to the home and helped people to plant flowers.

Continuous learning and improving care

- The registered manager understood their responsibility to be open and honest when things had gone wrong. They welcomed our inspection feedback and took immediate action in response to the issues we found.
- The registered manager had and continued to build up relationships with other care home managers to learn and share best practice.