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The Devonshire Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

The Devonshire Nursing Home is located in a residential area of Eastbourne with some parking on site and on the road. The home consists of two Victorian detached buildings that have been converted and joined together by an extension on the ground floor. A small shaft lift in one building and a chair lift in the other enables people to access the first floor bedrooms and there are accessible gardens to the rear for people using mobility aids and wheelchairs.

The home is registered to provide personal support and nursing care for up to 45 older people. There are shared rooms that are used as single rooms, unless a couple requests to remain together, therefore the maximum number of people is usually 37. There were 36 people living at the home during the inspection. Some people had complex needs and required continual nursing care and support, including end of life care. Other people needed support with personal care and assistance moving around the home, due to physical frailty or medical conditions, and some people were living with dementia.

A registered manager was responsible for the day to day management of the home. 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.

This inspection took place on the 24 February, 3 and 4 March 2016 and was unannounced.

People were assessed before they moved into the home to ensure staff could meet their needs. Care plans, including risk assessments, were developed from this information to ensure their safety. However, staff did not always follow the guidance and risk assessments in the care plans when supporting people to move around the home.

People said there were enough staff working in the home and that staff provided the support and care they needed. New staff were required to complete an induction programme in line with the Care Certificate, and the ongoing training programme supported staff to meet people's needs. The registered nurses attended fundamental training and additional training to ensure their nursing competencies were up to date.

Systems were in place to ensure people were protected and support was provided safely. This included safeguarding training and staff had a good understanding of abuse and how to raise concerns if they had any. Staff were trained in the safe administration of medicines; they followed relevant policies, gave out medicines safely and signed the administration records after they had been taken.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (Dols) which applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were up to date with current guidance

to ensure people were protected.

People, relatives and staff said the management were very approachable, and were involved in decisions about how the service developed with ongoing discussion on a day by day basis and during residents meetings. In addition feedback was sought from people, their relatives, healthcare professionals and other visitors to the home, through satisfaction questionnaires.

People told us the food was very good. Staff asked people what they wanted to eat, choices were available for each meal, and people enjoyed the food provided. People told us they decided what they wanted to do, some joined in activities while others chose to sit quietly in their room or communal areas.

People had access to health professionals as and when they required it. The visits were recorded in the care plans with details of any changes to support provided as guidance for staff to follow when planning care.

A complaints procedure was in place. This was displayed on the notice board near the entrance to the building, and given to people, and relatives, when they moved into the home. People said they did not have anything to complain about, and relatives said they were aware of the procedures and who to complain to, but had not needed to use them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff did not follow relevant guidance and risk assessments when assisting people to move around the home.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

People were cared for by a sufficient number of staff and recruitment procedures were robust to ensure only suitable people worked at the home.

Medicines were administered safely and administration records were up to date.

The premises were well maintained and people had access to all parts of the home.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to deliver care effectively.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

The staff approach was to promote independence and encourage people to make their own decisions.

Staff communicated effectively with people and treated them

with kindness and respect.

People were encouraged to maintain relationships with relatives and friends. Visitors were made to feel very welcome.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved into the home.

People decided how they spent their time, and a range of activities were provided depending on people's preferences.

People and visitors were given information about how to raise concerns or to make a complaint.

Is the service well-led?

Good

The service was well-led.

There were clear lines of accountability and staff were aware of their roles and responsibilities.

People, relatives and staff were encouraged to provide feedback about the support and care provided.

Quality assurance audits were carried out to ensure the safe running of the home.

The Devonshire Nursing Home

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 checked 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 the 24 February, 3 and 4 March 2016 and was unannounced. The inspection was carried out by one inspector.

We looked at information we hold about the home including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with all of the people living in the home, three relatives, two visitors, five staff, the cook, the deputy manager, registered manager and a visiting healthcare professional. We observed staff supporting people and reviewed documents; we looked at four care plans, medication records, four staff files, training information and some policies and procedures in relation to the running of the home. We contacted healthcare professionals who visit the home regularly and spoke to two of them following the inspection.

Some people living in the home were unable to verbally share with us their experience of life at the home, because they were living with dementia. Therefore we spent long periods watching how people were cared for by staff in communal areas.

Requires Improvement

Is the service safe?

Our findings

People and relatives said the home was a safe place to live. People told us, "I do feel safe here." "I have no worries they look after us very well" and, "They know how to keep us safe, they have a good idea how much support we need and they make sure I use my zimmer." A relative said, "Yes I think my husband is very safe. I don't have any concerns." A health professional told us, "The staff are very good, they know when people's needs change and contact us to make sure the support they provide is safe for that person." Staff said they had attended safeguarding training and had good understanding of protecting people from abuse and keeping them safe. People, relatives and staff said there was enough staff working in the home to ensure people had the care and support they needed and wanted. Despite people and relatives sharing positive views, we found that improvements were needed to make sure people were safe at all times.

Risk assessments specific to each person were in place. These included assessments of people's nutritional needs, communication, waterlow scores to ensure they were protected from pressure sores and mobility. Staff said, "If people can walk with support then we help them to do that, even if it takes more time. They need to keep their independence for as long as possible" and, "We contact the occupational therapist and physiotherapist if we need advice and suggestions about keeping people mobile and safe." However, we observed some staff did not follow appropriate guidelines when they supported people to move around the home using walking aids, for example zimmers and, when transferring people from wheelchairs to armchairs in the lounge. Staff did not assess a person's capability to stand and walk with a zimmer before they started to assist them to stand. Staff told us the person had, "Good days and bad days," which meant an assessment of the person's capability was required before they asked them to stand, to ensure they were safe. This was not done. Staff placed a zimmer in front of the person and asked them to stand, they were not able to do this without assistance from staff and they had difficulty walking. This meant the person was at risk of falls and staff were at risk of injury. Another member of staff assisted a person to transfer from a wheelchair to an armchair by supporting them under their arm, which was inappropriate and put the person at risk of injury to their shoulder and the member of staff at risk of harm if the person slipped down or fell. Staff told us they had attended moving and handling training and the records supported this. The registered manager observed staff had not supported a person correctly and said additional training would be arranged after speaking to the staff.

Staff had a good understanding of enabling people to take risks in a safe way. Staff told us they supported people to do as much as they could for themselves, "So that they make choices and can be as independent as possible, as long as they are safe." Staff explained that people's needs had been assessed before they moved into the home and this meant staff were aware of some risks when people moved in. For example if they could weight bear or were at risk of falls. These were reviewed again as staff got to know people and there was evidence in the care plans that these were done with the involvement of people and their relatives.

Following discussions with a relative and a risk assessment staff had identified that one person was at risk of falling when they were on their own in their bedroom. A sensor mat had been placed near their bed to alert staff if they got out of bed, this enabled staff to reach their room and assist them to move around safely and

reduce the risk of a fall. A health professional had attended one person to assess their mobility and said the staff at the home contacted them for advice. They felt the staff provided appropriate support for the person they assessed and did not have any concerns. Staff used hoists to transfer people to and from their bed to wheelchairs and then to armchairs in the lounges, these transfers were carried out safely and staff told people what they were doing before they supported them.

People and their relatives were happy that medicines were dispensed in a safe, timely and appropriate manner. Medicines were delivered and disposed of by an external provider and the management of this was safe and effective. People had been risk assessed with regard to managing their own medicines and one person was responsible for some of their medicines. Staff said they gave them tablets for pain relief and recorded when these were given, so they were aware how many tablets the person took. Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. Medicines requiring refrigeration were stored in a fridge, which was not used for any other purpose. The temperature of the fridge was checked to ensure the safety of medicines. Staff told us regular training was provided to ensure staff administering medicines were up to date and their competency was assessed on a regular basis.

We examined the Medicines Administration Records (MAR) for four people, we observed the dispensing of medicines at lunch time and examined the provider's medicine management policy. The MAR contained photographs of people for identification purposes and guidance for staff with regard to people taking medicines on an as needed (PRN) basis. Staff locked the medicine trolley when leaving it unattended and did not sign MAR until medicines had been taken by the person. There were no gaps in the MAR and staff were knowledgeable about the medicines they were giving. There were regular audits of the medicines management and stock balances were checked to ensure they did not run out of medicines. The deputy manager said they had been attending training for the use of new medicine system that uses a bar code scanner. This would reduce the risk of human error when giving out medicines and, prompt staff to give out prescribed medicines that are outside the normal medicine times.

People told us they were enough staff working in the home to provide the support and care they needed. "There are staff around all the time." "We can ring for them and they arrive quite quickly" and, "I have no worries about the staff, they check what I need even if they are busy with someone else." Relatives and visitors said the staff were available at any time. "They respond to the call bells very quickly and I have seen them pop in to people who are unable to use the bell to check on them." Staff told us, "We can be busy at times, but there is usually enough of us to answer bells, and if we are busy we ask another carer to check and see what they need" and, "I haven't noticed any issues with staffing, but if there is a problem, like someone is feeling poorly, then we discuss this with the manager and more staff are allocated." Staff said they were able to provide the support and care people wanted. We saw people who were unable to use the call bell were supported by staff to be involved in decisions about the care provided, staff were not rushed and there was a relaxed atmosphere in the home.

Recruitment procedures were in place to ensure that only suitable staff worked at the home. We looked at the personnel files for four staff. There were relevant checks on prospective staff's suitability, including completed application forms, two references, interview records and evidence of their residence in the UK. A Disclosure and Barring System (Police) check, which identify if prospective staff have a criminal record or were barred from working with children or adults, had been completed for all staff. One member of staff said, "The checks were carried out before I started working here, it's to keep people safe."

As far as possible people were protected from the risk of abuse or harm. Staff said they had attended

safeguarding training and were required to attend updates yearly. They demonstrated a clear understanding of types of abuse and what action they would take to protect people from abuse. Staff were aware that referrals can be made to the local authority if abuse is suspected and pointed out the relevant contact details were on the notice board in the registered manager's office and the staff room for them to access if required. A whistleblowing policy was in place and staff said they had read this and understood the importance of raising issues if they thought people living in the home were at risk. One member of staff told us, "I don't think any of the staff would have a problem reporting concerns if they felt people were at risk, I know I wouldn't." People, relatives, visitors, staff and a visiting health professional all said they had not seen anything they were concerned about.

There was ongoing repair and maintenance in the home. Staff recorded any repairs they noted; the maintenance staff dealt with these as soon as possible and signed and dated when they had been done. The registered manager and maintenance staff said staff were on call 24 hours a day for any emergencies and staff said they knew they could contact them at any time. Environmental risk assessments had been completed to ensure the home was safe for people living there. The home was clean and well maintained, people had personalised their own rooms with their own furniture, ornaments and pictures if they wished. There were records to show relevant checks had been completed, including lighting, hot water, call bells and electrical equipment. The fire alarms system was checked weekly and fire training was provided for all staff and the records showed they had attended. External contractors maintained the lift, electricity supply and kitchen equipment, and if there were any problems staff were able to access their contact details.

Accidents and incidents were recorded; the registered manager monitored these and audited them monthly. Staff said if an accident or incident occurred they would inform the nurse on duty and an accident form would be completed. Information about what happened was recorded and staff discussed what happened and how they could reduce the risk of it happening again. For example, one person tried to stand up without assistance and were at risk of falls. Staff observed the person discretely to ensure support was provided.

There were systems in place to deal with unforeseen emergencies. Emergency evacuation plans were in place for each person with clear information about how much support people needed and what action staff should take. Staff were aware of the emergency evacuation plans, they felt they could follow them and knew they could ask for assistance from a nearby care home. Staff told us a senior member of staff was always on call and they were confident they would be able to support people if there was an emergency.

Good

Is the service effective?

Our findings

People said the staff had a good understanding of their needs and had the skills to look after them. They said, "They really know how to look after me and know how much support I need." "I am confident the staff know what I need. I am better some days than others and they know this" and, "The staff are very nice." People told us the food was very good and, "There is always a choice and if we want something different we can have it." Staff said the training was very good. One told us, "It means we have the knowledge to understand the resident's needs and are able to provide the support and care they want."

People said the staff have training to make sure they are providing the right support. One said, "There is always some training going on and they definitely know how to look after everyone." Staff said the training was very good and, "We have to attend the training, which is quite right, otherwise we would not be up to date with how to look after the residents." Records showed staff had attended relevant training including moving and handling, infection control, safeguarding, fire safety and health and safety.

New staff were required to complete induction training. The Provider Information Return (PIR) stated this included a two day 'house induction' to look at the daily routines in the home, policies and procedures, health and safety and fire safety and they then worked on a supernumerary basis with staff for a week or longer if required. This was supported by staff who told us they worked with more experienced staff, until they felt confident and were competent to look after people on their own. One said, "The support when I first started here was very good. All the staff were very supportive and I think we work really well together as a team."

The registered manager said new staff with no care experience were required to work toward the new Care Certificate, which familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. This involves a programme of observation and assessments to ensure staff have the skills and knowledge to understand people's needs and provide appropriate support and care. One member of said, "The nurses and matron can observe our practice at any time, to make sure we are supporting residents and providing the care they need." Staff said they could work towards professional qualifications if they wanted to and were encouraged to do so. Most of the care staff were working towards or had completed a national vocational qualification and the registered manager and head chef were supporting a member of the catering team to attend college and complete a professional catering course.

The registered manager and staff had completed training on the Mental Capacity Act 2015 (MCA). They demonstrated a clear understanding that the MCA aims to protect people who lack capacity, and that it enabled people to make decisions or participate in decisions about the support they receive. Staff said people living in the home were able to make decisions about all aspect of the support and care provided and, they were aware that some people were living with dementia. Staff said, "Some residents have dementia and they forget, but they can still make decisions and we make sure we offer choices and encourage them to be independent." Staff told us they always gained people's consent before supporting them with personal care. "We ask everyone if they are ready to have a wash, get up or have something to eat and if they refuse we leave them for a while and then ask again" and, "We never make decisions for them,

although we might encourage them to do something, like have a drink and something to eat." We saw staff involved people in decisions about the support and care they received.

Deprivation of Liberty Safeguards (DoLS), which is part of the MCA, is to ensure someone, in this case living in a care home, is deprived of their liberty in a safe and appropriate way. This is only done when people are unable to tell staff about their wishes and need support with aspects of their lives. Decisions about their support is made during best interest meetings and agreed by relatives or an advocate, health and social care professionals and staff, when there is no other way of safely supporting them. An application had been made for one person for a DoLS following a best interest meeting, which involved discussions with the person, their relatives and health professionals, to ensure the decision was in their best interest. Staff were aware of the implications of DoLS for the people they supported. They said, "This is only done when there is no other way to make sure the resident is safe."

Staff told us they had regular one to one supervision and they felt this gave them a chance to sit down and, "Talk about anything" and, find out if there were areas where they could improve. The supervision records showed staff attended regularly and it was evident that work based and personal issues were raised and addressed. Staff said supervision was a two way process, "We can talk about anything that may affect our work as well as any extra training we would like to do, like supporting people with diabetes" and, "I think we could ask for any support or training and it would be arranged. Although I don't think there is anything I need now, but if I thought I did I would talk to the matron." Appraisals were carried out yearly and the records showed these had been completed.

People told us the food was very good and staff asked them what they wanted for each meal. The cook was aware of people's needs, their likes and dislikes and people were able to eat what they wanted to eat. Specific diets were catered for including vegetarian, soft and pureed meals depending of people's specific needs. People sat in the lounges, they used the dining areas or they remained in their room for their meals. The mealtimes were sociable and people sat chatting together, with staff, or quietly on their own. Condiments, napkins and a choice of juices were available, and tea and coffee was served throughout the day, when people wanted it. People were encouraged to have a nutritious diet; the meals they chose were recorded and staff knew if people had had enough to eat and drink. People told us, "I didn't want the meal so I had a nice sandwich instead." "The food is very nice and we always have a choice" and, "The food is lovely and they ask us what we want." Relatives were able to join people for meals if they wished. They were very complementary about the parties they had attended that had been arranged for people in the home, including the summer fete and Christmas lunch. Staff told us snacks and drinks were available at any time and people said they had enough to eat and drink. Staff assisted people as required and records were kept of the amount people ate and drank if there were concerns about the amount of food and fluids they had. People's additional needs had been identified and appropriate support was provided; staff assisted people who required help with their meals and one person used a high table attached to their chair so that they could access the food and be independent. This meant there were systems in place to ensure people had a nutritious diet.

People were weighed monthly so that staff were aware of any changes, although staff told us they knew if people were not eating properly and picked this up before there was any significant change in their weight. Fortified drinks were provided to support people if necessary and referrals were made to the dietician or speech and language team to ensure appropriate support was in place. For example, one person was assisted to sip thickened fluids at meal times, so that they had some oral food, while their nutritional support was provided through a percutaneous endoscopic gastrostomy (PEG) tube directly into their abdomen.

People had access to health care professionals. These included the dentists, opticians and chiropodists. GPs visited the home as required with any changes in support and care following these visits recorded in the people's care plans, which were updated to reflect these. Staff supported people to attend hospital appointments if necessary and people were able to visit their doctor and other health professionals in the community if they wished.

Good

Is the service caring?

Our findings

People were very positive about the care and support provided. They told us, "Staff look after us very well." "They are kind and caring and respect our choices" and, "I like it here, I need to stay until my husband is out of hospital, I don't mind it is very nice." Relatives and visitors said the staff were kind and thoughtful and one said, "They care for each resident as an individual, which is as it should be."

Communication between people, relatives, visitors and staff was friendly and on first name terms with staff using people's preferred name. Staff waited for people to respond to queries about what they wanted to do before they provided support and care. They told us people were encouraged to make choices, they always asked people if they needed assistance, and if they refused they respected this. Some people were unable to tell staff what their preferences were and staff said they understood from people's body language and expressions if they wanted to do something, like have a drink and where they wanted to sit in the lounges. We saw staff spoke to everyone with respect and involved people in conversations about the care and support they provided, including people who were unable to respond verbally. Staff spoke directly to people using eye to eye contact, quietly and respectfully.

The atmosphere in The Devonshire Nursing Home was relaxed and comfortable, people were asked if they wanted to use one of the lounges or remain in their rooms. Some people sat in their social group in one of the lounges watching TV, one said the enjoyed property programmes; others used the lounges for meals and then returned to their rooms. Staff were knowledgeable about people's preferences and their likes and dislikes were recorded in the care plans, with information about each person's life, their hobbies and interests. There was evidence that these had been written with the people and their families, if necessary, when people moved into home. Staff said this information enabled them to build relationships with people so that the care and support provided was based on each person's choices and could meet people's diverse needs. They told us each person was different, they had their own personality and made their own choices, some liked music or watching TV, while others liked to sit quietly in their rooms, and they said they encouraged people to do this as much as possible. One member of staff said, "We support people to be independent and make their own choices, they are all different and want to do different things." People and staff said the wishing tree, which was positioned on a table in the entrance of the home, was a good way of doing this. People were encouraged to write their wishes on a label, hang them on the tree and staff would support them to, "Make the wishes come true." For example, one person wanted to go shopping for crumpets and eat them at tea time. The shopping trip had been arranged before the inspection, the crumpets were purchased and the cook prepared the crumpets. This showed that people received care and support from staff who knew them well and responded to their individual needs in a caring and compassionate way.

Staff said they treated people with respect and ensured their privacy and dignity. One said, "We knock on residents doors and ask if we can come before we do, it is their personal space and we respect that." We saw staff knocking on people's door and calling out saying who they were and if they could enter. People told us, "They respect our space, this is my room and they ask if they can come in." "They make sure the door is closed when they are helping me to get up, which is very nice." "They are very caring and look after us very

well" and, "We couldn't ask for more." Staff asked people discretely if they needed to use the bathroom when they were in the communal areas, they ensured bedroom doors were closed when supporting people with personal care and offered people living with dementia different clothes so they could choose what they wanted to wear.

Staff regarded information about people as confidential and care plans and additional information was kept secure in locked cabinet. Staff told us, "Information about resident's is strictly confidential, we don't talk about their needs with anyone else and if a visitor wants to know anything we ask them to talk to the matron or the nurse in charge" and, "We have a clear policy about confidentiality, we don't discuss anything even with relatives unless we have permission to do so, like from the resident."

People were able to maintain contact with relatives and friends. One member of staff said, "We think it is important for resident's to keep in contact with their family or friends, if they want to, and they can visit at any time." Relatives and visitors said they were made to feel very welcome. They told us, "Staff always ask how we are and if we would like a cup of tea. They are very accommodating" and, "We can visit at any time really as there are no strict visiting times. I come at different times depending on what I am doing. The staff don't mind they seem happy to see us." People told us their relatives and friends were always happy to visit and they looked forward to seeing them and, "Having a catch up."

End of life care had been discussed with some people and their relatives where appropriate and, this had been recorded in the care plans. Do not resuscitate forms had been discussed with healthcare professionals and completed by people or their relatives. The deputy manager said they were attending training and had been working towards the Gold Standard Framework programme for end of life care at The Devonshire Nursing Home. The programme offers a number of tools for staff to use to ensure the support people receive at the end of their life is appropriate; by reducing the risk of their admission to hospital and enabling them to die with dignity at the home if they wish. The registered manager and deputy manager said this would mean additional training for all staff and may take some time to introduce, but they were confident that this would be introduced within the next few months.

The registered manager said advocates were available to support people if they had no relatives or representatives and information was available in the office. They said this service was not needed at the time of the inspection.

Good

Is the service responsive?

Our findings

People were very positive about the support and care they received and praised the activity staff for the range of activities that were available for them to participate in if they wanted to. People said, "I don't like the games and things, but I really enjoy the music and singing" and, "We went out to the theatre a while ago and another visit is planned for next week. There is always something going on." Relatives told us the activities were very good. "They keep people active and thinking about what they want to do" and, "She is a bit forgetful, but I know she enjoys joining in with the games and group activities in the lounge." Staff said they involved people and their relatives in decisions about the care and support they provided and this was different for each person living in the home. One member of staff told us, "We use a holistic approach, looking at each person's needs in terms of all aspects of their care, so that we can meet their needs." A health professional said the staff responded to people's changing needs and contacted them if they needed advice.

People's needs had been assessed with their involvement and if appropriate their relatives, before they moved into the home. One person told us the registered manager had visited them and had talked about the support they needed and they said, "I am happy that I have moved in. They look after me very well." The registered manager told us this was to ensure they could meet people's needs and if they were unable to do this they would not be able to offer them a place at the home. The information from the assessment was used as the basis for the care plans, which were developed after people moved into the home. One person said their relative had found the home for them, although the registered manager had visited them to discuss their needs, they had not looked at any homes, but they were happy with their relative's choice. They told us, "I am very well cared for and they let me decide what support I need."

We looked at four care plans and daily records for these people. They were legible, person centred and up to date. They contained information about people's care needs, for example, in the management of the risks associated with moving around the home using a walking aid and the stair lift. Care planning and individual risk assessments were reviewed monthly and some contained detailed and relevant information. For example, one person's care plan described a high level of risk concerning the development of pressure sores. We noted action had been taken to minimise this risk through the use of equipment, regular assessment of dietary need and monitoring of the person's skin integrity. There was evidence that staff checked daily that pressure relieving mattresses were at the correct level and staff ensured cushions were available for people in their rooms and the lounges, to reduce the risk of pressure damage. There was further information to assess and monitor the risk, for example the use of the Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify adults, who are at risk of being malnourished, malnutrition, or obese. The records showed that these were taken into account when people received care, for example, in their choices of food and drink.

Staff explained clearly people's support needs and what action they took if people's needs changed. One member of staff said, "If we feel a resident's need have changed we talk to the nurse in charge or the matron, we make suggestions and they assess the resident's needs to make sure we look after them with the right care and support." Staff said they recorded the care and support provided in the daily records and we found

information about how staff supported people with personal care, the food and drink consumed and activities people participated in. People and their relatives felt their care was personalised to meet their needs. One person told us, "Yes the staff are excellent and know how to support me." Relatives said, "We are involved very much as my relative is unable to make safe decisions" and, "The staff and matron speak to my relative about everything and we feel they decide what care they need." We found support and care was based on people's individual needs. For example, the home was a non-smoking environment. One person liked to smoke but was unable to go outside the building to smoke, staff obtained E cigarettes that were simple to use, and these were available for the person to use when they wished. Another person was supported to attend the Memory Clinic so that they could be assessed and appropriate treatment provided if required.

We spoke with all of the people living in the home and they and their relatives told us social, educational and occupational opportunities were provided by activity staff and volunteers. One person said, "There is always something going on and I think there's a lovely singer coming tomorrow." The singer was very popular and people told us they were looking forward to them singing a range of songs and, "We will be able to join in as well." We saw a volunteer playing a number of group activities with people in one of the lounges and at another time supporting one person to play a game in their room. The activity programme was displayed on the board in the entrance hall and was given to people in rooms. We looked at the activity programme for February and saw the range that was available, they including gentle exercises, music and sherry in the lounge, church service, crafts, Valentines lunch and raffle, Chinese New Year quiz and lunch, shrove Tuesday pancakes, scrabble, shopping trips and a visit to the theatre. People and relatives were kept up to date through a newsletter about activities and the money they had raised over the previous year. People and relatives were happy to discuss how much they made at the garden party in 2015 and who they had been able to donate this to, including Gertrude the grandma they sponsor in Uganda through the Quicken Trust. The newsletter also informed people and visitors about news relating to staff, for example the activities co-ordinator had worked at the home for 25 years, the head chef had worked there for 30 years and there was information about new staff, special birthdays and details of staff who were leaving to go to university. People said the newsletter was very informative and kept them up to date with any planned changes.

If people chose not to join the group activities the activity staff and volunteers spent time with people in their rooms on a one to one basis, this included people who were unable to communicate verbally or could not participate in activities due to their health care needs. The activity coordinator introduced us to people who remained in their rooms and discussed the activities they enjoyed on a one to one basis. Records were kept of the activities provided and some pictures were taken, with people's permission, and these were available for people, relatives and visitors to look at. We discussed the frequency of the one to one activities in people's rooms in comparison with the group activities available for people who were more mobile and active.

A complaints procedure was in place; a copy was displayed on the notice board near the entrance to the home, and given to people and their relatives. The registered manager kept a record of complaints and the action taken to investigate them and address any issues, although staff told us they rarely had any complaints and if they did they would try and deal with them at the time and if they were unable to do this they would pass it on to the person in charge. The complaints folder contained details of the complaints procedure and the action staff should take if a concern is raised. People told us they did not have anything to complain about. One person said, "Can't find a complaint, wonderful it is crisp and clean here." Relatives said they had no concerns and if they did they would talk to the registered manager or the staff.

Good

Is the service well-led?

Our findings

From our discussions with people, relatives, visitors and staff, and our observations, we found the culture at the home was open and relaxed. Care and support focused on meeting people's assessed needs by providing the support people living at The Devonshire Nursing Home needed and wanted. People said the registered manager was very approachable and they could talk to them at any time. Staff felt that they all worked well as a team and they supported each other and were in turn support by the management; they said they were able to talk to their colleagues and the registered manager about anything.

The registered manager said the philosophy of care at the home was based on meeting people's individual needs; through discussions with people and their relatives so that agreement could be reached and the support provided was what people needed and wanted. People and their relatives were aware that they had a care plan, which included information about their needs and the guidance for staff to follow to meet these. One person said, "I have a care plan and we do talk about the support I need, but I don't worry about it the staff look after it for me. I have signed it." A relative told us they had been involved in writing the care plan when their family member had moved into the home and they had discussed any changes on a regular basis. "The staff let me know if they are not feeling well or if they have to contact the doctor. I am always kept up to date and I have signed the care plan to show that we have discussed it."

Staff said the registered manager had an open door policy and staff and people were able to go to the office at any time. The registered manager spent some time each week working on the floor, which meant they were available for people and staff and involved with the provision of care and support in the home. Staff said they had confidence in the management of the home and they felt well supported. Staff said, "I feel we can talk to the matron at any time and she will listen to what we say." "We are involved in developing the services provided in the home. I think we can talk to the matron and owner about anything, and I feel confident they will listen." Staff said there were clear lines of accountability. They were aware of their colleague's role on each shift and, they felt they worked very well together as a team. Staff were clear about their own role and responsibilities and there were systems in place to ensure staff provided the support and care people needed and wanted. The registered manager and deputy manager were aware that additional support and observation was needed to ensure that people were supported to move around the home safely, and this was acted upon immediately.

Duty of candour forms part of a new regulation which came into force in April 2015. It states that providers must be open and honest with people they support and other 'relevant persons' (people acting lawfully on their behalf) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. Providers must have an open and honest culture at all levels within their organisation and have systems in place for knowing about notifiable safety incidents. The provider must also keep written records and offer reasonable support to the person in relation to the incident. The registered manager said not all staff had attended the relevant training and further training was planned to ensure all staff had a clear understanding of being, "open and transparent with people and their representatives." The registered manager and staff had an understanding of 'duty of candour'. One member of staff said, "It's about being open and owning up to things, discussing with people and relatives if there

have been any problems." This meant management and staff were aware of the changes in legislation and understood what action they had to take to meet them.

A system of quality assurance and monitoring was in place. The registered manager checked and analysed incidents, accidents and complaints. There were systems to audit the MAR charts and care plans and systems were in place to address any issues identified. Quality assurance surveys for people living at the home and their relatives or representatives, were used to collect feedback about the support and care provided yearly and the responses we viewed were very positive. Questionnaires were also used at different times to obtain feedback about specific aspects of the service, such as the food questionnaire. The responses about the food were very positive and people made suggestions for foods that could be added to the menu, like pea soup, scones, fruit, cheese and melon. People, relatives and staff said they were asked to put forward suggestions about improving the support provided and felt involved in developing the service and these varied. For example, a request for a brighter light bulb in a person's main light and, people wanted to invite Joanna Konta for lunch during as she would be playing tennis in the Eastbourne tournament.

Meetings were held regularly for people living at the home and their relatives and the minutes showed that any issues were identified and were addressed. For example, most of the activities had been arranged for 11am Monday to Friday following discussions with people about their preferences. People said this time would be more suitable as relatives usually visited the home in the afternoons and at weekends. Staff meetings were also held regularly although staff said they felt they could talk to the manager at any time.