

Devonshire House Care Limited

Devonshire House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 23 January 2018. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Devonshire House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of inspection there were 23 people living at the service.

A registered manager was in post at the time of the inspection visit. They were registered with the CQC in December 2004. A registered manager is a person who has registered with the CQC 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 service was last inspected in August 2016 and received a rating of Good.

We could not evidence people received their medicines as prescribed due to poor recording. Medicines were stored safely.

Risks to people arising from their health and support needs and the premises were not always assessed and plans were not always in place to minimise them. A number of checks were carried out around the service to ensure that the premises and equipment were safe to use. However, two out of three bath hoists were broken and water temperatures were low. The last electrical safety certificate stated it was unsatisfactory and needed work, but there was no record to show the work had been done. The gas boiler service certificate was sent after inspection and showed that suitable checks had been carried out.

We saw day staff had received fire drills three times in 2017; however the records did not document what time the drill took place and how long it took to evacuate. Night staff had never received a fire drill and no staff had practised a full evacuation. We have made a recommendation regarding this.

There were concerns with infection control as staff were not adhering to good practice and the laundry room had no facilities to wash hands after handling infected/contaminated linen.

Staff had received all the training they needed to carry out their roles effectively. However, we saw evidence to show that they were not always putting this training into practice. We have made a recommendation regarding this.

Staff were fully supported from supervisions and a yearly appraisal.

People enjoyed the food provided and were offered choice. Staff were aware of people's dietary needs, however records needed updating.

People who lived at the service were safeguarded from abuse and potential abuse. People told us that they felt safe at the service. Safeguarding training was completed by staff and they had access to information about how to prevent abuse and how to respond to an allegation of abuse. Staff knew what was meant by abuse and said they would not hesitate to report any kind of abuse which they were told about, suspected or witnessed.

A number of recruitment checks were carried out before staff were employed to ensure they were suitable.

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

We found there was sufficient staff employed to support people with their assessed needs. However, the registered manager should look at how these staff were deployed.

Staff knew people and their life history's well. However we found that not all staff knowledge was recorded in people's care files. Staff had a clear understanding of people's needs and how they liked to be supported. People's independence was encouraged without unnecessary risks to their safety. Care plans had information of people's wishes and preferences; however there was nothing recorded about people's wishes and preferences for end of life care. We saw little evidence that people had been included in their care planning process and we have made a recommendation regarding this.

We saw evidence in care plans to show the service worked with external healthcare professionals to maintain people's health.

We found the interactions between people and staff were kind and respectful and people were offered choice throughout the day.

Procedures were in place to support people to access advocacy services should the need arise. At the time of inspection two people were using an advocate.

We saw evidence of activities taking place.

The service had a complaints policy that was applied if and when issues arose.

Audits were taking place, however they were not robust enough to highlight the issues we found during our visit.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

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.

Medicines were not always managed safely

Risks to people were not all assessed or plans put in place to minimise the risk.

Risks to people's safety in the event of a fire had not been fully managed.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

The provider carried out pre-employment checks to minimise the risk of inappropriate staff being employed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Work was needed to make sure the premises and equipment were safe to use and properly maintained, including in relation to infection control.

Staff received training to ensure that they could appropriately support people, however not all staff put this training into practice. Staff were supported through supervisions and appraisals.

People were provided with a choice of foods.

Staff knew their responsibilities under the Mental Capacity Act (2005) and evidence of consent was sought.

Requires Improvement ●

Is the service caring?

The service was not always caring

We observed staff cared for people in a kind and considerate manner.

Requires Improvement ●

Two people were using an advocate for support.

We found that the provider was not ensuring the service was caring overall.

Is the service responsive?

The service was not always responsive.

No care plans were in place for people's wishes and preferences at the end of life. Not all life histories were recorded.

People were generally happy with the activities on offer.

People knew how to make a complaint if necessary. All complaints were investigated.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Quality assurance checks were not robust.

Improvements were needed with records.

People were happy with how the service was managed, however there was no evidence they were involved with the running of the service.

Requires Improvement ●

Devonshire House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 January 2018 and was unannounced.

The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is someone who has experience of this type of service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was asked to complete a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the information from this to plan the inspection.

During the inspection we looked at three care plans, room records, Medicine Administration Records (MARs) and daily records. We spoke with four members of care staff, the registered manager, the senior care worker who took over the managerial side in the registered manager's absence, the head of housekeeping, the activity coordinator and the cook. We spoke with six people who used the service and two visiting relatives.

Is the service safe?

Our findings

We found medicines were stored safely and within the correct temperature guidelines. However, we could not evidence that medicines were administered safely. We saw gaps on MAR charts, where medicines had not been administered they were signed to say they had, even though they were still in the blister pack. Staff were unsure of what was a 'when required' medicine, for example when a medicine was prescribed as one or two four times a day staff were treating this as a when required and leaving gaps. When required medicines are medicines taken only when needed such as for pain relief. Patch application records were not completed correctly and we could see evidence of patches been applied to the exact same area when they should have had a three week gap before reapplying to same area. A patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. Topical MAR charts for the application of creams were not fully completed. One person was a medicine controlled diabetic and there was no risk assessment. This person also questioned why there blood sugars had not been taken since being admitted to the service even though they had a box of test strips in their room. We saw that the test strips were recorded on the person's medication administration record (MAR). However, the registered manager and the staff were not aware of this. The senior staff member contacted the person's GP straight away to gain more information about this.

In the care plans reviewed we found that risk assessments were in place for falls and moving and handling, however more personal risk assessments were not in place. For example, where people had a soft diet and thickened fluids there were no risk assessments. One person was receiving care from the district nurse about skin integrity but there was not risk assessment for this.

Another person was on a soft diet and was slowly losing their appetite. There was no risk assessment in place for this. This person staying in their room and meals were taken to them. No attempt had been made to seek alternative sources of food or to encourage eating. This person had full capacity and therefore could make choices about what they ate. We discussed alternative support with the registered manager who agreed to look into it.

We asked to see evidence of environmental risk assessments. The provider did not have risk assessments for the outdoor areas, even though this was used regularly by some people who used the service. The registered manager said they would develop one straight away. The electrical safety certificate was dated 2014 and unsatisfactory. We asked if the work that had been required to make it satisfactory had been completed. The registered manager could not find any evidence of this and arranged for an electrician to come out and do another check the week after the inspection. We saw records to show water temperatures were reading low and some bathing temperatures were as low as 34 degrees. Hot water temperature should be within the 39 degrees lowest and 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). The registered manager said they had a plumber coming out to check the hot water. At the end of the inspection day we saw a bath had been run for someone and the temperature was 38 degrees. This bath was left unattended which was dangerous and by the time the person was ready for the bath the temperature could have dropped another couple of degrees.

Risks to people's safety in the event of a fire had not been fully managed. No staff members had practiced a full evacuation and night staff had not received a fire drill. It is recommended that night staff complete a fire drill every three months. We did see evidence of fire alarm checks and fire equipment checks taking place.

These findings evidenced a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

All of the people who used the service we spoke with said they felt safe with the staff that provided care. People we spoke with said, "Yes I felt frightened living on my own but in here there is someone around all the time" Another person said, "Yes I kept falling at home but in here I have the alarm bell to get help." A third person said, "Absolutely that is the reason I am here as I was told I needed R&R (rest and recuperation) in a safe environment and you don't get any safer than here."

We asked the registered manager if they promoted positive risk taking, they said, "We currently have two residents who are related to each other, after gaining their life history and observing their behaviour around the home, we identified that they like to spend time outside walking. One of the two people currently has DOLS in place. To ensure that they are able to retain their lifestyle we support them to go for a walk around the village, they are always monitored by a member of staff to ensure their safety, though this is not obvious to them and they are able to maintain their independence safely."

A record was kept of accidents that occurred at the service, which included details of when and where they happened and any injuries sustained. The registered manager said they reviewed this for any trends on a monthly and quarterly basis, and would take any necessary remedial action needed. The accidents and incidents were too low to find any trends.

Through observation and looking at rotas we deemed there were enough staff on duty to meet the needs of the people who lived at the service. During the day there were two senior care staff, one acting as manager as the registered manager was part time and seven care workers, one cook, one laundry assistant, two domestics and an activity coordinator. Although there was enough staff we felt they were not always deployed correctly. For example, during lunch there were six staff, two staff were supporting people where needed and the four remaining staff seemed to be just stood watching. The registered manager agreed to look into this.

People who used the service thought there was enough staff on duty. Comments included, "Yes, I have never found any problems. They [staff] come and have a few minutes chat when not busy. You don't have to wait long for them to come." And "Staff always seem to be dashing about but I think there are enough." Another person said, "In my experience I have never come across the staff ratio they have here. At nights you usually find there is a poorer ratio but here it is good."

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

Staff understood safeguarding issues and whistleblowing (telling someone) and knew the procedures to follow if they had any concerns.

The registered manager explained how they supported people's human rights, stating, " Within Devonshire House we feel that it is very important to respect our resident's human rights. We support the right of couples to be admitted into the home and their choice of whether they wish to share a room or not. We currently have a couple residing within the home who wish to be able to reside together in the same care home but have chosen to have separate rooms, however we have also had couples in the past who have shared the same room."

We saw the premises were clean and tidy, cleaning schedules were in place and records showed these had been followed. Staff told us that there was a plentiful supply of personal protective equipment such as aprons and gloves. However, good infection control and prevention practices states that staff should be bare below the elbow and we saw staff wearing long sleeve cardigans. The registered manager did ask them to remove these, which they did. Records were not fully completed to evidence the kitchen had been cleaned. The log of daily, weekly monthly jobs had been completed. The registered manager had devised a new form for recording cleaning activities in the kitchen but no one was using it. There was also no record of mattress checks, including their cleaning. These issues were rectified on the day of the inspection.

Is the service effective?

Our findings

At the start of the inspection there was no suitable signage for people living with dementia. The main communal areas which people with dementia regularly occupied, including lounge and the dining room lacked items of interaction or stimulus which could be used to support reminiscence such as pictures of the local areas and favourite pastimes of people who lived at the service. The registered manager said, "We have signage but know we need to do more to make the service more dementia friendly." The staff had placed some signage in the building by the end of the day.

People were happy with their rooms, comments included, "I have my own bedroom and I am happy with it." Another person said, "I am happy with my room and I am encouraged to personalise it." A third person said, "I have a splendid room, the home is very clean and my room is cleaned every day and the bedding changed weekly."

We observed the laundry had no sink in place. There were no facilities for staff to wash hands post handling infected/contaminated linen. The registered manager arranged for a plumber to visit to see where they could install one. Two out of three bath hoists were not working and a further two bathrooms were out of order; this left one bath to use for 23 people. We followed this up with the registered manager who said they had arranged a builder to come in and fit a new bathroom suite.

These findings evidenced a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

People we spoke with thought the staff had received the relevant training. Comments included, "Yes they are capable", "Yes they have had training; I know they do NVQ"s and some are trained in medicines" and "Yes I think so."

Records showed that staff had received up to date training. All staff had recently completed or were in the middle of completing a nutritional course. However some staff we spoke with seemed unclear of when they had done training and struggled with describing such things as Deprivation of Liberty Safeguards and equality and diversity. Although staff had received recent training on the safe handling of medicines, the medicine records showed they were not putting this training into practice. Twice during the day we observed staff completing a moving and handling procedure and both times they did not put the brakes on the wheelchair. We recommend the registered manager looks at ways of determining whether staff are putting their training into practice.

New staff undertook an induction programme, covering the service's policies and procedures and using Care Certificate materials to provide basic training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. New staff also completed shadow shifts until they and the registered manager felt they were competent to work alone.

Staff were supported through regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

People we spoke with said they were not restricted in anyway and could do what they wanted. People said, "Yes I can move about so I am able to do what I want." Another person said, "Yes I am treated as an individual and can go out when I want."

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 people lack mental capacity to make particular decisions, any decisions 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 are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA and found that they were. There were processes in place to protect the rights of people living at the service. Staff had undertaken training in relation to the MCA and DoLS and they demonstrated a very basic understanding of the main principles of the act in their day to day practice.

The management and staff understood their responsibilities and the process for making appropriate applications if they considered a person was being deprived of their liberty. Applications for seven people who lived at the service had been made to the relevant supervisory body, and authorised at the time of our inspection. We saw evidence of consent in people's files. However, one person who had full capacity had been placed on a soft diet by their GP, this person was not happy with that decision. We could see no evidence to show this person's preferences were taken into account. The registered manager said they would discuss this with the person.

People were happy with the food that was provided. There was a picture menu on the wall of what people were having that day. The activity coordinator went round each morning at about half ten to ask people what they would like, the choice on the day of inspection was a lamb dinner or beans on toast. We were told that everyone loved beans on toast and some would have it every meal.

People who used the service said, "The food is very good, you don't get a choice at every meal time but most of the time there is plenty of choice," another person said "Food is homemade and beautiful." A further person said, "I have never had anything I didn't like." And another person said, "You get two choices at lunch plus a sweet and lots of choice at tea time, at breakfast you can have whatever you like and all portions are a good size." A further person said, "You get three cups of tea between meals, drinks with meals and I have a jug of water in my room so I can make up my own juice" Another person said, "Too much food and drink my clothes are getting tight (they laughed)." And one other person said, "I think it is top class, there is plenty of choice. A member of staff comes around twice a day and asks for your choices."

We saw that people had choice whether to eat in the dining room, in the lounge or in their own rooms. However, food that was taken to people in their rooms was not covered. Another couple of people said they did not want any lunch, a member of staff said they would keep some for them in case they changed their minds. Another two people preferred to eat when everyone else was finished and this was catered for.

We asked the cook if people had access to snacks throughout the day. The cook said, "We have cakes, biscuits, fresh fruit, yogurts, sandwiches and nutritional snacks along with tea, coffee and juices. People can

have whatever they want, if they don't like what is on the menu I ask what would they like."

We were told no one required any special cultural or vegetarian diets. We saw records were not up to date in the kitchen stating people's dietary requirements; this was updated during the inspection day. Fluid charts were not completed correctly and not totalled up at the end of every day. There was also no information on why a person was on a fluid chart and how much fluid staff should aim for during the day. The registered manager said they would update these.

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to healthcare professionals such as GPs, social worker, opticians and dentists. One person said, "They [staff] would call a doctor if needed and have done up to now."

Is the service caring?

Our findings

Although we found the staff were caring throughout the inspection it was evident from the issues we found that the provider was not ensuring the service was caring overall.

People who used the service were happy with the care that was provided. People we spoke with said, "Yes they speak to me with respect and are very respectful," Another person said, "I don't know all the staff by name but I know their faces and they are all kind and considerate." And another person said, "I think they know me but I haven't been here very long." Further comments included, "Yes they are very kind and considerate", "Treat me alright, they call me by my name and speak nicely," and "Yes they know me, they are good listeners and kind and considerate."

Through observation, staff demonstrated a kind and considerate attitude. When talking to people they bent down so they were at eye level and held their hand. Staff knew how people liked to be cared for. For example, one person rang for a cup of tea and the staff member arrived carrying a cup of tea stating, "They ring the same time every day so I always have one ready for them."

We saw evidence of kind and patient interactions between staff and people who used the service. For example, one person kept asking the same question and the carer replied with patience each time.

We asked staff how they supported people's privacy and dignity. Staff explained how they always knock on people's door before entering and keep people covered as best as possible when providing personal care. One staff member said, "We always ensure blinds are closed and doors are shut, also any conversations we have are in private." We saw staff knocking on doors before entering and people we spoke with said, "Staff knock on my door, they are very respectful, I am supervised at all times when bathing and I am never made to feel uncomfortable." Other people we spoke with all agreed staff treated them with respect and always knocked on their door.

Staff said they encouraged people to maintain their independence. Staff we spoke with said, "We encourage them [people who used the service] to do the easier things and we also encourage people with personal hygiene." People we spoke with said, "I am quite independent and am encouraged to continue to be that way." Another person said, "I am encouraged to be independent when getting up and going to bed and with dressing and personal hygiene." And another person said, "When I have a bath they wash my hair and back then leave me to wash myself." A further person said, "I get physio four times a day to promote my independence to return home."

People said staff offered choice and made sure they were happy with the choices. One person said, "I am free to do what I want." Another person said, "If there is anything special I want I ask [named staff member]."

Staff we spoke with said, "We are very flexible, they [people who used the service] can do anything they want." And "They [people who used the service] get choice with everything, hot or cold drink, what to wear, what to eat, what to do, anything."

The service had an equality and diversity policy in place and staff had received training in this. We asked staff how they embed equality and diversity into their caring role. Staff we spoke with said, "Nobody is treated any differently." And another staff member said, "We treat everyone as an individual taking their needs into account."

Two people at the service were using an advocate. Advocates help to ensure that people's views and preferences are heard. We saw there was information available to people about advocates if they wanted it.

Is the service responsive?

Our findings

Care plans contained information about people's personal preferences, likes and dislikes. On the first page there was daily routine care plan which started with how the person liked to get up, what they did and did not respond well to. For example one person did not respond well to loud noises. There were also records of the person's preferred morning, evening and night routine.

For one person the staff had been unable to obtain any information on their life history. However, they had started a book called 'my life now', this started from the day the person moved into Devonshire House. Staff could explain easily about people's past lives however not all this information was documented. The registered manager said they would make sure they got all the known information recorded into the care plans.

The care plans did contain some out of date information. For example in one person's care plan it stated they were on a soft diet. When looking further into this we found they no longer were on this particular diet regime. This information was removed straight away. Another person's care plan stated they had a good appetite but we found out they were not eating well due to being put on a soft diet.

No end of life preferences or wishes were recorded.

Staff we spoke with could easily explain people's needs, however these were not all recorded.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people if they were involved in the planning of their care. Everyone we spoke with stated they had not seen a care plan. Comments included, "No, I haven't seen my care plan but that's okay as I am looked after", "I am not aware of my care plan", "I have a care plan book somewhere," and "I haven't seen my care plan and would like to be involved in updating it." We recommend the registered provider starts involving people in their care.

People were generally happy with the activities offered. One person said, "There is a quiz every Wednesday." Another person said, "They come and ask me but I don't join in a lot." And another person said, "The activities co-ordinator is easy to ask and will post letters for you and get you anything you want." Other comments included, "I do the quiz but that is all," and "I haven't been involved in activities so far but I know what is on offer. The activities co-ordinator asks on a morning if you want to take part." People had the option to join in baking on the day of inspection. One person was sitting enjoying a jigsaw and another reading a newspaper. Another person enjoyed reading on their iPad.

The activity co-ordinator worked Monday to Friday 10am till 4pm and made sure people in their own rooms also received one to one time. Staff we spoke with said, "We could do more activities, it is the same stuff

every day and a lot of people don't engage with it. We have a group who come and sing." Another staff member said, "Activities are limited during the day, there are none in the evening or at weekends so staff usually interact with people." We asked the activity coordinator what activities were in place for people living with dementia, they showed us a file they used to support this from the Alzheimer's Society.

We asked people if they had ever made a complaint and if they knew how to make a complaint. People we spoke with said, "I'd tell them no messing about but I have never had to," Another person said, "I have had no complaints but if I had I would ask one of the carers what to do." And another person said, "Yes, I would call one of the carers. There is a notice in the corridor with information of what to do." A further person said, "Yes but I have had no complaints so far."

There was a policy in place for managing complaints. The service had received two complaints since our last inspection and these had been fully investigated. The registered manager said, "We have a low number of complaints and any concerns that are raised are able to be dealt with promptly due to our record keeping."

Is the service well-led?

Our findings

At the time of inspection the registered manager was only working part time, two mornings a week, although they said they did a lot of work at home. A senior care worker was overseeing the management side in the registered manager's absence. It was apparent throughout the inspection, that due to the issues we found, there was no consistent managerial oversight.

The registered manager/senior care worker carried out a number of quality assurance checks to monitor the standards at the home. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found the audits to be mainly tick box exercises and none of them had highlighted the concerns we raised.

Throughout the inspection we found improvement was needed in safety such as lack of fire drills, concerns with medicines and low water temperatures. Improvements were needed with the premises such as outdoor risk assessments, broken hoists, only having one useable bath and dementia friendly adaptations. There were issues with records, for example, gaps on MARs, incomplete topical medicine charts, incorrect completion of patch application charts, no end of life plans or life history records and fluid charts were not fully completed.

We also found the registered provider was not including people enough in the running of the service or making sure staff put their training into practice.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

We asked people and their relatives what they thought of the management provision. People we spoke with said, "They are alright, I know the manager by sight and I know the odd ones names." Another person said, "I don't know who the management are I but I know (two care workers names)." And another person said, "Friendly, competent, caring and sympathetic." One relative we spoke with said, "I haven't really got to know the new manager but I think the service is broadly well managed."

People did feel the service was well managed and comments included, "I am looked after so it is well managed", "It is alright as far as I am concerned" and "I think it is well managed and what I have seen so far gives me every confidence that I am well looked after."

We asked staff if they felt supported by the management. Staff we spoke with said, "I feel supported but mainly from the senior carer as the manager works part time." Another staff member said, "I don't know, I don't see much of the manager."

People were happy living at the service and comments included, "Everything is okay", "It is friendly and nothing is a problem we always have a word and a laugh", "It is a very good service. I don't have to cook,

make the bed or clean I can just relax and enjoy life", "As far as I am concerned they are doing everything they can for me," and "It is homely, friendly and I have confidence."

Staff were happy working at the service and staff we spoke with said, "I love my job and enjoy interacting with the residents." Another staff member said, "Morale is so-so due to the change of manager and staff are not really feeling valued." However another staff member said, "Morale is good, there are no problems." People who used the service thought the staff were happy working at the service. One person said, "It is convivial and the staff seem happy." Another person said, "It is just a happy place and just like a family." A third person said, "Staff seem happy in their work, lots of laughing and joking and they are friendly when interacting with people."

We asked staff what they thought the values of the service were, one staff member said, "We are very family orientated and value happiness and people's needs being met." Another staff member said, "We are a very family orientated home."

The registered manager said, "In Devonshire House, we aim to create a homely, non-institutional environment in which residents, their relatives and staff feel comfortable while maintaining professional relationships. Our residents and their relatives work with staff to create their care plan, ensuring that everything that we do is person centred. I operate an open door policy and aim to create an open and honest environment for everyone involved in the home; I feel that this is reflected in our low staff turnover, low absence levels and high staff morale."

Feedback was sought from people who used the service and their relatives. This was done via a questionnaire that was sent out. The last one was done in June 2017, 14 were returned with only five points where people were unsatisfied. We saw that each of these points had been investigated with a good outcome for people.

Meetings for people who used the service took place quarterly and topics discussed were activities and the menu. People we spoke with were not aware meetings took place with comments such as "I don't know if we have meetings," and "Not sure of meetings." There were no relative meetings taking place, the registered manager had tried to get these set up but no relatives attended.

Staff meetings taking place regularly on a quarterly basis and topics discussed were health and safety, safeguarding and any concerns about the people who used the service.

We asked the registered manager what links they had with the local community. They said, "Keeping close ties with the local community is of huge importance to us, on a weekly basis, children from the local nursery visit the home and take part in activities with the residents within the home, we find that this is extremely popular and that the residents look forward to it each week. Residents often visit the local cafes and shops in the village. A group from the local church often visit to sing for the residents. Devonshire House uses social media to inform the local community of events and updates within the home."

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not doing all that was reasonably practicable to mitigate risks and provide a safe environment for the people using the service. Staff responsible for the management of medicines were not following policies and procedures. Equipment was not properly maintained, sufficient and kept in full working order. Equipment was not in place to prevent the risk of infection prevention and control. Reg 12 (2)(a)(b)(d)(e)(g)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have systems in place to identify where quality and safety were being compromised and did not respond appropriately and without delay. Records relating to the care and treatment of each person using the service were incomplete and not always accurate. The provider did not make sure their audit and governance systems remained effective. Reg 17 (2)(a)(b)(c)</p>