

# Shonali Limited







# Digby Manor

## Inspection report

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### Ratings

<b>Overall rating for this service</b>	<b>Requires improvement</b> 
Is the service safe?	<b>Requires improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires improvement</b> 

### Overall summary

The inspection took place on 4 and 7 of September 2015 and was an unannounced inspection. We last inspected the service on 10 April 2014. At the last inspection the provider was meeting all regulations inspected.

Digby Manor provides accommodation for 26 older people. The service did not have a registered manager in post. An application had been submitted to us for the current acting manager to become registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Before our visit we had received some concerns about staff shortages. We were told that there was not always enough staff on duty to meet peoples care needs. We found there were not always sufficient numbers of staff available to support people.

Staff had received training that ensured they had the skills and knowledge to care for people.

# Summary of findings

People felt safe with the staff that supported them because staff knew how to protect people from harm.

People were protected because the provider ensured when people were employed the necessary checks were completed.

People were supported with their medication so they remained healthy

People were not always consulted about their care so they could receive care on an individualised basis.

Staff supported people with their nutrition and health care needs and referrals were made in consultation with people who used the service if there were concerns about their health.

People were able to raise their concerns or complaints and these were thoroughly investigated and responded to, so that people were confident they were listened to and their concerns taken seriously.

Systems were in place to monitor and check the quality of care provided but these were not always used effectively to improve the service and take action when required.

# Summary of findings

## 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.

Procedures were in place so staff could report concerns and knew how to keep people safe from abuse.

Risks relating to people's needs were assessed and managed appropriately.

Staff sickness was not always covered so on occasions there was not sufficient staff to meet people needs.

People received their medication as prescribed.

Requires improvement



### Is the service effective?

The service was effective.

Staff were trained to support people and had the skills and knowledge to meet peoples care need.

People received food and drink to meet their needs and were supported with health care needs as required.

Good



### Is the service caring?

The service was caring.

People's privacy and dignity was respected. People were positive about the care they received.

People were supported to express their views on the care they received and staff were knowledgeable about their needs.

Good



### Is the service responsive?

The service was responsive.

People were involved in their care so care was provided according to their wishes.

People were able to comment on their experience of using the service and were confident that they could speak with staff if they had any concerns and that they would be listened to.

Good



### Is the service well-led?

The service was not always well lead.

People and staff told us that the provider and senior staff were accessible and open to new ideas.

Systems in place were not always used effectively to monitor the service and make improvement when required.

Requires improvement



# Digby Manor

## Detailed findings

### Background to this inspection

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

This inspection took place on 4 and 7 September 2015 and was unannounced. On the second day of our visit the provider knew we were going to complete our inspection. The inspection was undertaken by one inspector. In planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding. A notification is information about important events which the provider is required to send us by law.

We contacted the local authority who purchased the care on behalf of people so they could give us their views about the service provided to people.

During our inspection we spoke with eight people that lived at the home, four relatives, the provider and five care staff. We observed how people were being cared for using a short observational frame work for inspectors. [SOFI]. SOFI is a way of observing people’s care to help us understand the experience of people who live there.

We looked at the care records of three people to check if they had received care according to their planned needs. We looked at the personnel records of three staff to ensure the recruitment process ensured that people were suitable to work at the home. We looked other records associated with the management of the service.

# Is the service safe?

## Our findings

Before our visit we had received some concerns in relation to staff shortages. The provider had assessed staffing levels to identify how many staff were required to meet people's needs. However all staff spoken with staff felt there were not always sufficient staff on duty because shortages were not always covered by the acting manager. For example when staff were absent from duty due to sickness and vacancies. One staff member told us, we tell the acting manager but she don't listen. Another staff member of staff told us, "It's not just personal care we have to provide, what about social interaction, activities, giving time to people, so they feel valued we are not able to do this as often when we are short of staff we are told to get on with it."

All but one person living there was aware that there were staff shortages'. One person told us, "If I want something there is always staff around to ask. "Another person told us, "You think staff are not about, but they are if I try to move without using my Zimmer [walking frame] they go [the person name] don't forget your Zimmer, they come from nowhere it makes me laugh." This demonstrated that staff had not let the shortage of staff have an impact of peoples care. The provider had already taken action when we visited to address the shortfall in staffing levels. For example a cook had been recruited.

People we spoke with said they felt safe. One person told us, "I would tell them [staff] if I was upset they would sort it out." Another person told us, "They [staff] make sure I am safe they won't let me go anywhere without my Zimmer [walking aid] so I don't fall. They are very thoughtful and protective of us all." A relative told us, "[Person's name] is looked after and kept safe, we are very happy with the home. People spoken with told us that they felt there were enough staff to provide support when needed. One person told us that when they called for assistance they never had to wait.

People were protected from the risk of abuse because staff had been trained so that they were able to identify the possibility of abuse. Staff were aware of what action to take and how to escalate concerns in the event of, or suspicion of abuse occurring. All staff spoken with told us they had

never witnessed any ill treatment of people in the home. They told us that they would report any concerns if they witnessed something that might cause harm to people living there. Staff were aware of the whistle blowing policy and knew how to report issues of poor practice. Whistle blowing means that staff can report issues of concern and their identity is protected. Records we hold and those seen during our visit showed that the provider had told us about any safeguarding incidents and had taken the appropriate action to ensure people were kept safe.

People told us and we saw that people were supported safely because risks were assessed and steps put in place to manage them. People told us they were involved in identifying risk and plans were agreed. We observed that people had access to mobility aids and equipment to keep them safe and they were able to move around safely. We saw that staff ensured that these were within reach of individuals. One staff member told us, "There are risks in everything we do, we are mindful that we don't over protect people so they can be supported with the risk they want to take. A relative told us they felt that the service provided was one of enablement, "The staff enable people to live their life."

All staff spoken with said all the recruitment checks required by law were undertaken before they started working and that they received an induction into their role so they were able to support people based on the information in care records and by getting to know the individuals.

All the people we spoke with told us that they were supported to take their medication and we observed that people were given their medication as prescribed. We saw from medication administration records [MAR] and staff confirmed that regular checks were completed to monitor that people had received their medication as prescribed by their doctor. Staff told us that only staff who had received training in the safe handling of medicines was allowed to give out medication. We saw that all allergies were written on the MAR charts so that when new medication was prescribed the medication was checked against known allergies.

# Is the service effective?

## Our findings

People told us they thought the staff that supported them were trained. One person commented, "I am not sure about training but they do what is needed, I have not seen them struggling with anything they do, so they must be." Another person told us, "Well they must be they look after us." A relative told us, "I have no doubt the staff are very good at what they do and act professional at all times, if I ask them something they are very clear."

All staff spoken with told us that they had received training and updated training on areas that they felt they needed more explanations or guidance on. For example, if people had specific medical conditions the provider had arranged training. We saw staff support people in a skilled and knowledgeable way. Staff spoken with were clear about their roles and responsibilities in meeting people's needs. All staff told us that they received supervision, and attended team meetings which meant they were supported to do their job. People told us they were happy with the support they received.

Staff spoken with told us they had some training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. During our inspection we saw that staff offered people choices and waited for agreement from the person before performing any care tasks and

provided personalised care. The DoLS provide a legal framework around the deprivation of liberty so people's rights are protected. The provider told us that applications were made where needed so if restrictions were needed they were lawful. The provider told us no applications had been made. During our inspection we saw that no restrictions were in place and people moved freely around the home.

People told us they enjoyed their meals and they had choices at mealtimes. One person told us, "They [staff] cook what I want; I don't have to have what is on the menus." Another person told us, "The food is good and there are choices." We saw that finger food was given to one person so it enabled them to be more independent when eating their meals. People who needed support to eat were supported appropriately. We saw that special diets were catered for. For example, low sugar diet and soft meals were available. Records showed that where required people were referred to a dietician for advice regarding the support they needed to eat and drink safely. The meal time was relaxed and staff gave assistance where required.

People we spoke with told us that the staff supported them to see health care professionals such as GPs. One person told us, "I can see the doctor when I want." One staff member told us, "If someone is ill we discuss with them about getting the doctor." Records confirmed and people told us that referrals were made to other healthcare professionals such as district nurse, GPs and dentists. So people were supported to access appropriate support to remain as healthy as possible.

## Is the service caring?

### Our findings

All the people we spoke with said the staff were all very kind. One person told us, “The staff will do anything for you.” “Another person told us they are lovely girls, cheerful, willing to help and some are quite funny too you can have a joke with them.” We saw staff responded to people in a caring way and observed that people interacted well with staff. People told us they felt comfortable and one person told us, “We are like a big happy family.” Relatives spoken with all expressed satisfaction with the service provided for their family member. One relative told us, “The staff are absolutely lovely, no problem at, I have no worries about going home I know that [named person] is being look after.”

People told us, they were involved in discussing their care needs with staff. They were involved in planning their care so they decided how they wanted their care and what they wanted support with. People spoken with told us that staff listened to their wishes and did as they asked. Staff spoken with were able to explain people’s different care needs and what they needed to do to meet these. Staff told us that people’s independence was promoted when they assisted with personal care. For example, staff told us they would

see what the person could do for themselves and encourage them to continue as long as possible with what tasks they could do for themselves. One person told us, “They talk to you respectfully and treat you with dignity and respect.” We saw that when staff addressed people this was done in a caring way. We spent time in the communal areas and saw that the interaction between people and staff were caring, respectful and that staff understood people’s individual needs and way of communication. We saw that staff gave time to people to express themselves.

Staff spoken with told us they would make sure people’s dignity was maintained by discussing the care with people to ensure they were in agreement. Our observations confirmed this. One relative told us, “We feel there could not be better care. We have been consulted, supported and involved in decisions about [named person] so we know they are being looked after. This gives us peace of mind.” People told us any personal care was always carried out in private. For example if a person saw a doctor or nurse then people were always escorted to their bedroom so they had privacy. Staff spoken with had an in-depth knowledge about people’s care and how they encouraged people to be involved.

# Is the service responsive?

## Our findings

People told us, that staff asked them what they wanted help with and staff did not do anything without asking them first. People spoken with told us they were involved how they wanted their care to be provided. One person told us, "The staff ask my views about my care and change things if I ask. 'During our observation we saw that staff interactions were respectful and people responded well with friendly banter. One relative told us that that could have a meal if they wished with their relative and told us, "The (person name) health has improved so much since living here."

People were supported to maintain contact with friends and family. People told us that their families would take them out. One person told us, "I would like to go out more." The provider would take people for walks or to the shops if they wanted to go. People spoken with confirmed that they could go out and the provider would support them if they needed. One person told us, "I go to the shops get my paper."

We saw that relatives visited at various times during our inspection. Relatives we spoke with said they were able to visit at any time and were always made welcome and

invited to activities that took place at the home. This showed that relatives were involved in special occasions and able to support people in the activities people wanted to take part in. One person told us "When it's warm I like to go in the garden as gardening was my hobby." We saw the provider talking to the individual; about what pruning was needed and when this needed to be done. The person told us, "We do the garden together." One person said they liked to play bingo. Care records showed people's preferences of the activities they liked had been discussed and where possible planned.

People told us they were given information about how to make a complaint which was also displayed in the entrance of the building, giving details about who to contact. One person told us, "If I wasn't happy I would tell the manager or staff because they do listen." Another person said, "I don't really have any complaint." We saw that clear processes were in place to investigate and respond to people's concerns and complaints. We looked at a sample of concerns/complaints that had been investigated by the provider and we saw that these were investigated and responded to appropriately. We saw that where concerns had been brought to the provider's attention action was taken immediately so reoccurrences were minimised.



# Is the service well-led?

## Our findings

All the people we spoke with told us there was a good atmosphere in the home and staff were respectful and kind. One person told us, "It's quite a nice home, staff are friendly and the Bosses who come in are lovely." Another person told us, "It is like being at home really, I have what I want and can do what I want, and staff are kind." Relative's spoken with told us that they felt that if they had any problems they could speak to the owners/ providers. A relative told us, "Staff are very approachable and they have looked after [named person well]."

All the people we spoke with were positive about the care staff and the care they had. Relative were complementary about the service and staff. We were told by people who lived there, "Lovely staff." "Very Caring."

There was an acting manager in place who had submitted an application to us for consideration to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Not all staff, felt confident in raising issues with the acting manager, for example the pressure staff felt under when sickness was not covered. Staff told us that the acting manager had told them that they were not allowed to speak with the provider about issues. The provider told us that a number of staff had approached them recently with their concerns. One staff member told us, "The provider has always encouraged us to share any concerns with them, we

have not been able to do this recently, the acting manager does listen but the response is slow so things get worse before they get better. Whereas with the provider action is taken immediately like now we have told them about the sickness and the staffing levels and it's already been done." Staff told us they felt very confident raising issues with the provider.

We saw that personal information about people who lived there was left on display in the lounge. We saw that the systems were not in place to ensure records were in place to support staff and enable them to have a good understanding of the specific care needed. For example, in relation to specific medical ailment an interim care plan was required but was not completed to support staff. We saw that records about peoples care, risk, activities and reviews were kept in different folders. Staff told us that it was very difficult to keep track of the place this needed to be recorded. We saw that a person had missed three eye appointments staff told us that it was because the records were confusing. Although the provider told us the person did not need to go to the appointment as she had contacted the family and had been informed that an ophthalmology appointment had been made at the hospital. However this could not be verified by the individual and records were not available to show how and who had made this decision until the provider had investigated the reason for the missed appointments.

Where audits had taken place such as incidents, accidents, there was no analysis to identify whether there were any developing trends so that actions could be taken to minimise the risk of a reoccurrence The provider sought the views of people about the service but there was no overall analysis to show what action had been taken as a results of people views.