

Voyage 1 Limited

# Devonshire House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Devonshire House is a care home and provides accommodation and support to adults with a brain injury and associated needs. It is a purpose built 24 bed service. At the time of the inspection there were 21 people using the service.

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

People told us they were happy with the care they received. Staff and relatives were positive about the culture and ethos of the service. The senior team led by example and were respected by staff. Staff reported a high level of job satisfaction.

Staff understood how to safeguard people and when to raise concerns. People received their medicines safely and recruitment practices were safe. Risks associated with people's care were assessed and monitored. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection.

Assessments were person centred and care was responsive to people's needs. There was an established staff team that was motivated and well trained to carry out their roles effectively. The service was accessible and had been adapted to meet people's needs.

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

The service was well led and systems to communicate with all stakeholders were effective. The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes ensured the service met people's assessed needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 4 December 2020 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well led findings below.

# Devonshire House

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector, an occupational therapist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Devonshire House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Devonshire House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

Before the inspection we reviewed the information, we had received about the service since the last inspection. This included CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about. We sought feedback from the Local Authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

### During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with eleven care staff including the operations manager, the deputy manager, the therapy coordinator, the physiotherapist, the occupational therapist, the chef and five support workers. We received feedback from two visiting professionals. We reviewed a range of records. This included four people's care records and multiple medication records for the service. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risk of abuse, discrimination and avoidable harm.
- Staff completed regular safeguarding training. They knew how to identify and report any concerns. The service had a whistleblowing policy in place and staff were confident to report to outside agencies if required.
- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care plans and risk assessments identified the risks involved in the delivery of care to people and gave clear guidance on how to reduce the risk of avoidable harm.
- The service had effective systems in place to ensure that all areas of the home were safe. This included up to date safety certificates for gas, electric and regular checks of fire safety equipment.
- There were policies and procedures in place to ensure that accidents and incidents were recorded, actioned, and analysed if they occurred. Staff told us, "Yes, clear systems in place and Devonshire House is one of the better places I have worked at. There is a clear focus on learning" and "Yes, very clear and we have a clear protocol to follow and this includes debriefs and learning."

Using medicines safely

- Medicines were managed safely. People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff who administered medicines had been trained to do so and the registered manager completed regular competency checks to ensure procedures were followed.

Staffing and recruitment

- Staffing levels were safe.
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The service supported visits for people living at the home in line with current government guidance.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff new to care, completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People were supported by staff who had received relevant and good quality training.
- Staff were positive about the induction, training and support in place for them. One staff member said, "The training is good here. It covers everything that we need. One person recently had type one diabetes, we received training for this. Another person had a catheter, so we had training for this too."

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

- Care plans identified people's needs and any risks and provided staff with guidance on how to support people.
- Staff supported people to eat independently giving people additional support where needed.
- People were positive about the food. They told us, "It's okay here, the food is okay" and "The food is good, I am vegetarian, I make my own food."

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

- The service had a fully accessible building that was adapted to meet people's needs.
- There was a range of gardening spaces available and people were supported to maintain the gardens if they chose to.
- People's bedrooms were well presented, spacious, with modern furnishings and fittings and en-suite bathrooms.

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

- People had access to a comprehensive therapy programme. The multi-disciplinary team (MDT) reviewed people's goals in a 12-week cycle. The MDT included therapists, social workers, commissioners and family. People were supported to access other professionals such as dietitians and district nurses when needed.
- All the relatives we spoke with confirmed people's access to health care was good and people were supported to attend appointments.
- We received positive endorsements about the service from health professionals, these included, "The senior team are very professional and MDT reviews for every client are regularly scheduled."



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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. The registered manager had made appropriate applications for DoLS authorisations.
- Best interests meetings took place when people were unable to make their own decisions. This helped to ensure decisions were made in people's best interests and minimised the use of restrictions.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff received equality and diversity training. Staff delivered care and support in a non-discriminatory way and upheld people's rights.
- People were positive about the support they received. They told us, "I like all the staff; they are all caring and nice. I like them all" and "The staff are nice; they are decent people you can talk to them. They knock and if you say, 'no', they go away."
- All the relatives we spoke to told us staff were kind and caring and treated people with dignity and respect.
- We observed some positive interactions between people and staff. Staff responded to people respectfully at all times, answering their questions, providing reassurance and doing so with a smile.

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

- People and those important to them, took part in making decisions and planning their care. Relatives told us, "The communication is good, and we are included in all major decisions" and "Yes, they keep us informed with what's going on. I am up to date with what is going on."
- People had one page profiles highlighting what was important to them and how they liked to be supported.

Respecting and promoting people's privacy, dignity and independence

- The care staff respected people's privacy and dignity.
- People were supported to maximise their independence and were supported to set goals as part of their rehabilitation programme. The relatives we spoke to were positive about the support provided. One relative said, "[My relative] has regular carers and [My relative] gets on with them well. [My relative] is happy with the carers. "[My relative] is doing well and they support "[My relative] to be more independent."
- The service had lots of amenities, including a fully equipped gymnasium, communal spaces, sensory garden and domestic laundry to promote independent living skills. There was also several dining room spaces, therapy rooms and two training kitchens.
- People had a, 'This is me', section in their care plan which stated how they preferred to be addressed and other preferences. This helped staff to provide person centred care.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Person centred care plans identified key routines and support needs for each individual.
- Staff supported people to progress through their rehabilitation programme. This involved identifying goals which were reviewed regularly.
- Staff demonstrated a good understanding of people's goals and daily activity charts and how to support them through their rehabilitation goals.
- People, relatives and external professionals were consulted at every stage.
- Relatives told us the care was person centred. One relative said, "They [Staff] treat the people as individuals. It is not one size fits all. They are person centred."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service followed the five steps of the accessible information standard.
- People had access to specialist neurological speech and language therapists. Person-centred communication plans documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with people. This ensured people had access to information in a form that met their assessed needs.
- Care staff knew people well and understood people's communication needs and when people were trying to tell them something. A relative said, "Yes, they understand his communication needs as far as possible. No concerns."

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

- People had individual activity programmes in place and regular goal setting as part of their rehabilitation programme. This included daily access to therapists and regular reviews. One person now attended college independently when they had previously needed staff support to attend.
- People and their relatives were positive about the activities available to them. They told us, "I like my karaoke. We have karaoke parties, and everybody sings" and "Staff take you out, if you want to go".

#### Improving care quality in response to complaints or concerns

- A formal complaints policy was in place. A low level of complaints had been received and these had been all been responded to appropriately.
- Relatives reported a high level of satisfaction with the senior management team and felt comfortable to raise concerns. Relatives told us, "No concerns, but if I did, I would feel comfortable to raise with Devonshire House. We have had meetings before, and they have listened. They were thorough at dealing with the issue we had at that time" and "The staff actually take time to sit down with us to discuss any concerns or issues."

#### End of life care and support

- At the time of the inspection the service was not supporting anybody who was at the end of their life.
- There was an end of life policy and a process to follow if people required support.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- There was a positive culture within the service. People told us they knew the registered manager and that she was nice. Staff told us, "There are clear values and we take pride in seeing people make progress" and "Yes, there is a good culture here and achievements are celebrated."
- Staff told us the communication in place was good and that staff team meetings were effective. They felt involved and consulted in the running of the service.
- People and relatives were encouraged to give feedback and suggestions about the service during informal conversations with staff, through surveys and during meetings with key workers.

The responses we received from people and their relatives were positive about the culture of the service. These included, "Very happy with the service. I know they are looking after [My relative] well and this gives me piece of mind. The staff are lovely and welcoming. I can't fault them."

- Staff received equality and diversity training. Staff delivered care and support in a non-discriminatory way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The senior management team was fully aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- There had been no circumstances, since the service was registered, where the service had needed to exercise the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The staff team had the skills, knowledge and experience to perform their roles.
- Staff members told us they found the management team supportive and approachable. One staff member told us, "It is a very supportive culture, that is very client orientated."
- The registered manager was aware of their legal responsibilities and notified the CQC and local authorities appropriately when required.
- Governance processes were effective. A quality assurance system of scheduled audits was in place. This

included regular checks of all areas including health and safety and medicines audits. Actions were identified for any shortfalls found.

#### Working in partnership with others

- Professional feedback was positive. One health and social care professional told us, "The communication is great, and the managers always make time to discuss pertinent issues."
- The service had inhouse support including physios, occupational therapists and speech and language therapy. People were also supported to access external professionals such as district nurses and specialist appointments at neurology if required.
- A local commissioner acknowledged that there had been no complaints made to them and that they had no concerns.