

Mr & Mrs A Mangalji

The Devonshire Care Home

Inspection report

The Devonshire Care Home
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Date of inspection visit:
31 May 2017

Date of publication:
21 June 2017

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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

The Devonshire Care Home provides residential care and support for up to 33 people. The service specialises in meeting the needs of older people living with dementia. At the time of our inspection, 31 people were using the service.

At the last Care Quality Commission (CQC) inspection in March 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'. The service demonstrated they met the regulations and fundamental standards.

People continued to be safe at The Devonshire Care Home. Staff knew how to protect people from the risk of abuse or harm. They followed appropriate guidance to minimise identified risks to people's health, safety and wellbeing. There were enough staff to keep people safe. The provider had appropriate arrangements in place to check their suitability and fitness to support people.

The environment was clean and staff followed good practice for minimising risks to people that could arise from poor hygiene and cleanliness. They also ensured the environment was clear of slip and trip hazards to support people to move freely around. The premises and equipment were regularly maintained and serviced to ensure these were safe. Medicines were managed safely and people received them as prescribed.

People continued to receive support that was personalised and met their specific needs. Senior managers reviewed people's needs regularly to ensure current support arrangements continued to meet these. Staff received relevant training and were supported by senior staff to help them to meet people's needs effectively. Staff knew people well and had a good awareness and understanding of their needs, preferences and wishes.

People were supported to eat and drink enough to meet their needs. They enjoyed the meals they ate at the home. People were also supported to stay healthy and to access healthcare services when needed. Staff encouraged people to participate in a wide range of activities and to maintain relationships with the people that mattered to them in order to promote social inclusion. Staff were warm and welcoming of visitors to the home and friends and families were free to visit when they wished.

Staff were caring, treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to retain as much independence and control as possible with daily living tasks. People were encouraged to make choices and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Since our last inspection the provider had formally appointed a new registered manager. People and staff spoke positively about them and overall leadership and management of the service. The provider was

continuously seeking and implementing new ideas and ways for the service to improve. They stayed abreast of best practice and current research in the field of dementia care and brought new ideas into the service in order to enhance people's quality of life. People and staff were encouraged to provide feedback about how the service could be improved. We saw a number of improvements had been made by the provider which had had a positive impact on the quality of care that people experienced.

People were satisfied with the support they received from staff. People knew how to make a complaint if they were unhappy about any aspect of the support they received. The provider maintained arrangements to deal with people's complaints appropriately. Regular checks and reviews of the service continued to be made by senior staff to ensure people experienced good quality safe care and support at all times.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

The Devonshire Care 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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated 'Good' at least once every two years. The inspection took place on 31 May 2017 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we asked the provider 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 also reviewed other information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

During our inspection we spoke with four people who lived at the home and two visitors. We also spoke with the provider, registered manager, deputy manager, three care support workers and the minibus driver. We looked at records which included five people's care records, 10 people's medicines administration record (MAR), six staff files and other records relating to the management of the service.

We undertook general observations throughout our visit and used the Short Observational Framework for Inspection (SOFI) during the lunchtime meal service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People said they felt safe. One person told us, "I feel safe alright, very, very safe. There's always someone here. They call in and say is everything alright in the night." Another person said, "I walk up and down but I take my time. I have sometimes accidentally tripped but I haven't hurt myself... [Staff] check you and do this that and the other and I say 'I'm alright' and they say 'no just wait, let me check.' They're very good."

Since our last inspection the provider continued to ensure all staff were supported to keep people safe from abuse or from harm that could be caused from discrimination. All staff were trained in safeguarding adults at risk and in equality and diversity. Their knowledge and understanding of how to protect people from abuse or harm was reviewed by senior staff through post training evaluation, one to one supervision and in staff team meetings. Information about risks that could make people vulnerable, for example risks to them from financial abuse, were detailed in people's records along with the steps staff should take to ensure they were sufficiently protected. We saw when a safeguarding concern had been raised about a person, senior staff had worked proactively with other agencies involved in their care to ensure the person was sufficiently protected.

Staff were also well supported to minimise risks posed to people due to their specific health care needs. Senior staff continued to assess, monitor and review risks posed to people by their healthcare needs and by the wider environment. They updated people's support plans promptly so that there was current guidance for staff on how to ensure identified risks, for example from falls, choking or poor food and fluid intake, were reduced or minimised in order to keep people safe from injury or harm.

The provider had systems in place to ensure the environment was safe and did not pose unnecessary risks to people. There was an on-going programme of maintenance and servicing of the premises and equipment and any issues identified through these checks were immediately dealt with. We saw staff kept the environment free from trip hazards that could cause people to slip or fall. Staff also followed well established procedures for minimising risks to people that could arise from poor hygiene and cleanliness. The environment, including communal areas such as toilets and bathrooms, were clean and well maintained. Staff wore appropriate personal protective equipment (PPE), particularly when supporting people with their personal care, to reduce the risk of spreading and contaminating people with infectious diseases.

The provider continued to follow robust recruitment processes so that any new staff employed to work at the service were suitable and fit to support people. They were improving these checks at the time of this inspection to gain additional assurance about the physical fitness of prospective employees. The provider had carried out criminal records checks on all existing staff to assure themselves of their continuing suitability to work at the service.

There were enough staff to support people. One person said, "We aren't short of staff here." A visitor told us, "There always seems to be plenty of people around when I'm here." The provider used a dependency tool, which took account of the level of care and support people required, to help them plan the numbers of staff

needed to support people safely at all times. We observed throughout our inspection staff were visibly present and providing appropriate support and assistance when this was needed.

People were supported to take the medicines prescribed to them. The provider continued to maintain appropriate arrangements for safe medicines management. We checked stocks and balances of medicines and people's individual medicines administration record (MAR) which showed no gaps or omissions. This indicated people received their prescribed medicines. Medicines were stored safely and securely. Staff were suitably trained and their competency to safely administer medicines was regularly assessed by senior staff.

Is the service effective?

Our findings

Since our last inspection, people continued to be supported by staff that were trained to meet their needs. Staff undertook training in areas that were specific to their roles. This included refresher and update training to help keep their knowledge and skills up to date with current best practice. All new members of staff were only able to support people unsupervised once senior staff were satisfied they demonstrated the necessary skills and competence to do so. Senior staff met with all staff regularly through a programme of regular supervision meetings and an annual performance appraisal at which staff were encouraged to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve further through training and development opportunities.

People's ability to make and consent to decisions about their care and support needs continued to be monitored and reviewed by senior staff on a monthly basis. We observed during our inspection staff continually prompted people to make decisions and choices and sought their permission and consent before providing any support. We checked whether the service was also continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

We found applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation. The registered manager reviewed authorisations regularly to check that they were still appropriate and in the person's best interests.

People were supported to eat and drink enough to meet their needs. People were asked for their feedback and views when planning menus so that these were reflective of their preferences and choices for the food they liked. Staff showed good awareness of people's individual dietary needs. People with food allergies or special diets due to their cultural, religious or healthcare needs were catered for. People said they enjoyed the meals they ate. One person told us, "The food is brilliant...it's very good quality I would say." Another person said, "The food is always very nice, you get a good choice of food day to day. We even had Guinness on St Patrick's Day. I like to have a little drink in the evenings, I always look forward to that." And a relative told us, ""The food here is excellent, it always looks lovely. Very very nice."

Staff monitored what people ate and drank to check that people were eating and drinking enough. Records showed when staff had had any concerns about this they had reported this to senior staff promptly, who had sought appropriate assistance or support for the individual. Senior staff also carried out nutritional risk assessments each month to monitor and review that the support provided to each person remained appropriate and to identify anyone who may need further support with their food and fluid intake due to

any changes in their healthcare needs.

People also continued to be supported to maintain their health and overall wellbeing. One person said, "One time last year, my tummy was playing up. One carer said to me you should go to rest in bed, I'll bring you your tablets to your room. They are caring like that." Another person told us, "They are very quick with things like that, and even in general they always check in on you to see if you are alright." And another person said, "I can have the doctor come in if I need it. They listen to you if you need something."

Staff carried out regular health checks and recorded daily the support provided to people including their observations about people's general health. This helped them identify any underlying issues or concerns about people's current health. When staff became concerned about a person's health they took prompt action to ensure they received appropriate support from the relevant healthcare professional such as the GP. Information about people's current health and wellbeing was shared by senior staff with all staff through shift handover meetings. This ensured all staff were up to date and informed about the current support people required to help meet their needs.

Is the service caring?

Our findings

People spoke positively about the staff that supported them. One person said, "They couldn't do enough for you. I think they're great. They're very nice, they help you the best they can." Another person told us, "I think the carers are so good, they are patient and understanding. You can talk to them as a friend." And a visitor said, "There are some new ones, but they are all very helpful, they all seem very nice, very friendly."

We observed many positive interactions between people and staff through the course of our inspection. Staff chatted with people, asked how they were and regularly checked if people required any help and assistance from them. People appeared comfortable and relaxed with staff and readily asked for their support when they wanted this. Staff reacted promptly and appropriately when people became distressed alleviating their anxiety in a calm and reassuring manner.

Staff knew people well and supported them to retain as much independence and control as possible. One person said, "I have a strip wash. The girls are very good, I don't make things difficult for them if I can manage certain areas myself." Another person told us, "They have gotten to know how I like things to be done and I help out wherever possible so I can stay as independent as possible for as long as I can." Senior staff ensured people's records were up to date with information for staff about people's communication needs and preferences and the level of support they required from staff with day to day tasks. We saw staff prompted people to do as much as they could and wanted to do for themselves, offering appropriate praise to encourage people. For example during the lunchtime service people were encouraged to eat their meal independently and staff only stepped in if people needed extra help such as to cut up their food into more manageable bite size chunks. Staff were able to explain to us the specific support people required and how each person communicated their choices about what they wanted.

Information for people was presented in formats that were easy to understand and displayed in a visible and accessible way. For example around the environment we saw bright and colourful displays, using pictures and photographs, to inform people about the date, time, current weather, the day's menu and planned activities and the staff on duty at the service that day. We also saw photographs of people prominently displayed around communal areas engaged in activities and events in the home and community to help aid their memories of these. There was also information displayed about each person living at the home accompanied by their photograph and a brief life history which helped to aid people's memories and recollections as well as provide information to other people, staff and visitors to help them get to know people better. Before lunch a staff member asked each person what they would like for lunch and used picture cards to help people point to what they would like to eat.

People were treated with dignity, respect and staff ensured they had privacy when this was needed. One person said, "They treat you with a lot of respect." Another person told us, "Always, when they help me with my strip wash they make sure the door is closed and they are extremely respectful of my wishes." And another person said, "I had a shower today and a bath once a week. I need some help with it but they respect your privacy when you want it."

We saw staff greeted people by their preferred name. They gave people the time they needed to make choices and decisions about what they wanted and then acted on these. During activities staff made sure that each person was invited to participate so that no one was excluded. If people chose not to take part, this was respected. People were dressed in fresh, clean clothes and their hair and nails were tidy and trim. After eating, staff discreetly ensured people were helped to clean their hands and face and any spillages on their clothes were wiped quickly to avoid unsightly stains or marks. We observed staff knocked on people's doors and waited for permission before entering their rooms. Doors to people's rooms and communal bathrooms and toilets were kept closed when people were being supported with their personal care to ensure they were afforded privacy.

Is the service responsive?

Our findings

People were satisfied with the care and support received from staff. One person said, "I think they're fantastic." Another person told us, "I find this place very nice. We are all adults and we are left alone to do what we want to do in our rooms and we can come down for food when we want." And a visitor said, "I think as far as homes go, this is pretty good in terms of the care [family member] receives." This was also evidenced in the positive feedback obtained by the provider through their annual quality survey from people's relatives and representatives.

Since our last inspection, people continued to receive support which met their specific needs. One person said, "They support me when I need it. I like to make my own decisions while I still can and they respect that." People's support plans were current and contained clear information about their life histories, their likes and dislikes and their specific preferences and choices for how support should be provided to them. There was detailed information for staff on how people should be supported with daily living tasks, for example, with the help they needed in the morning to get ready for the day ahead, how they wished to receive personal care, how they wished to spend their day and the meals they preferred to eat. This ensured people should receive support that was personalised and focused on their needs being met.

Senior staff ensured people's care and support needs were reviewed with them every month or sooner if there had been any changes to these. When there were changes to people's needs, their support plans were updated to reflect this along with updated guidance for staff on how people should be supported with this. The provider ensured all staff were informed of any changes through daily briefing reports between senior staff and through shift handovers with all staff.

People remained active and participated in a wide range of activities and events to meet their social and physical needs. One person said, "I don't get bored, I'm always doing things. They have games, word searches. It keeps the brain going so I enjoy it. A visitor told us, "They have a lady who does lots of things with them. They do colouring, painting and dancing. [Family member] likes to have a little dance. They play catch with a balloon. That's quite good for her - she's actually managing to still catch. There's always something going on." There were a wide range of planned activities in the home each day that people could participate in such as singing and music sessions, exercise classes, arts and crafts and puzzles, quizzes and games. There were also personal mobile musical devices for each person on which an individualised playlist had been created based on their favourite songs and music. When people wished to relax and listen to music they could take the device and listen to this wherever they chose.

The service had a dedicated minibus and driver, who took people out for trips and outings, such as to the local parks, twice a day. During our inspection some people had been out for a drive around Richmond Park in the morning and told us they had very much enjoyed the trip. Staff supported people to stay in touch with their family and friends and maintained an open and welcoming environment within the home so that family and friends could visit when they wished. They were also invited to join in with celebratory events such as birthdays, summer parties and other special occasions.

People and their relatives were informed about how they could make a complaint if they were unhappy and dissatisfied with the service. The provider continued to maintain appropriate arrangements for dealing with complaints or concerns if these should arise. Records showed when a concern or complaint had been received, the registered manager had conducted an investigation, provided appropriate feedback to the person making the complaint and offered an apology where this was appropriate when people experienced poor quality care and support from the service. A visitor told us, "I mentioned something the other day and it was sorted out immediately...the response time was excellent, it was done straight away."

Is the service well-led?

Our findings

People spoke positively about the management of the service. One person said, "On the whole it's run quite well, they are a good unit." Another person told us, "It's managed well, I can't fault it really. [Registered manager] is lovely. She's my favourite but you could talk to any one of them if [registered manager] is not around." And a visitor said, "The manager is approachable, I don't know her well but I know to have a conversation with her. She's a lovely lady, always very hands on as well. Any problems I could go to her."

Since our last inspection the provider had formally appointed a new registered manager for the service. A registered manager is a person who has registered with 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 new registered manager had a good understanding and awareness of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of events or incidents at the service. This was important as we need to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

Staff spoke positively about the registered manager and said they were well supported by them. Regular staff team meetings took place at which senior staff shared any important changes taking place within the service that impacted on staff's roles. Staff were also encouraged to reflect on their working practices, to share information and learning about people's care and support needs and for their ideas about how people's experience of the service could be improved.

The provider was continuously seeking and implementing new ideas and ways for the service to improve so that people experienced good quality care that met their needs. Since our last inspection the visibility and accessibility of managers on duty had improved. This had strengthened communication and relationships between people and staff. It had also led to improvements in the quality of information shared with staff each day about each person so that they had access to the most accurate and up to date information about them. People's care records had been improved. These were now more accessible and easier for staff to read and understand how people's needs should be met. Monthly reviews of people's needs had also been introduced to enable senior staff to identify more quickly any changes required to current arrangements in place to support people.

Changes had also been made to the environment. A descriptive mural had been placed in the front lobby of the home to help positively distract people when they became disorientated and confused and tried to leave the home. A kitchen area had been created in the main communal lounge for people that moved freely at night to sit with night staff and have tea and toast. Further improvements were being made including introduction of specialist lighting to help improve the sleep patterns of people living with dementia as well as general visibility in the environment to support people to move freely around at all times. The provider ensured people were involved in discussions about how the service could be improved and acted on their ideas and suggestions. They used a range of methods to gain feedback including regular surveys and a well-advertised programme of 'residents and relatives' meetings. One person said, "They ask

what we like and what we don't like. They got some dominoes after I mentioned it and draughts. They used to give me knitting but I couldn't cope with that so I told them it wasn't for me and they asked me what else I would like to do."

Records showed senior staff continued to make regular checks of key aspects of the service. We saw recent checks had been made around the safety of the environment, people's care records and medicines administration. When areas requiring improvement were highlighted, records showed the registered manager took appropriate action to address shortfalls or gaps in the service. In this way senior staff were ensuring people experienced good quality safe care and support.

The provider stayed abreast of best practice and current research in the field of dementia care and brought new ideas into the service in order to enhance people's quality of life. Senior staff had recently attended a specialist training course and disseminated their learning to all staff to help them improve their communication styles when supporting people living with dementia.