

Davenport Manor Nursing Home Limited

Davenport Manor

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Davenport Manor is a residential care home providing personal care to 30 people at the time of the inspection. The service is registered to support up to 34 people in one adapted building

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

Risks to individuals, including falls and mobility, were assessed and well managed. People's choices about how their care was provided were identified and respected. Staff had a good understanding of the management of risks. Health and safety checks in the service had been carried out. People had access to a range of health care professionals, records were kept of any medical interventions or visits. People told us they felt safe. Staff were aware of their responsibilities to raise concerns and whistleblowing procedures. People received their medicines as prescribed. There were safe systems for staff recruitment and there were sufficient staff to meet people's needs.

Risks to people who used the service, staff and visitors relating to infection prevention and control, and specifically Covid-19, had been assessed and appropriate action taken. The registered manager was promoting good infection control and hygiene practices. Staff had received additional training, including handwashing and use of personal protective equipment (PPE).

People and their relatives were positive about the registered manager, the service, the way it was run and the support they received. Everyone talked about the homely feel. A relative told us, "I absolutely love it. They are so nice. It feels like a family." We found the registered manager was passionately committed to providing good quality person centred care. Staff we spoke with shared that commitment. There was a range of quality auditing and monitoring. The registered manager and provider had a system in place which enabled them to review any accidents, incidents, safeguarding's or complaints.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 April 2018).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about the assessment and management of risk, specifically falls and mobility and the management of accidents and incidents. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Davenport Manor on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Davenport Manor

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 Care Act 2014.

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 undertaken by one inspector.

Service and service type

Davenport Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. 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 all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, housekeeper and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. These included policies and procedures and quality assurance records.

After the inspection

We continued to seek clarification from the registered manager 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

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

- Risks to individuals, including falls and mobility, were assessed and well managed. Care records gave guidance to staff on what support they needed to provide and what needed to happen to keep people safe. This included the use of equipment and assistive technology such as falls sensor mats. People's choices about how their care was provided were identified and respected. There was an emphasis on safely promoting and maintaining people's independence. Care records had been regularly reviewed and updated when changes occurred.
- Health and safety checks in the home had been carried out. There was a programme of regular maintenance to the building and servicing of equipment.
- Staff we spoke with knew people very well. Staff had a good understanding of the management of risks.
- Records were kept of accidents and incidents that occurred to people who used the service and staff. The registered manager monitored accidents and incidents and identified any themes or lessons that could be learned to prevent future occurrences.
- People had access to a range of health care professionals. Records were kept of any medical interventions or visits. Staff, people who used the service and relatives told us medical intervention was always sought promptly. One relative said, "Oh the staff are on the ball. They get the doctor straight away. Spot on."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. Staff had received training in safeguarding people from abuse and were aware of their responsibilities to raise concerns and whistleblowing procedures. They were very confident any concerns would be dealt with appropriately. One said if they had any concerns, "I would go straight to [registered manager]. She would definitely deal with it."
- Systems were in place to ensure any concerns raised were investigated and where required the local authority and CQC had been notified.
- People told us they felt safe. People said, "Yes I do feel safe. No one comes in my room without knocking" and "I have no complaints, if I had I would go to [registered manager]." A relative said, "Yes, I think [person] is safe. It's such a relief to know [person] is safe and being well looked after."

Staffing and recruitment

- There was a safe system for staff recruitment in place. Staff files contained the necessary checks to ensure fit and proper people were employed.
- There were enough staff to provide people with the care and support they needed. Staff told us they had

time to support and get to know people. They knew people well and spoke very fondly of the people who live at the service .

Using medicines safely

- People received their medicines as prescribed.
- Medicines were stored and administered safely.
- Staff had received training in the administration of medicines and had regular competency checks.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service is required to have a registered manager in place. There was a registered manager in place. Everyone we spoke with was very positive about the registered manager and the way the service was run. People said, "[Registered manager] is doing a good job. If you have a problem, you can go to her" and "It's wonderful. I can't speak highly enough of it. It's all down to the manager. The staff are brilliant." A staff member said, "[Registered manager] is great she's the best manager I have ever had. She's amazing, very supportive. I have learned loads. She will teach you what to do."
- We found the registered manager knew people well. They were open, transparent and passionately committed to providing good quality person centred care. Staff we spoke with shared that commitment.
- The registered manager and provider had oversight of the running of the service. Systems of daily, weekly and monthly quality assurance checks and audits were in place. Where issues were found they were dealt with promptly.

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

- People were positive about the service, the way it was run and the support they received. Staff showed a genuine enthusiasm for their work. Staff said, "I am very happy. We have a bit of fun, but [people who used the service] are happy. Some homes it's all about furniture. Here it's about being happy" and "I absolutely love it here. Everyone is so friendly. It's very homely. [Registered manager] is very approachable, very friendly. She knows everything there is to know about the people who live here."
- Everyone talked about the homely feel. People referred to the home as 'a family'. One person said about the staff, "They are all very nice and very helpful." A relative told us, "I absolutely love it. They are so nice. It feels like a family." We spent time observing the care that people received. There was a very homely feel, the staff were friendly and welcoming. We observed very person-centred care. People who used the service appeared content. Staff spoke very fondly and compassionately about people.
- People and their relatives felt they had a voice and were listened to. The registered manager and provider produced a newsletter every week to keep people updated about what was happening and any changes.
- Relatives told us they had been kept informed during the Covid-19 pandemic and felt staff had done their best to keep them in touch with their family members. One person who used the service said, "Staff have

helped my family visit."

- Records we saw and staff we spoke with showed there were regular meetings and opportunities for staff to speak with the registered manager and were informed of any changes.

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 registered manager understood the duty of candour.
- Statutory notifications are certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. The registered manager had notified CQC of significant events such as safeguarding concerns.
- It is a requirement the provider displays the rating from the last CQC inspection. We saw that the rating was displayed on the provider website and in the reception area.

Continuous learning and improving care; Working in partnership with others

- The provider had a system in place that enabled them to review any accidents, incidents, safeguarding's or complaints. This helped to ensure they could identify good practice and where improvements needed to be made. People who used the service told us they would be able to raise any complaints they had. A relative told us, "I have no complaints. I would recommend it [the home]."
- Throughout the Covid-19 pandemic the service had remained in very regular contact with the local authority.
- The service had a range of policies and procedures to guide staff on what was expected of them in their roles.