

Amberley Healthcare Limited

# Devon Lodge Residential Home

## Inspection report

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23 May 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

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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

We always ask the following five questions of services.

### Is the service safe?

Is the service safe?

The service remains Good.

Good ●

### Is the service effective?

Is the service effective?

The service remains Good.

Good ●

### Is the service caring?

Is the service caring?

The service remains Good.

Good ●

### Is the service responsive?

Is the service responsive?

The service remains Good.

Good ●

### Is the service well-led?

Is the service well-led?

The service remains Good.

Good ●

# Devon Lodge Residential 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 comprehensive inspection took place on 23 May 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection the provider completed 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 checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in March 2015.

We also spoke with the local authority and clinical commissioning group to gain their feedback in relation to the care that people received.

During our inspection, we observed how staff interacted and engaged with people who used the service, in particular people living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who used the service and observed the way in which staff interacted with them. In addition we had discussions with two relatives and five members of staff. They included two senior support workers, two care staff and one of the cooks. During our visit we were also able to have a discussion with a visiting physical exercise facilitator who was providing an exercise class on the morning of our

inspection.

We looked at four people's care records to see if their records were accurate and reflected their needs. We reviewed two staff recruitment files, four weeks of staff duty rotas, staff training records and further records relating to the management of the service, including quality audits and health and safety checks.

## Is the service safe?

### Our findings

People told us they felt safe. One person said, "Oh yes it's lovely and very safe. There is always someone around if you need help and that makes me feel safe." Staff told us, and records showed they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "The manager is very easy to talk to and I would go to her with any concerns I had about someone and I know she would deal with it properly." Another told us, "We have a duty of care to make sure people are safe and that's what we do here."

People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. These had been developed with input from the person, staff and other professionals if required. They covered a variety of subjects including, moving and handling and tissue viability. Risk assessments were used to promote and protect people's safety in a positive way. Staff told us, and records showed they were reviewed on a regular basis and updated when required.

The provider had a business continuity plan. This was to ensure people would still receive the care and protection they required in the event of evacuation.

Staff were recruited following a robust procedure. One staff member said, "I had to wait until they had all my references and checks before I could start work." Documentation showed this had been carried out for all staff before they started. Rotas we viewed showed there was enough staff with varying skills on duty to provide the care and support people who used the serviced required.

People's medicines were managed safely. We observed medication being administered. This was carried out correctly and records were completed. Medicines were stored correctly in locked trollies.

## Is the service effective?

### Our findings

People received care and support from staff who were knowledgeable and had the required skills to carry out their roles. One staff member said, "The training is good. We get what we need so we are safe to do our jobs." Another commented, "There are really excellent standards of training here." Documentation we saw confirmed all staff had completed an induction when they commenced working at the service and on-going training appropriate to their roles.

Staff told us they were well supported by the registered manager. One said, "We can go to her about anything and I feel she supports the staff one hundred per cent." Another commented, "She has always been supportive of us [staff] and if I felt I needed extra support she would make sure I got it. We saw records which showed staff received regular supervisions and annual appraisals.

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. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We observed staff gaining consent throughout the day of our inspection. For example people were asked if they wanted assistance, were ready for their medication or wanted their meal.

People told us they enjoyed the food. One person said, "The food is lovely and homemade. We have a choice of what we want and I couldn't fault it." Another commented, "I'm on good terms with the chefs. They put something different on for me every Saturday such as curries or sweet and sour." The cook told us there was always a choice of meal and several alternatives could be arranged if someone wanted something not on the menu. On the day of our inspection we observed the lunch time meal. The meal was an enjoyable experience for people which was very sociable and relaxed.

People confirmed they were supported to maintain good health and have access to relevant healthcare services. One person told us, "I have a poorly leg. I get to see the nurses regularly who help dress my leg." Staff told us they felt well supported by external healthcare professionals, who they called upon when they required more specialist support. Records demonstrated that referrals were made to relevant health services when people's needs changed, and a log of visits to and from external health care professionals was being maintained in people's care records.

## Is the service caring?

### Our findings

It was obvious from our observations that people were treated with kindness and compassion. One person said, "There is kindness in abundance here." Another commented, "One relative commented, "I knew as soon as the door opened that this was the place. We were lucky to find it. They all show such compassion it's wonderful." Staff were able to tell us about each person's needs and it was obvious they knew people well, for example their likes and dislikes, background and family. We saw that staff spent time with people, either sitting chatting or whilst carrying out tasks.

People told us that they and their family had been involved in planning how they wanted their care to be carried out. Care records we viewed showed that people and their families, if appropriate, had been involved in their care and their views had been taken into account, putting them at the centre of their care.

The registered manager told us that there was an advocacy service available for anyone who needed it.

We saw people's privacy and dignity was promoted at all times, for example being spoken to appropriately and when being assisted with meals or personal care. One person told us, "Every single one of them [staff] are respectful." Staff had an understanding of privacy and dignity. One staff member said, "We do all we can to make sure people have privacy. We shut the door, close the curtains and protect their modesty." Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office.

## Is the service responsive?

### Our findings

People confirmed that they were able to contribute to the assessment and planning of their care. One person said, "I get the care I need. I want for nothing here." Another person explained, "I like things a certain way. They [staff] respect that and let me have my way." Relatives we spoke with echoed these sentiments and one relative told us, "It's the little things that make the difference. The staff provide outstanding care. They really are wonderful."

Care plans we viewed showed a full assessment had been completed prior to admission. These had been followed by a holistic care plan which showed people's strengths as well as the support required and their likes and dislikes. Care plans had been written in a personalised way for each individual and were reviewed regularly.

People talked to us about their hobbies and social interests. It was clear from the facilities provided and the activities in place, that the provider recognised this as an important part of people's lives. One person told us, "There is always something going on. You could never get bored." A relative commented, "There is a good range of activities here and that's so important to make sure [name of relative] doesn't become isolated."

Activities planned were displayed on a notice board. We observed an exercise class taking place on the morning of our inspection. The facilitator told us about one person who had not been able to catch a ball before they had started the sessions. We observed them taking part and catching the ball successfully. He told us, "My coordination is better."

There was a complaints procedure in place. Everyone we spoke with told us they had not had cause to complain but would do so if they thought it necessary. We saw past complaints had been responded to following the correct procedure.

The provider used annual questionnaires to gather people's views. We saw the results for the previous year. Where comments had been made the provider had responded to them and the actions taken had been recorded. This demonstrated that people's views were listened to and acted upon, ensuring people had a voice.

## Is the service well-led?

### Our findings

The registered manager was not available on the day of our inspection. However we were supported to complete the inspection by two senior support workers. We received very positive feedback from people about the management of the service. People, relatives and staff expressed confidence in how the service was run. One person told us, "She [registered manager] has been very helpful to me. She runs a tight ship because she wants it to be the best." Another person commented, "She [registered manager] comes up to my room and talks to me." A relative said, "The manager is always available to talk with if I need to. She is very approachable."

Staff told us they were involved in the development of the service. They told us they were supported by the registered manager and the provider and could speak with them openly. Staff meetings and supervisions had been held on a regular basis. One staff member said, "We have regular meetings where we can raise issues. We are listened to." They also said they had very good handovers between shifts and worked in a very supportive team environment.

The registered manager and staff were committed to continuous improvement of the service by the use of its quality assurance processes and its support to staff in the provision of training. The views of people and their relatives were included and the focus of the evaluation was on the experiences of people who used the service. Areas were identified where improvements could be made so the service met the needs and preferences of people better. Action plans were devised where it was identified improvements could be made in service provision.

A number of quality audits had been carried out. These included care records, medication and maintenance records. The provider had carried out regular inspections of the service and reports for these were seen. Where issues had been found action plans were in place. We found systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. We saw evidence that accidents and incidents were recorded and analysed. Any identified trends had measures put in place to minimise the risk of occurrence.