

Anchor Hanover Group

# Devonshire House

## 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

Devonshire House is a residential care home providing care to up to 69 people. The service provides support to mainly older people some of whom are living with dementia. At the time of our inspection there were 48 people using the service.

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

People and their relatives told us they felt safe living at Devonshire House. All staff from every department were well thought of and words such as , 'fantastic, lovely and kind' were used to describe them.

Improvements to systems and reporting procedures had ensured that any events such as people falling and accidents leading to bruises were effectively managed and people were kept as safe as they could be along with appropriate medical interventions.

The quality assurance system was now more effective in identifying the issues we found during the last inspection. The action plans put in place at our last inspection had been effective.

Medicines were stored and managed safely within the home. Medicines were administered in a timely manner and in a way that respected people's preferences. People's medicines were considered in relation to whether they may contribute to the risk of falling.

Staffing levels meant that people were safe and they received their care in a timely manner. Recruitment procedures had been followed to ensure new staff were suitable.

Staff felt supported to carry out their roles effectively. People and staff were asked their opinions on the quality of the service. Relatives told us that they were happy with the service. One relative said, "We liked it here straight away. We liked its approach to us and our relatives."

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.

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

The last rating for this service was requires improvement (report published 9 June2022).

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe,

Responsive and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Devonshire House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 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

One inspector and one Expert by Experience carried out this inspection. 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 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. There was a planned departure and a new manager had been appointed.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 5 people who live at Devonshire House and 5 family members of people who live in the home. We also spoke with the acting manager, district manager, and 10 staff from the care team, maintenance, catering and housekeeping.

We reviewed a range of records. This included care records and medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We requested some further records after we had visited the home so that we could conclude the inspection.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection safeguarding procedures had not been followed to protect people from abuse or improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The systems to protect people from the risk of abuse were being followed. Staff had received safeguarding training; procedures were in place and being followed.
- We looked at 4 people's records and found that clear records were in place of any injuries and where required these had been referred to the local safeguarding team at the local authority.
- People and their relatives said that people were safe. One person told us, "It's very nice here, its local to me and I feel safer here. The staff are very friendly here and it's nice my friends and family can visit whenever they like to check up on me or just to see me."

At our last inspection systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

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

- Care plans gave clear and concise information to ensure staff could support people safely and consistently.
- Since our last inspection clear systems were in place to record events for each individual. This included actions to take if a person had an accident, fall or any injury. This included ongoing monitoring and revision of risk assessments and plans where needed. Daily records were then checked by more senior staff at the end of each shift to ensure people had received the care and support they required.
- The above actions demonstrated lessons had been learnt. Risk assessments were detailed and promoted peoples independence whilst ensuring known risks were mitigated as much as possible.
- The management team had used the previous inspection to support guide and develop the service, embedding clear documentation and protocols for staff to follow for the benefit of people residing at the service.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- Staffing levels were determined according to people's assessed needs. There were enough staff to ensure that people were safe. Staff confirmed that they had time to carry out their roles. We saw that staff were busy but also had time to stop and chat with people and support them with activities.
- Feedback about staff was positive. One person told us, "I like having regular staff coming in and that's who I mostly get. Staff wise maybe there's a bit less than there used to be. I know some of the staff have been here a long time and that is good and reassuring knowing who's who." One relative said, "The staff have changed a bit over the time [our relative] has been in here. But there are still quite a few regulars that have been here a long time. The staff they can't do enough for us, they really love [our relative] and you can see that each day. They are really good with [our relative]."
- Safe recruitment practices for permanent staff had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

#### Using medicines safely

- Records showed that people received their medicines as prescribed and staff carried out frequent checks. Occasional medicine errors were logged and handled in a way that would have led to learning and improvements.
- Staff had received training on medicine management and been assessed as competent to give people their medicines.
- We saw evidence of learning from medicines errors and changes put in place to ensure incidents were not repeated. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. One relative spoke of a new prescribed medicine having a positive effect. Another relative was aware that end of life medicines had been prescribed and were being administered to ensure their relative was pain free and comfortable.
- Medicines were linked to risk assessments to ensure they did not have any side effects that adversely affected people for example, the contraindication of increased falling.

#### 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 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 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

- Family members and friends were able to visit their loved ones in line with current government guidance in addition to people visiting their family members regularly. One relative said, "I've been visiting [my relative] for a couple of years now. I can visit any time I like, and we do."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 ; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people  
At our last inspection the provider failed to have effective governance systems in place to ensure compliance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improved governance was identified at this inspection across all areas. Due to the increased level of oversight the compliance of this service had now improved.
- Staff were clear in their daily duties and supported people in line with their own wish's detailed within their care plan. Staff were observed speaking with dignity and respect when engaging with people and talking about them.
- The provider had taken feedback on board following our last inspection and had used this experience to improve and embed positive changes to the service. This ensured people lived safer more fulfilling lives.
- The acting manager was clear on their regulatory requirements and contacted CQC when required. Documentation reviewed confirmed that appropriate actions had been taken in relation to notifying of regulatory events.
- Staff spoken to reflected on the positive changes that has now taken place at the service and that they were proud to work for this service. Staff told us that they thought the training and support they received equipped them for their roles.
- The provider had a clear set of values in place. They were sharing the values with staff through meetings and supervisions.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from complaints was used to improve the service being offered. The provider had been open and honest with people and their relatives regarding pest control at the service, involving environmental health and the actions they had taken to resolve matters.
- The service had worked with organisations including local authorities to make improvements. For example, medicines administration errors had been reported to the local authority. The action plan to

reduce the number of errors had been successful.

- The management team welcomed our inspection and feedback. They showed their commitment to making the improvements needed and keeping people at the heart of these. They took action immediately regarding the issues the inspection had identified and provided extra staff into the home to support the management team in identifying any other areas of concern.
- Surveys were given out to people and their families. The provider actively sought feedback. Staff meetings were held regularly where staff could add to the agenda and raise any ideas or issues.
- Strong relationships had been formed between people, relatives and staff. People were observed engaging with staff about world events and not just those relating to the support they received. One relative said, "The staff are absolutely fantastic, they've really help [my relative]." One person said, "The staff have always got a smiles on their faces, they are very considerate towards me."