

Mr & Mrs A Mangaliji

Devonshire Dementia Care Home

Inspection report

The Devonshire Care Home
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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 Dementia Care Home is a residential care home providing personal care to 32 older people at the time of the inspection. The care home can accommodate up to 34 people in one adapted building.

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

We identified some minor improvements to records were required during the inspection. The provider took prompt action to remedy these the following day. The provider had recently developed improved quality checks, however more time was needed for us to ensure these were sustained. The management team were highly spoke of and supported people, relatives and staff.

Safeguarding concerns, and any incidents or accidents were appropriately reported and investigated. Risk assessments were updated to ensure staff were able to support people well. Medicines were safely managed and provided at the times that people needed them. Steps to improve infection control procedures were implemented during the inspection. Staff recruitment processes were safe.

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.

Staff were up to date in training topics that were relevant to her role. Staff were supported through regular supervision and appraisal. People were well supported to access healthcare professionals and staff ensured people had regular fluids and suitable meals.

People and their relatives reported that staff were caring and met their needs well. People were treated with dignity and respect.

Care plans detailed people's preferences and how they liked to be cared for. There were plentiful activities for people to participate in if they chose to. People's end of life care wishes were discussed and recorded where appropriate.

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 (report published 22 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always well-led.

Details are in our well-Led findings below.

Devonshire Dementia Care Home

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.

Inspection team

This inspection was carried out by two inspectors 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 Dementia Care Home 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

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us 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 of this information to plan our

inspection.

During the inspection

We spoke with four people and two relatives. We also spoke with four staff, and the Director of Care.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at six 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

The provider sent us evidence of improvements made following our initial inspection feedback.

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

- People's risk assessments identified a range of potential risks to people and highlighted their presenting needs. However, whilst there was guidance on how to safely support people this could have been more detailed.
- We raised this with the Director of Care, who sent us an updated action plan the following day that clearly stated how people needed to be supported to mitigate risk occurrence. We were also sent an action plan of completion for all remaining risk assessments. We were satisfied with the providers response.
- We observed staff operating hoist equipment when supporting people with moving. They did so safely and gently, explained exactly what they were doing and reassured those residents who were slightly reticent.
- Premises safety was effectively managed with regular maintenance checks and we observed the home to be well kept. Regular fire checks were undertaken and the provider had scheduled an update to their fire risk assessment.

Staffing and recruitment

- Staff were subject to a Disclosure and Barring Service (DBS) check and had suitable employment references on file.
- Not all of the staff records we viewed included a full employment history. After the inspection the provider instructed all staff to compile this information for their staff files. We were satisfied with their prompt response.
- There were enough staff to meet people's needs on a day to day basis. Comments included, "There are enough staff, they are all nice people" and "I think there are enough staff."

Preventing and controlling infection

- We observed staff entering the kitchen area to make tea, rather than use the tea station. During the inspection the provider implemented an updated procedure and showed us they had already arranged for the kitchen floor to be replaced the following week.
- Staff were clear on infection control procedures, when caring for people and told us they had access to appropriate personal protective equipment.

Learning lessons when things go wrong

- Any incidents and accidents were promptly identified and reported. After the inspection the provider evidenced that they had improved their investigation records to fully reflect any follow up actions.

- Incidents and accidents were discussed at quality assurance meetings. These were then to be added to monthly care plan discussions.

Systems and processes to safeguard people from the risk of abuse

- Staff knew of the steps to take to identify and report potential signs of abuse. Comments included, "I would listen to the person to get the details. I would not confront the alleged abuser I would document it and go to the senior manager. If the manager didn't do anything I would go to the provider and if I'm not satisfied I would go to, local authority safeguarding team and CQC."
- We reviewed the providers safeguarding records and suitable steps had been taken to ensure appropriate action was taken to investigate and liaise with the local authority.

Using medicines safely

- People's medicines were safely managed to ensure they received them at the right times. A relative said, "[Person] gets his medication on time and they explain to him what it is for."
- We reviewed a sample of medication records and found that these were accurately completed with no omissions. Balance checks were regularly taken to ensure medicine stock levels were accurate.
- Staff medicines competencies were regularly assessed to ensure they were able to support people with their medicines safely.

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.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were up to date in a range of training topics that were relevant to their role. This included dementia specific training, moving and handling and safeguarding, for example. The provider was also due to implement a computer-based learning for care standards and mandatory training. In addition to this, the assistant managers conducted competency, training and feedback meetings on a regular basis.
- People and their relatives told us they felt that staff were well trained. We observed staff supporting people well and in line with best practice.
- Staff told us they attended one to one meetings to support them to reflect on their practice. However, we found some gaps on supervision and appraisal records. The provider told us they would ensure supervisions and appraisals were complete by February 2020. We will reflect on their progress at our next inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were thoroughly assessed prior to a place being offered at the home. Steps were taken to ensure that the home was able to meet people's needs.

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

- Food choices were well received, and menu choices were offered. In addition to this a large visual display of each day's meal choices was on display in the communal area.
- Special diets were catered for. People were given drinks at lunchtime, with coffees and teas throughout the day. Where people preferred to eat in a quieter area, an additional dining area was made available.

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

- The service was adapted to ensure it was dementia friendly with appropriate signage around the home to help guide people.
- A day centre was also attached to the home for residents to access throughout the day. Outside of the day centre an area had been arranged like a street with a telephone box, post box and seating areas. These worked as interactive landmarks in the garden area.

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

- People were supported to access healthcare professionals when they needed to. Comments included, "I have seen the doctor here and there is a chiroprapist" and a relative said "Chiroprody and eye checks are

done and a GP visits every Monday."

- Staff told us that where people were feeling unwell or presented a change in condition the appropriate healthcare professionals were contacted in a timely manner.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed that any applications to deprive people of their liberty were made in a timely manner.
- Staff understood how to offer people choices and ensured they were supported with decision making in their best interests. They told us, "Information is in the staff handbook. It's about the people who have capacity to make decisions. For people who cannot make those decisions we would do it in their best interests."

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.

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 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

- People and relatives told us that staff were very kind and caring. Comments included, "The staff are kind" and "Generally the staff are kind. They have an amazing amount of patience."
- People were supported to practice their religious preferences, with details of this recorded in their care plans.
- Where one person displayed heightened behaviours on the day of inspection staff handled this sensitively, ensuring the behaviours didn't escalate and supported the person to engage in meaningful conversation.

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

- People were involved in expressing their views on their care needs, with relative involvement where necessary.
- Staff provided examples of the day to day choices they presented people with. This included when they wished to receive their personal care, and where they ate their meals.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated them with dignity and respect. We observed staff knocking on people's doors and requesting permission before entering.
- Staff knew how to support people to be as independent as they could be. This included encouraging people to carry out elements of their own personal care and mobilising independently where it was safe to do so.

Is the service responsive?

Our findings

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

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

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

- Care records were personalised to reflect people's individual choices and preferences. These included people's life histories and family backgrounds.
- Since our last inspection the provider had developed their dementia care provision. This included the use of dementia mapping, enhancements to bathing experiences and use of Ipods. These person centred approaches were supported by 'Positive Approach to Care' which offered practical approaches to working with those affected by dementia.
- Where people expressed their preferences there was clear guidance for staff to follow to ensure they met people's needs. For example, where one person found personal care a difficult task staff would use music and key phrases to encourage them to engage.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in ways that were beneficial to them. For example, one person's care records explained how one person that was non-verbal would use body language to interact and how staff should engage with them.
- Staff had communication boards and photo prompts to support them to communicate with people.

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

- A range of activities were on offer to people, as well as accessing the attached day centre. Comments included, "We can go out in the minibus; it goes every day", "I like the painting and I go out in the minibus. I like visiting Richmond Park and Bushy Park." And "[Person] loves the singing and occasionally goes on the outings."
- Steps were taken to enhance sensory stimulation for people. This included Namaste, massage aromatherapy, daily fresh air drives. The home also offered Intensive dementia awareness for families and the community with our own dementia experience room, including virtual props to replicate what it feels like to have dementia.
- There was a greenhouse which can be used by people at the home, and family members also supported

with garden upkeep. People were also supported with exercises, music, painting and flower arranging, for example. A Day Centre was on sight so that residents could mingle with the public and experience an outing in the safety of the grounds.

Improving care quality in response to complaints or concerns

- Where people or relatives raised concerns or complaints, records showed these had been appropriately investigated and responded to. Following the inspection, the provider sent us a newly developed form to record the outcome for any verbal concerns raised.
- People told us they did not have a need to raise a concern or complaint but felt they would be listened to.

End of life care and support

- The provider had taken steps to approve their end of life processes against the Gold Standards Framework. This is a recognised set of care standards to train staff in supporting people during their last days. The home also commenced their training certification in Positive Care Approach, to take deliver a practical experience in working with people with dementia.
- Where people had disclosed their end of life wishes these were expressed within their care plans.

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 Good. At this inspection this key question has remained the same.

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

- At this inspection we found that care plan audits would benefit from clearer defining actions to improve records, and often referred to numerical targets. The provider had recently introduced an improved care plan audit, however more time was needed to ensure these improved checks were maintained.
- We also found various issues that needed improving at this inspection. However, the Director of Care sent us evidence of the improvements made and proposed the following day. We were satisfied that the provider was responsive and efficient in ensuring the regulatory requirements were met. We were assured that they would continue to drive improvements across the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were clear on the management of the service telling us, "I do know the manager" and "I know the manager; she is very approachable."
- Staff felt well supported by the management team. Comments included, "She is very professional in being a manager. If we make mistakes she will speak with us on a one-to-one and gives us nice advice. She is very supportive. Yes, often hands on" and "He's very supportive and makes sure we are doing everything the right way for the service users. He makes sure we are updated in training and all the staff are happy to work. He will ask for our feedback."

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 provider took action to ensure they apologised where necessary. Furthermore, they were quick to respond to inspection feedback and put in effective action plans to make immediate changes and improve the quality of care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were provided with the opportunity to engage through regular resident and relative meetings. Feedback was shared and developments in relation to the service were discussed.

Working in partnership with others

- The provider worked in liaison with other agencies to meet people's care needs. This included involvement of the local authority in care reviews, A GP attended the service regularly to meet people's healthcare needs.