

# Farnborough & Cove War Memorial Hospital Trust Ltd

## Devereux House

### Inspection report

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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

Devereux House is a residential care home for up to 16 people aged 65 and over. 12 people were living there at time of the inspection. The home is located above a day centre in a residential area of Farnborough. The home has its own lounge/dining room but shares the kitchen and main activity space with the day centre.

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

People received safe care and treatment from trained, caring and compassionate staff. People told us they felt safe living at Devereux House. Staff were able to give examples of how to identify potential abuse and the actions they would take to protect people.

We observed caring and respectful interactions between people and care staff. People and their relatives were very positive about the service. One person said, "It is a homely and welcoming place and the staff are second to none." Another said, "All the staff are so kind and gentle."

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 place supported this practice. Risk assessments were detailed and person-centred and gave clear information on steps staff should take to reduce and mitigate risk.

Recruitment processes enabled the provider to recruit staff assessed as safe to work in health and social care with people. Staff were supported to carry out their roles through training, supervisions and annual appraisals. Good team work was encouraged and evident.

People were supported to participate in group activities and take meals in the communal dining area. Staff also respected the wishes of people who preferred to pursue their own interests and have more privacy.

People were consulted about their care and care plans were personalised and up to date with people's needs and preferences. Staff listened to people's wishes and responded quickly and appropriately. People were treated with compassion at the end of their lives.

People and their relatives knew who to speak to if they had a complaint to raise. They were confident that if they did raise a concern it would be dealt with immediately. They knew the registered manager very well and felt confident about approaching them at any time.

Quality monitoring systems included audits and observation of staff practice. The provider made regular checks on key aspects of the service and produced written reports and monitored action taken.

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 good (published 23 August 2017).

#### Why we inspected

This was a planned comprehensive inspection based on the rating at the last comprehensive inspection. At this inspection the service remained good.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Devereux 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 Care Act 2014.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

Devereux House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. We visited the service on 2 March 2020.

#### What we did before the inspection

We reviewed information we held about the service, including notifications we had received from the provider. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring and social services team. We used all of this information to plan our 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.

#### During the inspection

We met five people who lived at the home, spoke with four family members and asked them about their experience of the care provided. We spoke with two representatives of the provider, the registered manager and 12 members of staff including care, housekeeping and catering staff.

We looked at four people's care records and their medicine records. We observed staff interactions with people in communal areas. We also looked at four staff members' files in relation to recruitment, induction, supervision and appraisal, and at staff training records.

We reviewed quality monitoring records and other records relating to the management of the service including policies and audits.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found, and reviewed maintenance certificates, minutes of recent meetings with the provider and other documents that the registered manager sent us after 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 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from situations where they may be at risk of experiencing abuse or avoidable harm. Staff had regular safeguarding training and knew how to refer incidents to the local authority safeguarding team for assessment and possible investigation. The safeguarding policy was up to date.
- No safeguarding concerns had arisen in the past year. People told us they felt safe. Family members said they were confident their relatives were safe living at the home.

Assessing risk, safety monitoring and management

- Staff assessed people's individual risks to promote their safety. Control measures were put in place to minimise risk to people, while respecting their need for independence. For example, we saw a person being encouraged to walk to the dining room to retain their mobility, while a member of staff had their wheelchair nearby, should they find they could not walk as far as usual. One person said, "I feel much safer living here than at home. There are lovely staff here to help when I need it."
- Staff reviewed people's risk assessments monthly and updated care plans to reflect any changes in people's needs.
- Regular checks of the environment and maintenance of equipment were carried out and recorded. Staff undertook health and safety training. A fire safety system was in place to detect and contain fire. Each person had a suitable Personal Emergency Evacuation Plan so staff could give the correct assistance and make sure people were in a safe place in the event of the fire alarm sounding.
- On the day of inspection the lift broke down. The registered manager arranged for it to be repaired promptly.

Staffing and recruitment

- There were enough staff to ensure people promptly received the assistance they needed. Staffing rotas showed shifts were reliably being covered. Any gaps in the rota were covered by staff working extra shifts and sometimes by the registered manager. There was a small bank of staff. Agency staff were only used if there were no other options.
- There was a robust recruitment process in place. This included disclosure and barring service (DBS) checks for new staff before commencing employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in health and social care.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. There was enough stock and medicines were stored securely in temperature-controlled conditions.

- Senior care staff administered medicines. They had received training and their competency was reviewed to support them to administer people's medicines safely, such as ensuring the right medicines were given in the correct way and at the right time to each person.
- There were guidelines for staff to follow when administering prescribed medicines on an 'as required' basis, such as paracetamol for pain relief. The GP approved these for each person.
- The registered manager audited the management of medicines weekly and six monthly in relation to safe administration of medicines and the correct completion of people's medicines records.

#### Learning lessons when things go wrong

- Staff reported accidents and incidents, including the action taken. The registered manager analysed reports to establish trends and make changes to reduce the likelihood of recurrence. For example, a medicine audit completed for the period November 2019 to February 2020 had shown the times when minor errors in medicine recording had occurred, which enabled the registered manager to take action to improve this.
- Staff completed regular audits of information around people's falls. This enabled them to put in place measures to keep people safe. For example, to reduce one person's risk of falling, staff had, with their consent, placed a sensor mat beside the person's bed so they would know when the person got up and could check whether they needed help.

#### Preventing and controlling infection

- Housekeeping staff were employed and there was an adequate supply of cleaning materials. The environment was clean. Bathroom facilities were suitably equipped with items for people's use.
- Staff received training about infection prevention and control. They wore clean uniforms and used disposable gloves and aprons when providing people with personal care in line with best practice guidance. Antibacterial gel was available at appropriate places around the home to support good hand hygiene practices.
- Laundry facilities were appropriate for use and hygiene practices in the laundry followed appropriate infection control guidelines.
- Regular inspection of the water supply had revealed scaling on taps and showerheads, so a programme of regular descaling had been put in place

# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The manager assessed each person before they moved into the service, involving people and their families. The assessments were in line with current guidance and best practice. They considered people's independence and included information about their physical and health needs, emotional needs, communication and relationships. People's assessments were regularly reviewed and amended as people's needs changed.
- People's personal care needs were assessed and recorded in an appropriate level of detail for their needs. Where people required support from care staff this included information about people's preferred routine and important details such as denture care.

Staff support: induction, training, skills and experience

- People were well cared for by staff with the training, knowledge and skills to meet their needs. New staff completed an induction before they provided people with care and worked for a probationary period. Detailed personalised care plans enabled staff to care for each person in the right way. People said the staff were good at their jobs.
- Staff received refresher training relevant to their role in a range of topics such as fire safety, safeguarding, first aid and dementia awareness. The registered manager also carried out observations of practice. Staff told us they felt supported by the registered manager.
- Staff had regular supervision and appraisal as part of their support and development programme.

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

- People's diet and nutritional needs were met. The menu offered people a balanced diet. Care plans recorded people's individual food preferences and guidance for staff on people's dietary needs such as people who benefited from a fortified diet. Staff were aware of the importance of hydration and offered a choice of drinks regularly throughout the day and staff encouraged people to drink more.
- Some people ate their main meal with others in the dining room. People were free to have their meals in the privacy of their bedrooms and where necessary they were assisted by staff. People's comments about their meals included, "There is always something I like. My favourite food is an omelette and I can have different fillings" and "The food is much better than I could cook myself".
- None of the people at the home had swallowing difficulties, although one person preferred a softer diet and the chef provided this. Staff were aware of the international standardised guidelines on the consistency of food and drinks, should this be needed.
- People's weights were monitored monthly. Staff recorded when people's appetite was poor to check their nutrition was adequate. If there were significant changes they would seek advice from healthcare

professionals.

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

- People had their healthcare needs met. Staff arranged for people to see their doctor if they became unwell and sought clinical advice on other points as needed. Staff arranged for people to see chiropractors, dentists and opticians if they required this. This was recorded in people's files.
- Staff used the red bag system if people needed to be transferred to hospital. This ensured important health information as well as personal items like glasses, slippers and dentures travelled with people to hospital.
- The service had taken account of recent national guidance about oral healthcare in care homes. Care plans set out the support people needed to maintain their oral hygiene and care for their teeth or dentures. People were supported to access a dentist.

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

- There was signage to help people find their way around independently. The dining room and lounge were light and bright. Resident's own handiwork and pictures were displayed in corridors and potted plants added interest.
- People's rooms were homely and personalised with things they had brought from home. A number of bedrooms had recently been redecorated.

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 found they were, and that staff had up to date training.

- People consented to their care plans. Staff always asked for people's consent before providing care and support. People were encouraged to make everyday decisions for themselves as far as possible. Examples of this were choosing the clothes they wanted to wear and the times they wanted to have breakfast. Everyone was asked about how they wished to spend their day. A person said, "Staff always tell me about activities and sometimes I join in, but it is up to me."
- Staff were aware of people who may need additional support with their short-term memory or mild dementia. There was no one currently living at the home who was deprived of their liberty in order to receive care. Staff understood the process for making a DOLS authorisation when people lacked mental capacity.

# 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; respecting and promoting people's privacy, dignity and independence

- People were positive about the care they received and had built strong relationships with staff. Staff spoke about people with respect and affection. We saw staff adapting flexibly to people's different needs to ensure everyone felt valued and treated fairly.
- People were encouraged to keep in touch with their families. Relatives said they liked the family atmosphere of the small home.
- Staff recognised the importance of providing care in ways that promoted equality and diversity. People's religious and cultural needs were captured in personalised care plans. One person liked to maintain contact with the local church and staff had given her a CD so she could sing along to hymns.
- People were supported to be as independent as possible. Care records showed what people could do themselves and where they needed support. For example, people were generally encouraged to dress independently, and we saw staff adjusted clothing discreetly as needed. A relative said, people "always looked well-presented."
- Staff respected people's privacy and dignity. One person liked to remain in their room all the time and was pleased staff respected their choice. Staff recognised the importance of not intruding into people's private space. They closed the doors when providing personal care and covered up people as much as possible.
- Private information was kept confidential. Staff had been provided with training about managing confidential information in the right way. Written records containing private information were stored securely when not in use and were accessible only to authorised people on a need to know basis.

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

- People were involved in making decisions about things that were important to them, according to their ability. Where people required additional support to make decisions, their families and professionals were consulted and involved where appropriate.

# 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 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

- People received personalised care which was responsive to their needs. Care plans contained information about people's choices and preferences, their interests, emotional and cultural needs, likes and dislikes and past life history. We observed that staff knew people really well and responded to them according to their personalities.
- Staff regularly checked on people to make sure they were comfortable and had everything they wanted. Daily records captured details of the care people received, their well-being and how they spent their day. Handover meetings between shifts enabled staff to share key information about each person.
- Care plans contained information for staff about how to reassure people if they became sad or anxious. Staff recorded people's mood in daily records so that staff offer appropriate extra support to a person if their mood was low.

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.

- Care plans highlighted information about people's sensory or hearing impairment prominently with more detail in each plan, including people who chose not to use their aids some of the time. Where people communicated more through gesture and facial expressions, staff said they were confident in interpreting the person's meaning.
- People had information presented to them in a user-friendly way. Documents such as the menu and information about activities were in large print. Staff also spoke with each person to help them decide what meals they wanted to have, and also spoke with them about activities they might like.

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

- People were enabled to keep in touch with their families and go out on visits. With each person's agreement the registered manager or senior care staff contacted family members to let them know about any important developments. A relative said, "They are very quick to let me know if [their relative] is unwell."
- People were supported to pursue their interests. The service organised activities in the day centre on the floor below where there was a well-equipped craft room. There were also opportunities for armchair exercises, quizzes and games, and some live entertainment such as a Christmas pantomime. People who wished, were supported to meet their spiritual needs by having visits from members of the local church and

attending religious ceremonies held in the home.

- If people who did not want to join in group activities, staff ensured they chatted with them in their rooms about their interests.

Improving care quality in response to complaints or concerns

- People's concerns were listened to and responded to. Written information about the complaint's procedure was in every person's room and reassured people of their right to make a complaint. A relative said, "I would just speak to staff or the manager if I was unhappy about something. They get on top of things quickly here." We reviewed records which confirmed there had been no formal complaints in the last year.
- The registered manager proactively asked people and families about their experiences of care in the home and kept a record of suggestions. A more formal survey was planned but this had not yet been sent out.

End of life care and support

- People were supported to have a comfortable, dignified and pain free death. Staff worked with community nurses to support people to have end of life care at the home.
- There were arrangements for the service to hold 'anticipatory medicines' for some people, so they could quickly be given in line with a doctor's instructions to provide a person with pain relief. Counselling support was available for staff if they wanted this following a death.
- People's advanced decisions about end of life care wishes were recorded where people wanted to plan their care. Staff recognised that some people and families were not ready to discuss how they wished to be cared for at that time.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 and provider had established a culture emphasising the importance of person-centred care. A relative said, "All staff recognise and respect that Devereux House is first and foremost every resident's own home."
- People, relatives and staff knew the registered manager well and were complimentary about their approach and the way they ran the service. People and relatives said, "The [registered manager] misses nothing. The [registered manager] is very hands-on, they will take a shift when needed and are always ready to come in, even late at night if there is a problem."
- Staff worked well as a team and said they were well supported by their manager. They said, "We all look out for one another."
- The registered manager understood that it is their duty to be honest and open about any incident or accident that caused or placed someone at risk of harm. Where mistakes were made, they spoke openly with people and families, lessons were learned, and improvements made to prevent recurrence.
- The registered manager said that she expected all her staff to treat people in the right way without discrimination.

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

- Staff had been supported through training and policies to understand their responsibilities to meet regulatory requirements and had job descriptions for their roles. They knew people well and provided person-centred care, focused on people's well-being. Where any concerns about individual staff performance were identified they were dealt with through additional training, supervision and support.
- The registered manager was on call during out of office hours to give advice and assistance to support staff.

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

- People and families, as well as staff were encouraged to give feedback about their experiences in the home and any suggestions for improvement. The registered manager recorded their views. They planned a regular formal consultation with people and relatives but had not yet issued a satisfaction survey. The chef consulted people about their favourite meals and adjusted the menu to suit everyone.

- Services providing health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had notified the Care Quality Commission (CQC) of events that occurred in a timely manner, in line with their legal responsibilities.
- It is a legal requirement to display the CQC inspection rating in the home. This is so that people, visitors and those seeking information can be informed of CQC's judgements. The provider displayed their rating in the home but not on their temporary website. A new website was being developed and the rating would be included.

#### Continuous learning and improving care

- The service was focused on learning and improvement. People and relatives gave us positive feedback on the attention to detail of the registered manager and the impact of recent improvements such as reviewing and updating their policies and introducing new online training for staff. The registered manager and senior staff kept up with best practice developments by attending training and other events, and through partnership working with GPs and community nurses.
- The provider carried out a rolling programme of quality reviews and made recommendations to the registered manager where appropriate. Recent reviews were of food quality, the environment and activities, and medicine management. The review of medicine management had led the registered manager to revise the guidance about medicines taken 'as required'. They also planned to contract with a different dispensing pharmacy which had a good reputation for responsiveness and accurate dispensing because of concerns about errors and delays. The provider monitored developments in the home at quarterly meetings.
- The home had established positive working relationships with health professionals and community services. This meant people had access to a range of services that supported their health and wellbeing. A clinical professional told us they had good communication with the service.