

Anchor Hanover Group

Devonshire House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 House is a residential care home providing personal care for up to 69 people. On the day of our visit there were 48 people resident in total. There were 25 people living on Ryder unit. This is a specialised unit with adapted facilities for people living with dementia.

People's experience of using this service:

We found that developments had taken place and people were now provided with better overall outcomes. The three beaches in regulation found at the last inspection had all been systematically addressed. People at this service were now provided with a more caring, consistent, responsive service that was being effectively managed through a period of change.

- The management of medicines was not always effective and sometimes placed people at risk of harm.
- Staffing remained a challenge but was safe with sufficient, appropriately trained staff supplied and people's needs were met consistently.
- Risks associated with people's care were identified and staff knew how to manage them to keep people safe.
- People, relatives and staff were consulted and involved about changes made and those planned.
- People's feedback was consistently positive about the care, support and staff. One person told us, "I am undoubtedly treated with dignity and respect. They are kind and caring to everyone. They are very nice and do whatever you ask." A relative told us, "I have never come across anything that was not perfectly proper. They go above and beyond."
- People using the service were relaxed with staff and the way staff interacted with people had a positive effect on their well-being.

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

Rating at last inspection: We rated Devonshire House as requires improvement and published our report on 8 March 2018.

Why we inspected: Previously we had rated this service as requires improvement and therefore have been back to check that it had improved to good. We had received an action plan telling us what the service managers would do to become compliant and therefore we checked this action had been taken.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated good.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

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 ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Membership of the team consisted of two inspectors and included a member of the medicines team (and another inspector shadowing as part of induction). Also, an expert by experience who is a person that has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had a relative who used a similar service.

Service and service type:

Devonshire House is a care home. People in care homes receive accommodation and nursing or personal care. 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:

The inspection was unannounced.

What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the 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 also spoke with other professionals supporting people at the service, to gain further information about the service.

We met people who used the service and spoke in more detail with 12 people and five relatives. We spent time observing staff interacting with people, especially at lunchtime. We also 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 care staff, the registered manager and other managers supporting on the day. We looked at documentation relating to eight people who used the service and information relating to the management of the service. We reviewed eight medicine administration records and observed medicines storage and audit arrangements and spoke with staff involved in medicines management.

Is the service safe?

Our findings

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

Requires Improvement:

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Oral medicines were administered regularly by trained staff and records were maintained appropriately. Staff took their time with people when supporting them to take their medicines. Despite this medicines were not always managed safely. A urine sample was in the medicines fridge, which could cause contamination. A pack of eye drops had no date of opening recorded so not clear they were safe to use. A pack of tablets had the person's name torn off, and 'stock' written on the pack, so it was not clear who it belonged to. Staff disposed of it immediately.
- The policy required the maximum and minimum fridge temperatures to be recorded but on most days staff recorded the current temperature only. The records showed one reading outside the recommended range but as staff did not reset the thermometer each time it was not possible to determine when it happened and how long for.
- Creams were applied when people were supported to wash or bathe, and there were body maps to guide staff on where to apply creams, but one person had two undated charts for the same cream, it wasn't possible to identify the current version. There were gaps in records and sometimes creams were unavailable. The cream for one person was recorded as unavailable for two days. Staff told us they had a replacement pack but they hadn't replaced the empty pack in the person's room.
- There was guidance regarding people's 'as required' medicines but it did not include enough information for staff to decide when they may need the medicine or how much to give. When staff had administered these medicines, they had not always recorded the outcome for the person after receiving the medicine. This meant the efficacy of the medicine could not be reviewed.
- One person was assessed as needing to have their medicines covertly and the appropriate people had been consulted. However, there was no guidance for staff on how to prepare the medicine and so it was not done consistently.
- Managers carried out regular audits but they had not acted to improve some of the problems they identified such as the fridge temperature recording. We fed back in detail our findings for immediate action.

Staffing and recruitment

- Action in line with the plans submitted had been taken. Rosters clearly showed that sufficient staff were employed and allocated to meet people's needs. This currently included regular care staff known to people supplied by an agency. We saw that suitable recruitment was ongoing to fill all vacant posts.
- The provider had a recruitment policy which assisted them in the safe recruitment of staff. Staff could confirm that checks on their suitability were in place before they started work.

- All people and staff spoken with said there were sufficient staff on duty. Our observations on the day found sufficient staff available to meet people's needs promptly. People did not wait long to be attended to.
- Staff supervised the communal areas at all times. One relative told us, "Residents get constant care. The carers are very attentive."

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing were in place and staff had received training based upon these. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- People consistently told us they felt safe at the service. One person told us, "Yes, I feel safe. It's the staff that make me feel safe. If you ask them for something they are really helpful."

Assessing risk, safety monitoring and management

- Staff were able to support people who may have distressed behaviour because they had appropriate training and positive behavioural plans were in place for people living with dementia.
- Risks to people had been assessed and were safely managed. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified. Well known assessment tools such as MUST (Malnutrition Universal Screening Tool) and Waterlow (A pressure ulcer risk assessment tool) were used.
- Where people needed equipment to transfer this was provided based upon their assessed needs and staff were seen to follow that assessment. Falls risk assessment tools were used and plans in place for those at risk. One person told us, "The handrails are great. And the chairs are all heavy so do not move about. And the corridors are all carpeted, so if I do fall it won't be too bad."

Preventing and controlling infection

- The service was clean throughout. Toilets and bathrooms were seen to be very clean. Cupboards containing cleaning materials / electrical equipment were locked.
- Staff practiced good hygiene and were provided with aprons and gloves.

Learning lessons when things go wrong

- Management were keen to develop and learn from events. There were ongoing systems in place to monitor and learn from incidents and accidents. Records kept were of good quality and overseen by managers who monitored for any themes or patterns to take preventative actions.
- Where there had been errors made with medicines action had been taken to keep people safe. For example, matters had been investigated, staff had been held accountable and where appropriate staff retrained.

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

Good: 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

- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care and support records.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed. One person told us, "Most of them understand my needs well. It has given me so much confidence."

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. Staff said that they had received a good induction that included training and shadow shifts.
- Staff had received appropriate training to support people using the service and more specialist training in matters such as dementia and mental capacity. One person told us, "Staff are well trained. If staff need advice they get it. They look after me very well."
- Staff also told us they were supported by the management team and received one to one sessions to discuss any work-related issues. Staff welcomed team meetings and one staff member said, "We are kept well informed. We are told what is required of us as staff."

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

- People received home cooked food that constituted a balanced diet. One person said, "Food is excellent. There is always a choice. No trouble if I want something different."
- People were given a choice of menu and were able to choose what they fancied at the given time.
- The meal time experience was relaxed with people being offered choices of where they wished to eat their meal and what to drink. A variety of drinks were available throughout the day, including sherry served before lunch and non-alcoholic wine with lunch.
- Advice was sought from appropriate health professionals in relation to nutrition. The chef had updated information to hand on special diets required. There were sufficient staff to support people to eat with dignity.

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

- The Home was in good condition throughout. Corridors were wide and had handrails. Some corridors in the old house were uneven and there was a lack of signage and or colour coding to aid navigation around

the building. This matter had been identified and quotes obtained to remedy.

- The whole premises used by people was accessible for those with a physical disability.
- Ryder wing accommodates people living with dementia and had some environmental facilities that supported people such as coloured doors and personalised framed pictures to signify people's bedrooms. There were plans in place to develop facilities further.
- People had access to outside space that was well planned and safe.

Supporting people to live healthier lives, access healthcare services and working with other agencies

- People were routinely registered with healthcare professionals. A GP visited regularly or when required to ensure access to treatment and medicine. The registered manager was actively promoting better relationships with the three surgeries that supported the service.
- People were referred to other healthcare professionals as required. People were supported by staff to access healthcare appointments.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Staff had a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves and were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible. One person said, "They are really good at helping me to maintain my independence. That is really important to me."
- The registered manager understood their responsibilities in terms of making application for deprivation of liberty safeguards to the authorising authority and making notification to us about those applications being granted.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People consistently told us that staff were kind and caring. One person said, "They are a good crowd. They treat me well. It is very lovely here."
- We observed some lovely practice by staff who emotionally supported people with compassion. One person told us about a recent occasion when they had spoken unkindly to a staff member, but how they had been supported to move on and repair their relationship.
- Our observations showed people displayed signs of well-being. One relative told us, "They give people hugs, and make people very welcome."
- Staff knew people very well. One person spoke about how one person benefitted from a daily walk and a different person loved floristry and liked to arrange flowers.

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

- People and their representatives were regularly asked for their views on their care and their plans. Regular meetings with relatives were in place. A future date was displayed.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff putting this into practice during the inspection. Staff were consistently polite, courteous and engaged and were pleased to be at work. People were treated respectfully and were involved in every decision possible.

Respecting and promoting people's privacy, dignity and independence

- People and their families routinely completed life histories and this enabled staff to develop meaningful relationships and have respect for people as individuals. Daily notes made by care staff showed clear respectful recording of care given.
- People were enabled to be as independent as possible. Staff transferred people to dining chairs and arm chairs throughout the day to maintain their posture and dignity.
- Relatives confirmed to us that people's privacy and dignity was always maintained. Our observations were that staff were mindful in their actions and how they spoke with people. One person told us, "They do knock on my door. And when they have time, they come and have a chat. It is a wonderful place to live. The carers are just so patient."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs.
- People were enabled to follow a variety of interests and activities. People could choose each day how they spent their day. On the day of our visit people were celebrating Valentine's day. Relatives joined their family members for lunch, a quiz was held and several people were given a rose for participation. People were visibly happier for the event.
- There was a published plan of events. The hairdresser visited twice a week. Seven people played croquet. One person chose a manicure offered by staff.

Improving care quality in response to complaints or concerns

- Systems and procedures in place had improved. These were known to people and their visitors. People told us that there were regular resident meetings with the registered manager to resolve issues.
- People and relatives said that they felt able to speak to the registered manager privately at any time. Staff were aware of resolving concerns at a lower level if possible.
- We saw evidence that complaints received were taken seriously to improve the service where possible and appropriate actions were in place. There was a written response in place to complainants and offers to meet to resolve concerns were routine.

End of life care and support

- At the time of our inspection no-one was receiving end of life care.
- People's wishes about the end of their life were recorded and known. This included appropriate recording about resuscitation should a person's heart stop.
- People had been supported to die with dignity and remain pain free whilst still at the service.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People were provided with person centred individualised care that met their expressed needs. People and their families were keen to tell us of the quality of care provided. One relative told us, "I would recommend the home to anyone who needed care."
- We found a registered manager that had integrity and a person that was open about challenges and developments. Since they started in post a number of staff had left for different reasons. Clear explanations were available.
- People at the service and their relatives had faith in the new manager. One person told us, "If I had any concerns the manager would see to them."
- There was a whistle blowing policy in place and this was followed in practice.

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

- Staff and people at the service were keen to tell us about how better organised the service was now. Staff showed us the shift planner on the wall for that day. It ensured named staff had roles and responsibilities. Three different people told us, "This place is well organised."
- Some staff had struggled with change and the drive to improve the service, but the majority of staff were positive about the registered manager and what they were achieving. One staff member said, "The manager is amazing. She is very determined. She is very approachable. She is easy to communicate with. She is good at getting us all on board. And she learns from her mistakes."
- Staff welcomed the regular team meetings. One staff member said, "The manager holds meetings. We're well informed and she tells us what is required. The manager is approachable, she does not hide away."
- Anchor had quality management systems in place. Audits and action plans were shared with us as required. This included regular visits from Anchor representatives who had oversight of the quality of care being provided. Resources and support was readily available to the service. This included not actively marketing the service until it sustained a stable staff team.

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

- One person told us, "In the few weeks I have been here, I have seen improvement after improvement."

They are really changing. I would really like to write a very positive review of this home."

- One relative told us, "Have noticed changes in communication since October 2018, staff now inform them about GP visits and health updates. Information is proactive – letters from the new manager. Very impressed with the new manager, seems to know what she is doing. Has a nice way with staff, clear about what is expected and staff seem to respond well to her."

Continuous learning and improving care

- The registered manager was dedicated to continuous learning. They were open to new ways of working, and feedback from CQC. They were aware of recent developments, for example the new international descriptors for food and drink for people with swallowing difficulties.
- We had received information alleging people's money had been inappropriately managed. No money had been misappropriated. The registered manager had identified that records were in a muddle and people were not always charged for services received. This was actively being resolved with systems being developed further to ensure similar could not happen again.

Working in partnership with others

- The registered manager was developing good links with the rural community, local churches, other healthcare professionals and the local GP service.
- The service regularly sought the views of people through care plan reviews, meetings at the service with people, relatives and staff and through regular surveys. The feedback received had been mainly positive and therefore confirms that the service provided was appropriate for people's needs.