

D & L Care Homes Limited

Digby Manor

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:

Digby Manor is a care home that provides personal and nursing care to a maximum of 26 older people, including people who live with dementia. At the time of the inspection 26 people were using the service.

People's experience of using this service:

People said they felt safe and they could speak to staff as they were approachable. People and staff told us they thought there were enough staff on duty to provide safe care and individual care to people.

Staff knew about safeguarding procedures. Staff were subject to robust recruitment checks. Arrangements for managing people's medicines were safe.

People were very positive about the changes taking place in the home. There was a good standard of hygiene. The environment promoted the orientation and independence of people who lived with dementia.

People's privacy and dignity were not always respected with the use of shared bedrooms. We have made a recommendation to review the use of shared rooms in order to promote people's rights to privacy and dignity.

People were provided with very good standards of care by staff who were well-trained and supported in their roles. One visitor commented, "The manager and staff are so loving and caring, I want to come here if I ever need care."

Staff had a good understanding of the Mental Capacity Act 2005 and best interest decision making, when people were unable to make decisions themselves. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People received a varied and balanced diet to meet their nutritional needs.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

There was a welcoming, bustling atmosphere in the home and people were well-engaged. A range of activities and entertainment were available to keep people interested and stimulated.

People and relatives were overwhelmingly positive about the care provided. They confirmed that staff were attentive, kind and caring.

Communication was effective and staff and people were listened to. Staff said they felt well-supported and were aware of their responsibility to share any concerns about the care provided.

There were opportunities for people, relatives and staff to give their views about the service. One relative commented, "It is great we do not have to worry at all about [Name]'s care and well-being now they are safely ensconced in Digby Manor."

People said they knew how to complain. The provider undertook a range of audits to check on the quality of care provided. The home had won awards acknowledging the benefits to people of the care provided.

Why we inspected:

This was the first inspection of the service since it was registered in March 2017. This was a planned comprehensive inspection.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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

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 home was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The home was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The home was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The home was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The home was well-led

Details are in our well-led findings below.

Good ●

Digby Manor

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:

The inspection was carried out by an adult social care inspector.

Service and service type:

Digby Manor is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission [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 was an unannounced inspection and we gave the registered manager no notice of the inspection visit.

What we did:

Before the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we held about the service, for example, statutory notifications. A notification is information about events which the provider is required to tell us about by law. We contacted commissioners to seek their feedback.

During the site visit we spoke with six people, two relatives, two visitors, the provider, the registered manager, the deputy manager, the administrator, the cook, five support workers including two senior support workers and two visiting professionals. We reviewed a range of records. This included four people's

care records, three medicine's records. We also looked at five staff files to check staff recruitment and training records of staff. We reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe at the service. Their comments included, "Staff do have time, they are not always rushed", "Staff come when I need them" and "There are enough staff, they are very, very good and kind."
- The provider had effective systems in place to help protect people from the risk of harm or abuse. Staff received training and were confident about what and how they would report any concerns to the registered manager and to local safeguarding authorities.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. A visiting professional told us, "There is no one with skin pressure care."
- Staff described how to protect people from risks associated with their health conditions. A staff member told us, "I think people are safe, people have sensor mats in bedrooms, to alert us where this is a risk of falls."
- People's risk assessments were reviewed routinely to reflect people's changing needs. We discussed with the registered manager that a more regular review of risk assessments should be in place. They told us that this would be addressed.
- People's Personal Evacuation Plans, (PEEPS) contained information about people's mobility, if people needed to be evacuated from the building in an emergency. They needed more regular review. We received information straight after the inspection to show that this had been addressed.
- The maintenance person carried out regular checks for environmental risks to ensure people were kept safe.
- Care plans were in place for people that provided guidance for staff for the management of behaviours that challenged when a person may become agitated or distressed. One relative commented, "It's lovely to see [Name] not upset and agitated."
- The provider helped ensure people received support in the event of an emergency. Managers were able to be contacted outside of office hours should staff require advice or support.

Staffing and recruitment

- Relatives and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met. One person said, "Staff are always around to help when I need them." A staff member commented, "I like it here, there are plenty of staff."
- Staffing levels were determined by the number of people using the service and their needs.
- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed.

These included satisfactory references and background checks with the Disclosure and Barring Service (DBS).

Using medicines safely

- Medicines were managed safely.
- Medicines records were clear and accurate.
- Staff did not administer medicines until they had been trained to do so. Competency assessments were completed regularly to confirm staff had a good understanding in this area.

Preventing and controlling infection

- There was a good standard of hygiene around the home. One relative commented, "Bedrooms are nice and clean with new beds."
- Staff received training in infection control to make them aware of best practice. Disposable gloves and aprons were available for use by staff as required.

Learning lessons when things go wrong

- A system was in place to record and monitor incidents to ensure people were supported safely.
- Any incidents were analysed to identify trends and patterns to reduce the likelihood of their re-occurrence.
- De-briefings took place with staff and reflective practice at staff meetings to analyse any incidents.

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

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

- Before people received care one of the management team carried out a detailed assessment to check if people's needs could be fully met at Digby Manor care home.
- Care plans were developed for each identified care need people had and staff had guidance on how to meet those needs.
- Relatives' gave very positive feedback about the care their relatives received. Their comments included, "[Name] has blossomed since they've come here" and "Staff are very hard working on a day-to-day basis to keep up this level of care and I see a transformation in [Name]'s care."

Supporting people to live healthier lives, access healthcare services and support

- Records showed there were care plans in place to promote and support people's health and well-being. A relative had also commented, "What an amazing difference to [Name] in such a short space of time. They were just a shell of themselves before coming here."
- There was evidence of regular external health care professional involvement in people's care for physical and mental health needs. People were supported by staff and/or family to attend these appointments where support was required.

Staff working with other agencies to provide consistent, effective, timely care

- Care records showed people were referred for any specialist advice and support from different health professionals in a timely way.
- Staff followed professionals' advice to ensure people's care and treatment needs were met. One visiting professional told us, "Staff are good at keeping us informed and following any instructions we leave."

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

- People enjoyed a varied diet. People's and relative's comments included, "The meal times are appetising with a selection of food", "There's plenty to eat, cook will provide something else if you don't like what's on the menu" and "Food is very good, I've stayed for meal before and the Spanish chicken was very tasty."
- Nutrition care plans were in place and these identified requirements such as the need for a modified diet.
- Where anyone was at risk of weight loss their weight was monitored more frequently as well as their food and fluid intake. However fluid charts did not include daily totals and food charts did not include details of what people had eaten. We spoke to the registered manager regarding this. They sent information straight after the inspection to show it had been addressed.
- People enjoyed a predominantly positive dining experience. No one was rushed and people could eat their meal at their own pace. Staff were supportive to people and offered full assistance as required.

- Tables however, were not well-set to make it a positive visual dining experience for people as they ate their meal.
- Quiet, soothing music was not available to create an environment that encouraged people who may not be keen to eat. We discussed this with the registered manager who told us it would be addressed.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role.
- People were supported by staff who received ongoing training that included training in safe working practices and for any specialist needs. Staff comments included, "There are opportunities for training, I attended a care plan workshop" and "We get plenty of training."
- Staff had the opportunity for supervision, appraisal and personal development. One staff member said, "I hope to do a level 3 diploma and become a senior, there are opportunities for progression."
- Staff told us they felt well-supported. One staff member said, "I definitely feel supported."

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

- A programme of refurbishment was taking place in the home since the change of ownership and management. Further refurbishment was planned.
- We discussed with the provider the three double bedrooms that were in use and the provider's plans to create two more double bedrooms. They did not provide the necessary furniture, space and privacy for people that used the rooms. They told us their plans would be reviewed.
- There was appropriate signage and some doors were painted different colours around the building to help maintain people's orientation. Plans were in place for further changes to be made to the environment for people who lived with dementia to promote their independence and involvement.
- A reminiscence lounge had been created and furnished traditionally with memorabilia.
- People had access to, and communal rooms overlooked, large, well-planted gardens with seating areas and bird feeders to watch the birds.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had submitted applications appropriately.

- Staff had received training about the MCA.
- Records showed that assessments were carried out to check people's capacity and understanding with

regard to specific decisions. For example, for the use of covert medicines.

- Records documented who was involved in the decision-making process where decisions were made in people's 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

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 without exception, told us, they were treated with kindness and compassion. Their comments included, "Staff are lovely they will help me", "We chose here as carers are so caring, they seem to have a vocation", "Wonderful caring staff" and "The main thing it's a family atmosphere for all the residents and it is the hard-working staff that create this."
- Several compliments had also been received commending staff for the care provided to people. One relative had commented, "A happy, caring environment with an ethos built around the person's wellbeing."
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.
- We observed all staff interaction with people was attentive, kindly, encouraging and appropriate.

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

- Information was made available in an accessible format to people dependent upon their needs.
- The service had a culture of supporting people to make decisions about the care and support they received. The cook told us, "I go around with the iPad showing photographs of the menu choices, most people know what bubble and squeak is but may just forget it, jogs people's memories."
- People confirmed they were supported to express their views and to be involved in making decisions about their care and support. One person said, "I can please myself, I can get up and go to bed when I want."
- During the inspection we saw staff responded to people's individual needs and requests promptly and with humour. For example, "Would you like a foot stool to put those feet up" and "I'm bringing your cushion [Name]."
- Records detailed and staff had a good understanding of people's likes, dislikes and preferences.
- No person was using an advocate at the time of inspection. The registered manager told us that most people had relatives who advocated on behalf of people if they needed external advice and guidance.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were mostly respected.
- However, some people shared a bedroom. Currently there were three double bedrooms and plans to create another two double rooms. We are following this up outside of the inspection. People did not have their privacy or a place where they could spend time on their own if they wanted their own space. A privacy curtain was available in these bedrooms if people needed to use a commode or became distressed,

however it was not private and soundproofed to respect people's dignity.

- We recommend the provider reconsiders the provision and use of shared bedrooms for people who are not in a consenting relationship.
- People were encouraged to maintain their independence. One person said, "I'm sprightly with this zimmer."
- Care records supported this ethos and they were written in a respectful way and people's confidentiality was promoted.
- Specialist equipment was provided to help people remain independent when eating. Special cutlery, coloured crockery and plate guards were available to maintain some people's independence.

Is the service responsive?

Our findings

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

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

- Care and support was personalised and responsive to people's individual needs and interests.
- People's care records documented their history, preferences and health and mental health care needs.
- People and other appropriate professionals were fully involved in planning how staff would provide care.
- Care plans were routinely reviewed. We discussed with the registered manager that a more regular evaluation of care plans should take place to show people's well-being. They told us that this would be addressed.
- Staff completed a daily accountability record for each person and recorded their daily routine and progress in order to monitor their health and well-being. We advised the registered manager this information should be included in people's support plan evaluations. They told us it would be addressed.
- People and relatives confirmed there was a variety of activities and entertainment. Their comments included, "Plenty going on if want it", "It's always like this busy and lively", "Daytime activities happen so people don't vegetate" and "Pets visit and singers visit."
- A lively, energetic and stimulating atmosphere was observed. If people didn't want to join in they watched. Skittles, sing-a-longs, karaoke and ball games were taking place with staff and people throughout the day.
- An accessible activities programme was advertised. A regular newsletter also advertised the forthcoming entertainment. A relative had commented, "A musical performance was taking place and I waited as didn't want to disturb [Name]. It gave me the opportunity to observe [Name] singing along and really enjoying themselves."
- Links with the community were being developed and arrangements were in progress so people could go out more often with a local "Ring and Ride" transport scheme.

Improving care quality in response to complaints or concerns

- A complaints procedure was available. One complaint had been received and investigated.
- People and relatives told us they would feel confident to speak to staff about any concerns if they needed to.

End of life care and support

- Records showed the relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves.
- People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people with regard to their health care needs.

- Information was available about the end-of-life wishes of people.
- The registered manager told us staff trained under the National Gold Standard Framework for best practice in end-of-life care.

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

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 with openness; and how the provider understands and acts on their duty of candour responsibility

- Robust arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care.
- There were many compliments evidenced about the staff and care provision at the home and the changes made. One relative had commented, "I cannot praise this home enough under the new ownership and management."
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.
- No incidents had met the criteria for the duty of candour. A relative commented, "The home is very transparent, they informed me about a medicine's error."

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

- The registered manager and new provider were enthusiastic and had introduced many ideas to promote the well-being of people who used the service and opportunities for staff development.
- There was a positive culture where staff and management took pride in the care and support that they provided.
- The registered manager and management team worked well to ensure the effective day-to-day running of the service and had clear arrangements in place to cover any staff absences.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service.
- Audits consisted of a wide range of weekly, monthly, and quarterly checks. They included medicines, health and safety, accidents and incidents, complaints, personnel documentation and care documentation.
- The provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out to people who used the service, staff and relatives. One relative had commented in a provider survey, "They are constantly asking for feedback in order to improve."

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

characteristics

- The registered manager promoted amongst staff, an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making.
- Staff meetings were held regularly. Staff told us they were listened to and it was a good place to work. Their comments included, "I love coming to work, we are a team" and "I like working here."
- Relatives and people were involved in decisions about care and were encouraged to be involved in the running of the service.
- Meetings were held to inform people and gather their views. Regular newsletters informed people what was happening socially.
- People and relatives maintained they were listened to. We were told five sensory lamps, that were on display in the lounges, had been bought as the result of a recent suggestion by a relative.

Continuous learning and improving care

- There was an ethos of continual improvement and keeping up to date with best-practice in the service. There was a comprehensive programme of staff training to ensure staff were skilled and competent.

Working in partnership with others

- Records and feedback confirmed staff communicated effectively with a range of health and social care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.