

Harbour Healthcare Ltd

Devonshire House and Lodge

Inspection report

Woolwell Road
Woolwell
Plymouth
Devon
PL6 7JW

Tel: 01752695555

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Devonshire House and Lodge is a residential care home that was providing personal and nursing care to 71 people aged 65 and over at the time of the inspection. A service is mainly provided to older people who may be living with dementia and /or have a physical or sensory impairment.

People's experience of using this service:

- People were valued as individuals and treated with care and compassion. Staff emphasised how important it was to know each person well in order to provide person centred care. This deep knowledge of people also helped staff understand when people needed reassurance and how best to provide it. People, family members and professionals gave consistently positive feedback about the caring culture of the home. Comments included, "I am so blown away by the staff" and "The staff are more like friends and family."
- Staff engaged positively with people throughout the day. This helped build strong bonds that increased people's confidence in sharing their views about their care and the service. Staff knew how to communicate with people so people understood the options available to them. Staff were skilled in understanding people's responses.
- The registered manager and staff extended their care and compassion to people's family members and saw them as part of the home's community. Comments included, "[...] is getting the most gentle, loving care and so are we!"
- People, relatives, staff and professionals gave exceptional feedback about the impact the registered manager had had on the home and on the lives of the people living in it. Staff told us they saw the registered manager as a role model. It was clear staff had adopted the registered manager's approach to the care of the people living in the service. People were encouraged to share things staff had done that mattered to them and staff were rewarded for their contribution.
- The registered manager had a clear vision for the service and took regular action to help ensure this vision was realised. This included engaging the local community in the life of the home and supporting people to be a part of their local community. They told us, "This is a home and people in it should be a part of their community. It's about people being included and valued."
- People lived in a service that kept them safe. Staff had been recruited safely and had received training on how to recognise and report abuse. People were supported to take their medicines safely and to reduce any risks relating to their individual health and care needs.
- People's care was provided in line with best practice. People were cared for by staff who received regular training that was tailored to meet the needs of the people living in the service.

- People's needs and preferences regarding food and drink were known and respected. People told us they liked the food and staff gave examples of things they did to help ensure people got the food they liked, whilst maintain their health.
- People's ideas and preferences were sought and listened to in relation to the internal and external environment. People were offered a variety of different ways to spend their time. Staff understood what people enjoyed doing and constantly worked to offer a variety of activities based on people's preferred pastimes and hobbies.
- We have made a recommendation about the management of some medicines.

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

Rating at last inspection: Requires Improvement (report published 12 April 2018). We did not request an action plan as there were no regulatory breaches.

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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 exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

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 and Lodge

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 two inspectors, a specialist nursing advisor, a pharmacist specialist inspector and an expert by experience who was knowledgeable about care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Devonshire House and Lodge 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.

Devonshire House and Lodge accommodates up to 77 people across five separate units, each of which has separate facilities. The units include nursing care, residential care and dementia care. On the day of the inspection, 71 people lived in the home. □

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.

What we did:

Before the inspection we reviewed the records held on the service. This included the Provider Information

Return (PIR) which 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 reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with:

- □ seven people
- □ four relatives
- □ eleven staff
- □ two healthcare professionals: a learning disability nurse and a community healthcare assessor
- □ two independent mental capacity advocates

We also reviewed

- □ thirteen people's care records
- □ four personnel records
- □ training records for all staff
- □ audits and quality assurance reports
- □ questionnaires to people, professionals and staff
- □ minutes of meetings
- □ policies and procedures.
- □ records of accidents, incidents and complaints

We used the Short Observational Framework for Inspection (SOFI) in two different areas of the home. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

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

At the previous inspection this key question was rated requires improvement. At this inspection we found improvements had been made.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to protect people from abuse and were clear about the role of the local authority in safeguarding concerns.
- When allegations of abuse were made, the registered manager took these seriously and took appropriate action to protect people. A staff member confirmed, "The manager is well organised and will listen and support us if we have any concerns."
- A compliment received by the service stated, "Devonshire House and Lodge gave mum a safe and homely place to live."

Assessing risk, safety monitoring and management

- People had risk assessments in place which respected their views and supported them to retain their independence. For example, one person, who was at risk of falls, had a voice alarm on their wheelchair to remind them to sit down when they tried to stand up. This enabled them to move about independently in their wheelchair and reduced the risk of them falling.
- Staff had an in-depth understanding of when people might feel anxious and how to support them at these times.
- People confirmed, "I feel safe and secure here" and "If I'm all emotional they listen and have time for me. They let me alone if I want to be."

Staffing and recruitment

- People were supported by staff who had been recruited safely. Staff explained the interview had included questions to assess their ability, attitude and understanding of the role.
- One person said, "New staff are always introduced to me."
- There were sufficient staff with the right skills and qualifications on duty in each area of the home.
- The registered manager reviewed the staff team regularly. They had noted that staff in a senior role were regularly very busy. They had decided to create a new role to support these senior staff.
- Staff were not rushed during our inspection and acted quickly to support people when requests were made.

Using medicines safely

- Medicines were given to people as prescribed and managed, stored and disposed of safely. One person confirmed, "They bring my medication spot on time."
- Staff were appropriately trained and knowledgeable about people's individual needs related to medicines.

- Two people were having their medicines hidden in food without their knowledge (covertly). Records showed that a multidisciplinary team had decided which medicines could be given this way, but these had not been updated to include recently prescribed medicines. The registered manager assured us this would be completed promptly.
- Records contained limited information to help staff decide when it might be appropriate to give a when required medicine.

We recommend that the medicines care plans be updated to ensure they contain person specific information about when required medicines might be needed and how to give them.

Preventing and controlling infection

- The service was clean. Cleaning schedules were in place to help ensure these standards were maintained.
- Staff used the correct protective equipment, such as gloves and aprons when providing personal care.
- Knowledge of people's preferences was known by cleaning staff. For example, one person became anxious when staff cleaned their room, so it was done whilst they were elsewhere. Another person liked to be involved in the cleaning so they had their own cleaning equipment.

Learning lessons when things go wrong

- Staff reported incidents and acted promptly to ensure people were safe.
- Information about accidents or incidents was shared at each handover, along with any further action staff needed to take.
- Staff described actions taken in response to incidents to reduce the risk of similar incidents in the future.
- The Provider Information Return (PIR) stated the registered manager, "Monitored, reviewed and recorded all accidents and incidents. Analysed trends and reviewed corrective actions. Records showed this was the case. They explained they also used the information to check the correct equipment and referrals were in place for people.

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

- Staff understood the whole person and based support and interactions on their knowledge of people's physical, psychological and social needs.
- Staff understood how people's needs affected the way they were able to make decisions about their care and support. For example, staff ensured they touched one person with a visual impairment and explained who they were before sharing information.
- Another person's care plan explained staff needed to take time to sit and discuss information with the person to help the person understand decisions.
- Information was displayed in the service about how people could support their health, wellbeing and safety.

Staff support: induction, training, skills and experience

- The registered manager and senior staff took advantage of training opportunities that would increase the quality of care provided.
- The registered manager had focused on ensuring staff had up to date mandatory training and had a plan in place to ensure that any other outstanding training was completed as soon as possible.
- Nursing staff had regular clinical supervision and kept up to date with revalidation requirements, as required.
- Some care staff had recently attended training to increase their knowledge of the signs and symptoms of various illnesses. A senior nurse told us this would help ensure people received prompt treatment.
- A healthcare professional confirmed they had provided training to staff before one person moved into the home. They told us, "The staff took all the information on board."

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

- People told us they liked the food and could make choices about what they had to eat.
- One person confirmed, "There's plenty of choice. They give me food I can eat and enjoy. They sort out my individual needs."
- The PIR stated, "Mealtimes are a social activity and relatives are invited to eat with their family members as they would in their own homes." A table had been set up in a private room for a person who wanted to have tea with his wife.
- The chef told us a strong emphasis was placed on encouraging people to eat and drink well. For example, they made soft biscuits for people who had difficulty eating normal biscuits and these had become popular.
- They also explained that kitchen staff did all they could to support and maintain a healthy diet to significantly improve people's wellbeing. For example, a smoothie bar had been built in the garden and was enjoyed by people in the summer.
- Staff went out of their way to meet people's preferences. A staff member had found out what one person's

favourite food was, and promptly bought some for them. They told us the person was thrilled.

- One person chose to eat a normal diet even though a pureed diet had been recommended. Support had been requested from external professionals to help ensure they were as safe as possible.
- People's views of the food and mealtimes were sought through a variety of methods including surveys, dining audits and resident's meetings. Action was taken when improvements were identified.

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

- Health and social care professionals told us the registered manager and staff worked well with them to provide individualised care to people. One commented, "I always enjoy my visits to Devonshire House. Everyone is friendly and willing to help; and will listen to and implement anything that I identify for a service user."
- One health care professional described how, for one person who was new to the service, information they had shared about the person's preferred community activities had been embraced.
- The registered manager had worked with the organisations providing these activities to ensure the person was able to attend when they wanted to. The healthcare professional told us this had lifted the person's mental health.

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

- People benefitted from living in a home that was regularly adapted and changed to meet their diverse needs. Changes were not only based on people's physical needs but reflected people's interests and hobbies and individual requests.
- The PIR stated, "The garden development, following ideas from residents will include a pitch and put golf green for residents to use and enjoy."
- People used all areas of the service throughout the day. A further lounge diner was being developed to give people more choice of where they could eat.

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

- People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.
- Compliments received by the service included, "[...]'s health improved under your care which is a credit to you all" and "I don't think [...] would be coming home today if he hadn't been with you all. Thank you, thank you, thank you."
- A healthcare professional confirmed, "They are very responsive to any needs and ask our advice. They listen to what we say, they also share ideas with us."

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.

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

- The registered manager had applied for DoLS on behalf of people and kept clear records of which were awaiting authorisation and when they needed renewing.
- People's care plans clearly described what decisions people could make for themselves.
- Staff understood which people lacked capacity and had requested further training to increase their understanding. This had been booked.
- People told us staff always asked for their consent before commencing any care tasks. A relative confirmed, "They always ask Dad if they can help him. 'Is it OK if we do this?' or 'We need to do that.' I am very impressed."

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

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- People living in the home were put at the heart of their community. The PIR stated, "We are trying to build a community in the home and involve as many family members as possible."
- This ethos was evident throughout the inspection. There was a positive, community feel to the home and staff went the extra mile to ensure people and their family felt part of it.
- Staff whose primary role was not caring, spent time with people who enjoyed their company or had an interest in their job role, for example health and safety or garden maintenance.
- People told us their relatives were made very welcome in the home. Staff clearly knew people's family members well and spent time showing them they were also cared for.
- Visitors were seen chatting with people and staff throughout the inspection; staff were enabling family members to be a part of the care provided to their loved ones; and one staff member was sharing with everyone a cake they had made at home.
- Relatives explained "The staff even keep a friendly eye on mum when she is visiting dad" and "[My husband]'s getting the most gentle, loving care and so are we!"
- People, visitors and staff were all keen to be involved in sharing their views of the home and were keen to know the outcome of the inspection.
- People enthused about how consistently kind and caring staff were. Comments included, "The staff are lovely. I feel quite content. I would hate to have to leave here", "I don't class them as carers or support workers or nurses. They're more like friends and family" and "The staff are wonderful here. They check on me constantly. They've always got a smile on their face. I am such a happy girl and I'm a lucky girl!"
- Staff showed people they were valued through each contact. A healthcare professional told us, "The welcome [...] got when he moved in was amazing."
- Staff at all levels were motivated to provide an exceptional service to people. They engaged with people with kindness and compassion and shared warm interactions.
- Relatives were keen to share their positive experiences of the service. Comments included, "I am so blown away by the staff. They're always smiling and they give time to Mum and talk to her. Nothing is too much trouble."
- People were made to feel loved and special by staff because they understood what was important to each individual. One staff member explained, "[...] loves having her hair brushed." A healthcare professional confirmed, "You can see [...] is lighter in his mood since being here."
- We regularly saw staff cuddling people and offering reassurance if they felt anxious. One person was concerned about something they were eating. Staff calmly reassured the person, offered to take it away and offered another drink. All the time they gently stroked the person's hand.
- Feedback received from relatives described how important staff support had been to their loved ones when

experiencing anxiety; for example, sitting with people or supporting them to phone family members.

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

- Interactions between people and staff were two-way and meaningful and enabled people to share their views about their care and the home.
- Staff impressed on us the importance of building and developing relationships with the people they cared for and supported. This approach had enabled them to develop an in depth knowledge of people's needs and preferences. This was reflected not only in the way their care was delivered but also in how activities and changes to the environment were planned.
- One person particularly liked butterflies, so a mural with butterflies had been painted on the wall outside their bedroom. A butterfly house had also been built in the garden with them in mind.
- One person enjoyed gardening. A raised bed had been built in the garden, specifically to suit their height. A greenhouse had also been installed for their use and they were regularly involved in planning further developments for the garden.
- The registered manager showed us two olive trees in the garden. They told us they hoped one person, who used to live in Spain, would be able to pick some olives in the summer.
- Staff started conversations with people and gave them time to talk. People were familiar with them and showed happy facial expressions such as smiles and positive interactions.
- A healthcare professional told us, "Interaction is on [...] level and their approach is appropriate to his mood. Now he's smiling a lot, they work so well around him."
- The registered manager had embraced an offer of chaplaincy support for staff, residents and family members. They told us this would provide an alternative way for people to share their views.

Respecting and promoting people's privacy, dignity and independence

- A healthcare professional told us staff were working on agreed plans to enhance the independence of a person who's care they were involved with.
- One person had been too nervous to have a bath for several years. Staff told us they had been encouraging the person and now they felt confident enough. They told us, "[...] really enjoys her baths!"
- Another person told us, "I really need an electric wheelchair to help with my mobility and they are helping me to get one"
- Staff understood how to protect people's privacy. One person confirmed, "They always knock before entering my room and then ask if they can help me."
- A healthcare professional described how one person was supported in a dignified way regarding their health needs.

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.

At the previous inspection this key question was rated requires improvement. At this inspection we found improvements had been made.

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

- People's support was planned in partnership with them in a way that suited the individual. Staff understood the importance of getting to know people so they could provide their care and support in their preferred way.
- A senior staff member told us, "I want to put person-centred care at the forefront of our thinking".
- Care plans contained detail about people's preferences; how they spent their day and how they preferred to receive their care. For example, one person had previously cleaned care homes and staff enabled them to undertake cleaning and tidying at the home.
- People were enabled to live as full a life as possible. Activities and social opportunities were planned and organised with people's interest in mind. Individual interests, such as gardening and helping with tasks around the home, as well as group activities such as indoor tennis and bingo, were provided.
- The activities co-ordinator employed by the home, was constantly seeking new ways to engage people in activities and past times. They told us sometimes they drove people up onto the moors and had a sing song on the way.
- People had the opportunity to attend events and activities in the local community. The registered manager was keen to encourage the local community to be a part of the home. They held an open coffee morning every week and enabled a local dementia friendly walking club to use the home as a base for their walks.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- We saw evidence that the identified information and communication needs were met for individuals. For example, the timetable of activities had recently been made larger following feedback from people. Where people needed support, staff supported them to read and understand information.
- Information about people's background and personal history was not yet recorded in detail but staff were in the process of completing this.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were encouraged, investigated and responded to in good time.
- Records showed action had been taken when people had raised concerns or complaints to help improve the service.
- One person confirmed, "I have no complaints, only occasional minor issues which they deal with."

End of life care and support

- The registered manager told us they and the senior staff were keen to be a home of excellence regarding end of life care.
- As part of this, staff were completing training with the local hospice and a meeting had been arranged with a pharmacist to discuss prompt access to end of life medicines.
- Staff were in the process of creating a care plan that specifically covered a person's needs at the end of their life. The registered manager told us this would allow staff to focus on what was important to the person at that time and not spend time completing records that were no longer necessary.
- The service had received positive feedback from people's relatives about the end of life care they had provided.

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.

At the previous inspection this key question was rated requires improvement. At this inspection we found improvements had been made.

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

- People, relatives, professionals and staff without exception gave positive feedback about the registered manager, their leadership skills, their caring nature and the impact these had had on the service since they had become the manager.
- A relative told us they had been asked to rate the home and had given it 10+ + + + out of 10.
- A social care professional told us, "The manager has turned the home around 360 degrees and made great improvements." Feedback received by the home from other professionals stated, "I have seen a marked improvement of the service over the last 2 years."
- The registered manager knew everyone extremely well including relatives. They did not pass anyone in the home without talking to them and asking how they were. This caring approach was reflected the relationships staff built with people and relatives.
- A staff member commented, "The manager is outstanding. She has given us guidance" and a healthcare professional told us, "She's great, fabulous, constructive, professional and friendly."
- The registered manager was also acting as a mentor for the new registered manager of another home owned by the same provider.

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

- The registered manager had a clear vision of providing a personalised service to people, ensuring the home was an active part of the local community, and making the home a community in itself.
- There was a positive 'buzz' in the service and it was clear staff had adopted the registered manager's vision for the service.
- Staff told us, "The care we give is the very best we can provide", "I focus on the person and not the task" and "The manager is a role model to me."
- A healthcare professional described how one person enjoyed spending time in different areas of the home and that this was encouraged. They told us people's faces lit up when they saw the individual was there.
- Another staff member described how this approach had greatly improved the quality of life experienced by the person, who had not lived there long.
- Staff were valued in a variety of ways. These included celebrating small moments, staff had created, that really mattered to people. Two staff reported how proud they had been to receive an award for providing

these moments.

- Staff were all positive about working at the service. One staff member fed back, "Devonshire House is a wonderful place to work. The managers work extremely hard and they reward staff."

Working in partnership with others

- The registered manager was passionate about making the service an integral part of the local community. They explained, "This is a home and people in it should be a part of their community. It's about people being included and valued."
- They told us, "I spoke with local shops about people and how important normal conversation is to them when they visit."
- Some people had been supported to be involved in a campaign to improve the street lights in the local area.
- The registered manager told us they encouraged people and staff to attend any training or events at the local community centre. The home also supported fundraising efforts of the local school and shops.
- Events and coffee mornings were held at the home which were open to anyone. The registered manager told us, "I'm trying to get people in the local community engaged in the life of the home. Some people attend events and then return to coffee mornings. It reduces their isolation too; and is nice for people in the home, especially those who maybe don't have family."
- Two social care professionals told us, "We are made welcome and can see our clients at any time" and "Communication has improved greatly which has had definite benefits for the clients we visit."

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

- There were a variety of ways people could influence the service provided; including feedback surveys and informal conversations with staff and the registered manager.
- Meetings were held for people and relatives as well as for every role of staff member. These were constructive meetings which celebrated achievements whilst identifying where further improvements could be made.
- Throughout the inspection the registered manager and staff showed us examples of changes and improvements that had been made as a result of people's feedback and suggestions.
- People living in the service were involved in the recruitment of new staff. The way they were involved in the process was tailored to their individual support needs.
- Staff could also influence changes. Their views were sought, for example, when new records were being created.

Continuous learning and improving care

- A system of audits and monitoring had been developed to help ensure any gaps in practice or required improvements were identified.
- Senior staff were clear about which checks they were responsible for. These were overseen by the registered manager.
- The provider completed audits of the service. Actions from these and from a recent 'mock' inspection completed by an external company, fed into the service's improvement plan.
- Areas that were identified during the inspection as benefitting from improvement, had mostly been highlighted by these internal checks.
- The registered manager explained that, where possible, they and senior staff made any changes identified by audits themselves. This meant staff were not left with long 'to do' lists.
- The provider shared information about good practice and about any changes that were being implemented companywide to ensure relevant regulations and legislation were being met.
- The provider was planning to increase their 'quality team' which would enable this team to monitor the

quality of homes whilst providing support to implement and sustain any required changes.