

## Step Forward (Nottingham) Limited

# Devonshire 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

This inspection took place on 10 December 2015 and was unannounced. Devonshire Manor provides accommodation and personal care for up to five people with an acquired brain injury. On the day of our inspection four people were using the service.

Although there was a registered manager they were no longer employed by the provider but they remained on our register at the time of the inspection. A new manager was in post although they had not begun the process of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe living at the home and were supported by staff who knew how to keep them safe. Risks to people's health and safety were assessed and steps taken to reduce the risks.

People were supported by a sufficient number of staff and staffing levels were flexible to meet people's needs. People received their medicines as prescribed and they were safely stored and recorded.

Staff were provided with the knowledge and skills required to care for people effectively and staff felt supported by the manager. People had access to sufficient quantities of food and drink and contributed to the menu choices. People received support from health care professionals when needed.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. We also found staff were aware of the principles within the MCA and how this might affect the care they provided to people.

There were positive relationships between people and staff. People's views were taken into account when making decisions about their care. People were supported to make day to day choices and staff respected the decisions people made. People were treated with dignity and respect and staff ensured their privacy was respected.

People were provided with care that was responsive to their changing needs and personal preferences and staff encouraged people to be as independent as possible. Whilst people chose not to take part in activities within the home they were able to get out and about regularly. There was a clear complaints procedure in place although no formal complaints had been made.

There was an open and honest culture in the home. There were systems in place to monitor the quality of the service and obtain people's feedback which resulted in improvements being made.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People received the support required to keep them safe and reduce risks to their safety.

There were sufficient numbers of staff to meet people's needs.

People received their medication as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received appropriate training and supervision.

Where people lacked the capacity to provide consent for a particular decision, their rights were protected and promoted.

People had access to sufficient food and drink and were supported to attend healthcare appointments.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

Staff took account of people's views and involved people in making decisions.

People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

People received the care and support they required and staff responded to changes in their needs. People were provided with activities and had regular community access.

There was an accessible complaints procedure and issues and concerns were resolved quickly.

**Is the service well-led?**

The service was well led.

There was an open and transparent culture in the home.

There were systems in place to obtain people's feedback and assess the quality of the service which resulted in changes and improvements.

**Good** ●

# Devonshire Manor

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We visited the service on 10 December 2015, this was an unannounced inspection. The inspection team consisted of one inspector. Prior to our inspection we reviewed information we held about the service. This included information received about the service and statutory notifications. A notification is information about important events which the provider is required to send us by law.

Before the inspection, we asked the provider to complete a 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 reviewed the most recent report from the commissioners (who fund the care for some people) of the service.

During our inspection we spoke with three people who were using the service, one relative, two members of care staff and the manager. We also observed the way staff cared for and interacted with people in the communal areas of the building. We looked at the care plans of two people and any associated records such as incident records. We looked at three staff files as well as a range of records relating to the running of the service, such as audits, maintenance records and four medication administration records.

## Is the service safe?

### Our findings

The people we spoke with told us they felt safe living at Devonshire Manor. One person said, "I feel safe here." Another person nodded to confirm that they felt safe living at the home. The relative we spoke with felt their loved one was safe living at the home. They also told us staff updated them should any incidents occur, commenting, "Yes I think [my relative] is safe. They let me know about an incident recently." We observed that the atmosphere in the home was calm and relaxed and staff supported people in an inclusive way. Staff responded to any situations where people may have been affected by the behaviour of others and intervened before any incidents could occur.

People were cared for by staff who were aware of different techniques they could use to support people to stay safe and reduce the risk of harm. For example, staff were aware that some people who used the service could become frustrated by the presence of others in a communal area of the home. Staff told us how they tried to distract people or offer alternative activities in order to prevent an incident. This was backed up by information in people's care plans about how to support them to stay safe. When incidents had occurred, the manager worked with staff to understand why it had happened and what could be done differently next time.

People and staff had access to information about safeguarding which was displayed in the home in a prominent place. The provider had ensured staff received appropriate training and development to understand how to protect people. Staff were able to describe the systems they used to report any suspected abuse and were supported to report incidents themselves if necessary. Information had been shared with the local authority about any incidents which had occurred in the home.

Risks to people's health and safety were appropriately assessed and managed by staff. The relative we spoke with confirmed that they felt staff minimised any risks to people. Staff assessed the risks to individuals, such as the risk of them falling or losing weight and had access to detailed information about how to reduce risks. We saw from one person's care records that there was a possibility that their actions may put them at risk of harm from other people. A detailed care plan was in place which identified potential triggers for this behaviour and how staff should support them to reduce risks. The staff we spoke with were able to describe the different risks to people and how this impacted on the care they provided. For example, one person was at risk of losing weight and staff described how they were supporting the person to eat well.

People were cared for in an environment which was well maintained and appropriate safety checks were carried out. For example, regular checks of the building were carried out such as testing of the fire alarm and gas safety checks. Routine maintenance tasks were reported to a maintenance provider in a timely manner and we saw that action was taken to ensure repairs were carried out. The relative we spoke with commented that the provider had recently made significant investments into the upkeep and maintenance of the building.

The people we spoke with felt there were enough staff to meet everybody's needs. One person said, "I don't need much support, but if I do they make sure there are staff there to help." Another person said, "Yes there

seem to be enough staff, they take me out quite often." The relative we spoke with also felt there were sufficient staff, commenting, "[My relative] visits me regularly and they are always escorted by a member of staff."

During our visit we observed that there were enough staff to meet people's needs. Staff told us that people were generally independent when inside the home. When there were external activities and appointments planned additional staffing was arranged on the rota. We observed this to be the case on the day of our inspection. When people required support this was provided in a timely manner. Staff also had sufficient time to complete administrative and cleaning tasks within their allocated shift.

The staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people and to ensure they could take their planned rest days. The rota was planned in advance to ensure sufficient staff were available each day to support people dependent on their needs at that time. There was flexibility within the staff team to cover for sickness and emergency situations. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The people we spoke with told us they were supported by staff to take their medicines as prescribed. One person said, "Staff store them for me and tell me when it is time to take them." The relative we spoke with also confirmed they were satisfied with the way in which medicines were managed. Staff supported people to be involved in the management and administration of their medicines so far as they were able to.

We observed staff following correct procedures when administering people's medicines. Staff had access to important information about each person in respect of their medicines including any allergies and how they preferred to take their tablets. Staff received training in the safe handling and administration of medicines and had their competency assessed. The medicines people had taken were appropriately recorded and ordering was carried out in a timely manner. In addition, any medicines that were not used were safely stored and returned to the pharmacy for disposal. People were supported to have regular medicines reviews with their GP to ensure the medicines they took remained appropriate.

## Is the service effective?

### Our findings

People were supported for by staff who were provided with the skills and support needed to care for them effectively. One person said, "Staff here are good, they know what they are doing." Another person told us, "The staff are perfectly satisfactory." The relative we spoke with felt that staff were well trained, competent and seemed to get the support they required. During our visit we observed that staff were supported by the manager and utilised the training they had received, such as the safe handling of medicines.

Staff received a wide variety of training covering areas such as infection control and first aid. In addition, training was provided to help staff understand the needs of the people they cared for, such as epilepsy and brain injury awareness. The staff we spoke with told us that they received the training they required for their role and were positive about the quality of the training. One staff member said they were also being supported to obtain a vocational care qualification.

New staff were provided with an induction comprising of shadowing experienced colleagues and getting to know the people living at Devonshire Manor. The competency of new staff was assessed prior to them providing care and support to people. Staff also received regular supervision and an annual performance appraisal. The staff we spoke with told us they felt very well supported through supervision and also that they felt able to approach the manager at any time.

Where possible, people gave consent to the care they received and participated in making important decisions about their care. One person said, "I have signed sections of my care plan." The staff we spoke with understood that people's ability to make certain decisions varied and people were empowered to give consent where they were able. During our visit we observed staff asking people for their consent prior to giving any care and support.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager was aware of the Deprivation of Liberty Safeguards (DoLS) and we saw appropriate procedures were followed where it had been deemed necessary to restrict people's freedom. Some people were not able to leave the home without the support of staff and the staff we spoke with were aware of these restrictions. People were supported to leave the home to visit local shops and other facilities and we



observed staff taking people out of the home at various points during the day.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act 2005 (MCA). When people had been deemed to lack capacity to make a decision there were completed MCA assessments and best interest decision assessments in place. These clearly showed the nature of the decision that was being assessed. The staff we spoke with had a good understanding of the MCA and described how they supported people to make decisions. Staff had been provided with training in understanding the importance of the MCA and how it applied to the care they provided.

People were supported to eat and drink enough to help keep them healthy and their comments reflected this. One person said, "The food is all good, there hasn't been anything I didn't like." Another person commented, "The food has been satisfactory so far." The relative we spoke with told us their loved one got enough to eat and drink. They told us, "I think that [my relative] gets more than enough to eat." People told us they got plenty of drinks throughout the day and we observed this to be the case.

On the day of our inspection people visited a local pub for dinner and all commented that they had eaten well. There was a weekly menu plan on display which people contributed to with their preferred choices. Within the menu, individual choices, likes and dislikes were catered for. For example, staff knew that one person did not eat a particular kind of meat and altered one of the dishes to reflect this.

The staff we spoke with told us people got enough to eat and that they were able to purchase sufficient quantities of food and drinks. Staff were also aware of any food allergies, likes and dislikes that people had and ensured they provided food appropriate to each person. Where staff had concerns that one person was not eating enough food they had contacted a healthcare professional for advice. Staff were monitoring the person's nutritional intake and offering them different choices to enable them to eat well.

People had access to a range of healthcare professionals when it was required. One person said, "I saw my doctor recently. I can see who I need to see." The relative we spoke with also confirmed that their loved one had access to healthcare appointments and told us that staff updated them about these. The manager told us that they supported people to attend appointments in the community wherever possible, although home visits could be carried out when required.

The staff we spoke with had a clear understanding of when to contact different healthcare professionals. We were told that there were positive working relationships and that staff followed any guidance that had been provided to them. For example, it had been recommended that one person should use a specially adapted chair for their comfort and safety when in the home. We saw that this had been provided and the person was using the chair.

## Is the service caring?

### Our findings

There were positive relationships between staff and the people living at Devonshire Manor. One person told us that they liked living at the home and got on well with the staff. Another person said, "The staff are nice, I'd give them ten out of ten." The relative we spoke with was complimentary about the relationships staff had formed with people. One relative said, "The staff are very caring."

We observed positive interactions between staff and people who used the service during our visit and it was evident that people felt comfortable speaking with staff. One person had recently purchased a musical instrument and staff enjoyed listening to them playing it and offered praise and encouragement to the person. We also observed that staff understood people's different personalities and sense of humour and engaged with them in an individual way. Staff spoke about people warmly and told us they enjoyed working at the home.

People were supported by staff who knew them well and understood their individual needs. Staff were able to describe people's likes and dislikes and how this impacted on the care they provided. In addition, staff told us that they felt all staff were caring towards people who used the service and that they were able to spend the time forming positive relationships with people. People's diverse needs were catered for by staff. For example, one person was supported to attend religious services on a regular basis. Staff ensured that people had equal access to the community and that they took any mobility equipment with them so that people were able to access various buildings and public transport.

Staff encouraged people to be involved in planning and reviewing their own care, where they were able. One person told us they had seen and signed their care plan and told staff how they preferred to be cared for. The relative we spoke with confirmed they were involved in people's care and informed about any changes. During our visit we observed staff offer people choices, such as what they wished to eat. Staff communicated in a way that people could easily understand and respected the choices people made.

Staff told us they encouraged people to go into the community regularly and we observed this to be the case on the day of the inspection. People's wishes were respected if they chose not to do a particular activity. The staff we spoke with also told us they involved people in making decisions about their care and support. There had been an assessment of people's needs, likes and dislikes upon admission to the home and this information was reviewed and updated as required. This information was used to form people's care plans and people's wishes were taken into account in the way they were cared for.

Information was available about local advocacy services and the manager gave us an example of when a person had been referred to the advocacy service to ensure their voice could be heard regarding decisions that needed to be made. Advocates are trained professionals who support, enable and empower people to speak up.

The people we spoke with told us that staff treated them with dignity and respect and that they liked the staff. One person said, "Yes I am properly treated." The relative we spoke with was complimentary about staff and

felt their loved one was treated well at the home. During our visit we observed staff treating people in a dignified manner and respecting their independence. Staff spoke with people politely and in an inclusive manner.

The staff we spoke with clearly described how they would respect people's privacy and dignity, for example by ensuring doors and curtains were closed prior to giving personal care. This practice was supported by information in care plans about what dignity meant to people and how they preferred staff to care for them. People had access to their bedrooms at any time should they require some privacy and time alone. Although there was only one communal lounge, staff had an awareness of when people wanted to be alone and took appropriate action to support people in other areas of the building.

Staff had an appreciation of the importance of people's independence and helped people to develop independent living skills. One person enjoyed helping to prepare meals for everybody living at Devonshire Manor. Another person liked to help with washing and drying their pots and cutlery. Staff were also supporting a person to further their education and helped them to access a local library.

## Is the service responsive?

### Our findings

The people we spoke with told us they received the care and support they needed and staff understood their current care needs. One person said, "I do most things myself, but staff are always around if I need them." Another person told us that staff were supportive and responded to any requests for support that they made. The relative we spoke with felt their loved one received the care and support they needed.

During our visit we observed that people had varying levels of independence and staff encouraged and prompted people to carry out tasks for themselves where they were able to. When people required support it was given in a timely manner and staff had detailed knowledge of people's preferences about the care they received. For example, the gender of the care staff was important to some people. Staff told us that one person needed some encouragement and support to carry out personal care. Staff told us and records verified that staff offered and provided personal care to this person on a regular basis. □

Staff had access to detailed and up to date information because people's care plans were regularly reviewed and amended as their needs changed. For example, the guidance to staff about the risks of one person possessing a cigarette lighter had been changed because there was thought to be an increased risk. The staff we spoke with were aware of this change and described the care and support this person was now given. The staff we spoke with told us they found the information in people's care plans was helpful.

People had the opportunity to join in with a range of activities both within the home and in the local community. There was a range of board games and other activities available to people, however staff told us that people generally did not wish to take part in activities in the home. People regularly visited local shops and pubs as well as travelling further afield. A visit to a country house was planned for the Christmas period following suggestions people had made. One person told us that they had tried a range of different community based activities and staff had accompanied them when they needed support.

The people we spoke with told us they felt staff, the manager and provider were all approachable and they would feel comfortable making a complaint. People also told us that, although they had not had cause to make a complaint, they felt that any complaint they did make would be dealt with properly. The relative we spoke with told us they knew how to make a complaint and would feel comfortable in doing so.

An easy read complaints guide was available to people who lived at Devonshire Manor and relatives also had access to the complaints procedure. The staff we spoke with told us that any concerns people may have were resolved before the complaints procedure was required. Staff also felt that, should any formal complaints be made, the manager and provider would deal with this appropriately. There had not been any formal complaints made about the service however we saw that people felt comfortable approaching any staff and the manager during our inspection. Any issues people raised were dealt with immediately.

## Is the service well-led?

### Our findings

The people we spoke with commented positively about what it was like to live at Devonshire Manor. One person told us they felt comfortable with every member of staff and were able to discuss any matters of concern with them. Another person told us that staff or the manager were always available to talk to. The relative we spoke with told us they felt the culture of the home was open and transparent and they would have no hesitation in putting forward any concerns or suggestions they might have.

People benefitted from the open and transparent culture that was promoted in the home. During our visit it was apparent that people felt comfortable and confident approaching the manager and any of the staff. People regularly knocked on the office door and asked questions of the manager. Staff we spoke with also told us there was an open and honest culture. One staff member told us that they had a good relationship with the manager and provider and were encouraged to speak up. Staff told us that they would feel able to speak with the manager should they make a mistake and that it would be dealt with appropriately.

There were regular staff meetings and we saw from records that staff were able to contribute. The manager discussed the expectations of staff during meetings and discussions were held about how improvements could be made to the quality of the service. Staff told us that they felt they could contribute during the meetings and at any other time and that their views would be listened to and taken seriously. We could see that staff enjoyed working in the service and they told us they enjoyed their job.

Although there was a registered manager on our register they were no longer employed by the service. The manager we have referred to in this report was carrying out the duties of a manager although they had not begun the process of registration. The people we spoke with were aware of the recent change of management. Staff told us that the change of manager had been seamless and they had not noticed any impact on the day to day running of the home.

We saw that the manager had a 'hands on' approach and contributed to the provision of care and support as well as carrying out managerial duties. The staff we spoke with told us that this was normally the case and felt that the manager led by example. There were clear decision making structures in place, staff understood their role and what they were accountable for. Certain key tasks were delegated to staff to carry out, such as the ordering of medicines and reviews of care plans. Resources were provided to enable staff to meet people's needs, for example the provider arranged for the purchase of a new set of weighing scales whilst we were carrying out the inspection.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The people we spoke with were aware of different ways they could provide feedback about the quality of the service. One person said, "There are meetings where we talk about what we would like to do." Another person told us they attended the meetings and knew they could make suggestions if they wanted to. We saw from records that monthly meetings were held for people living at Devonshire Manor. People were

encouraged to share their views about the service and discuss any issues they had. Ideas and suggestions were taken forward from the meetings, for example changes had been made to the menu and activities planned around people's suggestions.

There were systems in place to monitor the quality of the service provided which were used effectively. The manager carried out regular audits of areas such as medicines management, care plans and infection control practice. Where any issues were identified these were addressed with staff so that improvements could be made. The provider also carried out periodic visits to the home and spoke with people and staff. Surveys were available for people to complete and we saw from recent results that people were happy with the quality of the service provided.