

Davlyn House Care Limited

# Davlyn House

## Inspection report

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### Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

# Summary of findings

## Overall summary

Davlyn House is a residential care home registered to provide personal care for up to 29 people. People who use the service have physical health needs and some were living with dementia. At the time of our inspection there were 28 people using the service.

At our last inspection in February 2016 the service was rated as Good. At this inspection, the service had sustained its outstanding model of care and the registered manager had built on this to develop the service further achieving an outstanding rating in the key question, well-led. There was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns.

Staff delivered a high standard of care and knew people well. People were involved in their own care planning and were supported to make decisions independently. Staff were kind and compassionate and people who used the service felt valued. People received personalised care and were encouraged to maintain their hobbies and interests.

The registered manager was visible, accessible and acted as a role model for staff and the wider health and social care community. There was a tangible person centred culture in the home and staff were empowered to work innovatively, creatively and to focus on the needs of people. The registered manager had been nominated for a Dignity In Care Award and was successful in winning and had subsequently nominated the staff and the service for similar awards.

People continued to tell us they felt safe living at Davlyn House. The registered manager and staff knew how to protect people from harm and abuse. Risks to people continued to be assessed and managed by suitably trained staff. There was a safe recruitment process in place. People received their medicine on time and it was stored in a safe way. People were protected from the risk of the spread of infection.

The service was effective in meeting people's needs. People had access to healthcare and were supported by other healthcare professionals in a timely way. People were provided with food and drink that met their nutritional needs and supported them to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff support people in the least restrictive way possible; the policies and systems in the service support this practice.

The service has had a recent extension and refurbishment and due consideration has been given to the design and decoration of the service to meet the needs of people living at Davlyn House.

The service provided activities and had good links to the wider community. The service had a complaints policy in place and people, relatives and staff had access to this.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Outstanding ☆

The service remains Outstanding.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Outstanding ☆

The service was Outstanding.

The registered manager acted as a role model for both staff in the home and the wider health and social care community by focussing on the needs of people and creating a culture whereby people were consistently treated with dignity, respect and compassion.

Staff were empowered to work innovatively and focus on the needs of people in the home.

There was a culture of continuous learning and improvement underpinned by formal governance and quality assurance systems.

People, relatives and professionals had confidence in the leadership of the home. This resulted in improved outcomes for people through successful partnership working with other agencies.

# Davlyn House

## 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.

The inspection took place on 26 September 2018 and 28 September 2018 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection, we looked at information we held about the service. We asked the provider to complete a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service such as what the service does well and any improvements they plan to make. We reviewed safeguarding alerts and other notifications. A notification is information about important events that the provider is required to send to us by law and includes information such as deaths and serious injuries that have occurred at the service.

During the inspection we spoke with three people who used the service and two relatives. We spoke with the registered manager; two members of staff and two visiting healthcare professionals. We carried out observations to see how staff engaged with people.

We reviewed the care records of three people and looked at four staff files. We also looked at records relating to the management of the service that included Medication Administration Records (MARs), policies and procedures, monthly and annual audits and compliments and complaints received about the service.

## Is the service safe?

### Our findings

People told us they continued to feel safe and secure living at Davlyn House. One person told us, "I do feel so safe here. I didn't when I was living in my own house but I do here." One relative commented, "I have absolutely no concerns regarding safety. I know [person's name] is 100% looked after." Staff were able to demonstrate a good understanding of the safeguarding procedures that were in place and the registered manager was able to show us how they dealt with any safeguarding concerns and we could see that safeguarding referrals had been made and acted upon. This helped to ensure people were protected from abuse and discrimination.

People had their risks assessed and planned for. Care plans contained risk assessments that clearly showed staff how to mitigate risk whilst still promoting independence. One person was identified as high risk due to a recent injury that affected their mobility. Moving and handling plans had been put into place to minimise further injury and that the person was awaiting physiotherapy input to look at the most appropriate way to support the person to move. Staff were able to tell us how they supported this person in line with their care plan risk assessment.

There were enough staff to meet people's needs safely. One person told us, "There are plenty of staff here and I always comment on how patient they all are." Staff were visible in the communal areas and we observed staff spend time caring for people. The registered manager told us that they used a dependency profile tool for each person to determine the staff-to-people ratio. We found that each person had a dependency tool in their care records and that this was reviewed monthly. This confirmed what the registered manager had told us. A relative told us, "There has been some change since the extension was complete; there is a good amount of staff now. The registered manager takes time over recruitment, they don't just let anyone walk through the door." The registered manager used a range of methods to determine suitability of new staff and people were involved in this process. For example, records evidenced that people had been able to ask candidates questions of their choosing and each potential candidate had completed a questionnaire that generated a personal profile to determine their suitability to work in the care sector. This showed us that there was a robust system in place for recruitment of new staff.

People continued to receive their medicines safely. The service had systems in place to audit medication practices and records were kept showing when medication had been administered. Medicines were stored safely including controlled drugs. We checked a sample of medication quantities against the administration records and found them to be correct. There were protocols in place for 'as required' medications and for prescription and non-prescription creams and records evidenced these protocols were followed. Staff had received training in the safe administration of medication.

People were protected from the risk of infection. Staff were able to tell us about Personal Protective Equipment (PPE) that they wore and we observed staff carrying out practices to minimise the spread of infection.

## Is the service effective?

### Our findings

People living at Davlyn House told us that they felt staff had the knowledge and abilities to meet their needs. One person commented, "I have a care file in the office and I know that all staff know me and know my needs." Another person said, "Staff have a care file and I have been involved in completing that.". Relatives told us that they were happy with the way their family members were cared for and felt confident in the ability of staff to meet their relative's needs. A relative said, "It's just the way they look after people, I can just relax when I am not there."

Staff told us that they received training and felt that the training was sufficient for them to be able to deliver effective care and support. New members of staff were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that set out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. The registered manager told us staff were encouraged to complete individual qualifications to develop and enhance their learning. We saw a training matrix that reflected staff training and we saw training certificates in staff files. This showed us that staff were suitably trained to meet the needs of people.

People told us they enjoyed the food available and there was always a range of choices available. One person told us, "I am up and dressed early and I always have my cereal first. I go back for more breakfast around 9am and I have toast and marmalade; it's all very pleasant. There are no rules, I can really have what I like." Another person told us, "Staff read the menu to me. If there is something on there that I do not like, I have something different. Today I chose something that wasn't on the menu and there were many options for dessert." Menus were placed on the dining room tables and were rotated on a four-week cycle to provide a variation for people. Where people required nutritional support, we saw that referrals to the dietician had been made and action had been taken to support people to maintain a healthy diet. This showed us that people were supported to have their nutritional needs met.

People had access to healthcare as required. One person told us, "I used to see a District nurse but I don't need to anymore as they did their job and I got better." One relative said, "My [person] does get a lot of infections and staff know the signs and take prompt action. The GP is called when it is necessary." On the day of the inspection we spoke with two visiting healthcare professionals. One of them said, "This is one of the best homes we visit as they always report any healthcare concerns straight away. If every home was as good as this, we would never have any issues."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people were subject to restrictions procedures had been followed to ensure people were being lawfully restricted. One staff member said, "We assume everyone has capacity until capacity has been assessed and then sometimes, we need to make decisions in people's best interests." This showed us that the registered manager and staff understood the principles of the MCA.

People and their relatives said that Davlyn House continued to be a "fantastic place to live". The service had recently undergone a major refurbishment, with the maximum occupancy numbers increasing to 29 people. The registered manager told us they received feedback following consultation with people and their relatives after the building work had been completed. As a result, additional furniture was removed and the communal areas were reconfigured to allow for more living space. One person told us, "I can now make my way to the lounge independently without too many obstacles." This evidenced the design and décor of the home took into consideration the needs and feedback of people and their relatives.

## Is the service caring?

### Our findings

The service continued to provide an outstanding level of care that was person-centred. The service sustained its strong culture of supporting people as individuals and people continued to be provided with support that was kind and compassionate by a caring and dedicated team.

People continued to tell us that they were extremely happy living at Davlyn House. One person said, "It was a big change for me to move here from my own home but the staff have helped me and supported me through it. It is so nice here, it just is." Staff were observed providing emotional support to people when they needed it. For example, we observed a person become distressed at the dinner table. A member of staff got down to the person's level. They tried not to draw attention to the person and asked them what they could do to make them feel better. We observed the person go with the member of staff to a more private space. The staff member was with the person 15 minutes later, still reassuring the person by talking to them in a calm and mild manner.

Relatives spoke very highly of the care people received. One relative said, "The care is excellent. We are so lucky to have Davlyn House so close to us and we have nothing but praise for them all." Another relative told us, "From the onset every member of staff made [person's name] welcome and comfortable. They treated them with the utmost respect even when times were very challenging during the settling in period. We, as a family soon realised that when [person's name] became a resident there, we became part of the Davlyn House family which was wonderful. One of the most important things is the love that the staff at Davlyn give to the residents. It just shines through and keeps them all happy and settled." Another relative said, "The registered manager leads by example and their dedicated team of staff certainly follow. I could go on forever but in a nutshell, if I had all the money in the world and could afford to have the very best care anywhere at all for [person's name], I would choose Davlyn House as they are the best that any amount of money could buy."

Staff spoke about people as individuals and were able to tell us how they would provide individualised care for people. One staff member told us, "We all work together to ensure people have the best quality of life and we do that by taking the time to get to know people, speaking to them and reading care plans." People's support plans detailed what each person could do for themselves and how staff should provide support. Care plans considered people's preferences and the registered manager told us that information was obtained and recorded as part of their pre-admission assessment including consideration of protected characteristics such as disability, sexual orientation and race. The assessments that we saw confirmed what the registered manager told us and this demonstrated that staff knew people well and were motivated about making a difference to people's lives.

The registered manager spoke passionately about enhancing Equality, Diversity and Human Rights (EDHR) training for members of staff and evidenced to us that they were in the process of updating their EDHR policy to make this more specific for the people living at Davlyn House. Staff demonstrated that they understood the importance of respecting people's dignity and privacy and we observed this in practice during the inspection.



People were encouraged to maintain relationships with relatives and friends and the service continued to operate an open door policy. One person told us, "My friend visits every Saturday and with my consent, staff keep my friend updated with the things I have been doing." The registered manager had recognised the need for private space for people to be alone with relatives and friends and as a result had adapted a building in the garden to accommodate people and their guests.

The registered manager had continued to build and develop their work around promoting dignity and since our last inspection, members of staff had now become Dignity In Care champions. In addition, the team were awarded the Staffordshire Dignity Award in the outstanding example category in March 2016. The registered manager was also awarded the Staffordshire Dignity Award in the Individual Carer category and was shortlisted as a finalist for the East Midlands Care Award in the Registered Managers Category.

## Is the service responsive?

### Our findings

Care plans were personalised and person-centred. The registered manager told us, "we are in the process of updating files so that we have photographs of the person before they came to Davlyn House on the front of each care plan. It is reminding us that plans are person-centred and it is not just about filling in paperwork." People's care records reflected their needs and were regularly reviewed and updated. We saw that when people's needs changed, this was reflected in their care plan and communicated to all staff. For example, during the inspection, we observed a visiting healthcare professional update a person's health care plan. The registered manager transferred this information to the risk assessment and the daily care plan so that it was visible to all staff.

The service continued to drive the ethos of promoting independence and were creative in overcoming limitations that some people experienced. The registered manager told us they/staff had supported one person to go on holiday despite encountering difficulties with transportation. We spoke with the person who said, "The registered manager managed to sort out my transport and everything was done to make sure I arrived there safely; it was great." This enabling approach had a positive impact on the lives of people the service supported with one person saying, "If I had not have come here when I did, I would not be alive now."

The service demonstrated an understanding of the Accessible Information Standards (AIS). The AIS provide a legal framework for providers to ensure that people with a disability or sensory loss can access information they are given. People had their communication needs assessed and working practices were adapted to promote effective communication. One person told us, "I communicate with my hands. Staff tell me what is in my wardrobe and then when I choose something, they bring it to me so that I can feel the clothes with my hands and I know what I will be wearing for the day. Any correspondence I have is read out to me at my own request.". This evidenced that people had their communication needs met.

People and their relatives told us that there was a wide range of fulfilling activities available and these were tailored to individual needs and preferences. One person said, "The registered manager is helping me tick things off my bucket list. I like to learn and the registered manager is supporting me to complete the Care Certificate Award in conjunction with the local college." I go to snack and chat at the church and I enjoy attending the church choir." The service had an activities coordinator who organised daily activities and we observed the activities coordinator engaging people in a pampering session during our inspection. We also observed people and care staff reminiscing and singing to music of their own generation. The service had good links with the community and we saw many photographs of people enjoying various social activities at Davlyn House and in the community, although the registered manager had yet to put these on display. The registered manager also told us about future wishes and aspirations for the service to develop greater links for people using technology.

People we spoke with told us that they did not have cause for complaint but people understood there was a procedure in place if they wished to do so. One person commented, "The registered manager does not hide away; I can always speak to them about anything." The provider had a complaints policy in place and

since our last inspection, there had been one complaint made. The complaint had been responded to in a timely way and actions taken to address the issue. The response was delivered verbally and in written format which demonstrated to us that the complaints procedure was followed.

There was no one receiving end of life care at the time of our inspection and we did not see any end of life care plans in place. The registered manager told us that they were committed to ensuring that people had their end of life choices met and we saw a 'life tree' that was completed with a person to demonstrate what was important to that person as part of their end of life wishes.

## Is the service well-led?

### Our findings

The service was well-led by an experienced registered manager, who since our last inspection, had developed strategies to strengthen the leadership, governance and person centred culture amongst the staff team in the home. 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. The registered manager had a clear vision about the direction and the culture of the service which was person-centred placing an emphasis on constant improvement and adherence to best practice. The registered manager told us, "I always make the positive statement that Davlyn House is a home for life." The registered manager spoke passionately about improving people's lives and the staff also demonstrated the same standards and attributes. A relative told us, "[registered manager's name] leads by example and her team of dedicated staff certainly follow." The staff team understood and lived the values shown by the registered manager and the care that people needed was minutely tailored around their needs and adapted as their needs changed to enable people to have an exceptional quality of life. Staff were supported and empowered to focus on people and improving their experience of living in the home.

People, relatives and professionals consistently spoke about how well-led the service was. Everyone we spoke to as part of this inspection had confidence in the manager. This supported the development of effective working relationships with other professionals that resulted in improved outcomes for people. One person told us, "I have come across many managers and she is the best one. They are hardworking and never stop. They are dedicated to everyone who lives here and they know everyone as an individual. They treat everyone with respect and dignity and they thoroughly deserve the award they won." One relative said, "The registered manager has almost become a friend. They are so approachable and thoughtful and so respectful of individual needs."

The staff we spoke with were also consistent in their thoughts and opinions of Davlyn House being a good place to work. One staff member said, "It is so homely, it is not like a business.". Another staff member said, "It is a great place to work; we are like a little community. The registered manager is so thorough, their heart is in their work all of the time." The registered manager was committed to improving staff knowledge and ensured that staff learning and development meant great outcomes for people. New staff were asked to complete a profile questionnaire that would help both the staff and the registered manager determine whether staff had the right values to work within social care and at Davlyn House. Staff had a structured but person-centred induction, reading care plans and getting to know people within their first few days of employment. This ensured that staff were able to get to know people and build foundations for optimising meaningful relationships with people.

Innovation was celebrated and shared. Staff were recognised for their work and contributions and people using the service were encouraged to nominate staff for various awards. One member of staff was nominated and awarded Highly Commended in the Dignity Champion Awards Category. The registered manager was also nominated by peers and colleagues and shortlisted as a finalist for the East Midlands Care

award in the Registered Managers Category in 2017. Staff were supported to become Dignity in Care champions and Dementia Friends. This approach from the registered manager had developed an effective and stable staff team who felt confident and committed to delivering compassionate and quality care and we observed this commitment throughout our inspection. The focus on relationships and dignity in care resulted in people and staff developing meaningful therapeutic relationships and contributed towards the genuinely caring interactions that we observed during this inspection.

The registered manager continued to work closely with other organisations and was active in several good practice initiatives designed to further improve the service. The registered manager continued to keep up-to-date with their own professional development attending manager network meetings and was integral in facilitating a new 'registered managers network support group' of which they would become chair person. The registered manager demonstrated how they consulted and researched good practice guidance to promote excellence and had used this information and experience to share with others. For example, the registered manager had recently been interviewed for a local radio station and spoke how the service was involved in these best practice initiatives and how this transpired into good care for the people living at Davlyn House. The service had also been approached to take part in filming for a national training video as part of their annual celebration of Dignity in Care Day. The recommendation came from the Chairperson of the Dignity in Care organisation and a film crew were present for 1 week within the service speaking to people, relatives and staff to demonstrate how Davlyn House promote and sustain Dignity in practice. Davlyn House was an exemplar for other services to aspire to because of the positive person centred culture, focus on relationships and the consistently outstanding experiences that people living in the home experienced.

The registered manager had developed excellent links to the community. The local college worked closely with the registered manager and the service to achieve successful work placements, both on a paid and unpaid basis for young adults and school leavers who wished to work within a care setting. The registered manager demonstrated commitment and dedication providing experience and training opportunities. One staff member was working towards a level 2 apprentice qualification and the registered manager was working creatively to produce a communication plan for this member of staff so that they could enhance their communication skills to work more effectively with people who were living with dementia. We saw feedback from people who had the opportunity to work at Davlyn House on a voluntary basis expressing their thanks and gratitude for the invaluable experience that had been provided for them. We also saw a painted mural on the wall where people who had either worked at or volunteered at Davlyn House could share their experiences for everyone to see.

We saw written thanks from the local church with whom Davlyn House had forged positive links. Some people living at Davlyn House had become members of the church choir and some people attended events held at the church such as snack and chat meetings. The registered manager has also become an active member of the Community Residents Association Group and we saw meeting minutes that evidenced this. For example, the Association had provided a defibrillator for community use but the current location of the defibrillator could not be sustained. The registered manager agreed for the defibrillator to be relocated outside of Davlyn House and committed to monitoring the equipment on a weekly basis.

People and relatives were encouraged to feedback their thoughts about the service through questionnaires and surveys. The registered manager recognised that the views of people using the service were at the core of quality monitoring and we saw that where suggestions were made about improvements to the service, these were discussed and acted upon. Staff were also encouraged to share their views and thoughts about the service during supervisions and through team meetings. We saw minutes of staff meetings that evidenced staff were being encouraged to actively engage in and contribute to how the service was being

run and staff told us that were now in receipt of appraisals which gave them a platform to consider future learning and development needs.

There was a clear staff structure in place and this supported good practice throughout the service. Both the registered manager and the senior staff spoke with us about the changes they were currently implementing to introduce further lines of delegation amongst staff to produce a clear line of accountability and responsibility for the day-to-day running and management of the service. The registered manager told us that they felt they could continue to sustain their model of good care by adopting this approach. This was evidenced in practice during our inspection as we observed staff discussing their roles and responsibilities which allowed the registered manager to undertake other tasks as outlined in this report.

There were effective quality assurance systems in place and the registered manager continued to carry out a programme of audits to assess the safety and quality of the service and identify issues. These included audits on accidents and incidents, maintenance and environment and medicines. These audits supported the registered manager in identifying shortfalls which needed to be addressed. Where shortfalls were found, we saw that action plans were in place.

The registered manager told us that during the building works, the safety of people had remained their priority and there were future plans still afoot to enhance and develop the service now that the work was complete. The registered manager shared their ideas and aspirations for the service, for instance telling us about how they intend to hold 'themed' resident's meetings in line with people's likes and dislikes so that these meetings become more 'homely' and less formal for people. The registered manager also shared that she was in the processing of utilising space that had become available as a result of the refurbishment and was looking into purchasing computers for people who used the service and introducing people to skype to enhance communication for people. The registered manager spoke positively about the provider of the service stating they were wholly supportive of any changes that they wished to implement.

The registered manager was aware of their responsibilities in relation to duty of candour, that is, their duty to be open and transparent with people when things go wrong. The registered manager had notified the Care Quality Commission (CQC) of incidents that had occurred in line with their legal responsibilities and we found that the provider had displayed their previous inspection rating in the home.