



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Devonshire, The
Address:	213 Malden Road New Malden Surrey KT3 6AG

The quality rating for this care home is:

three star excellent service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Jon Fry	2 7 0 4 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Devonshire, The
Address:	213 Malden Road New Malden Surrey KT3 6AG
Telephone number:	02089490818
Fax number:	02089492383
Email address:	
Provider web address:	

Name of registered provider(s):	Mr Abdul Majid Mangalji, Mrs Annar Mangalji
Type of registration:	care home
Number of places registered:	31

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	3
old age, not falling within any other category	0	28
physical disability	1	0
Additional conditions:		
One (1) place for a service user under the age of 65, with a physical disability, can be accommodated.		
One specified female under the age of 65 until her 65th birthday when condition will cease.		
To allow the Devonshire to use the library room as bedroom for a period of four weeks from the 28th April 2003.		

Date of last inspection									
Brief description of the care home									
The Devonshire provides residential care for thirty-one older people.									
The home is situated close to New Malden High Street with good access to public transport and the A3.									

Brief description of the care home

Accommodation is provided over three floors that are served by a passenger lift. There is a large communal lounge and dining area, library and a well maintained patio / garden area. All bedrooms are single.

Additional charges are made for newspapers, hairdressing, toiletries and routine hospital visits over two hours in duration.

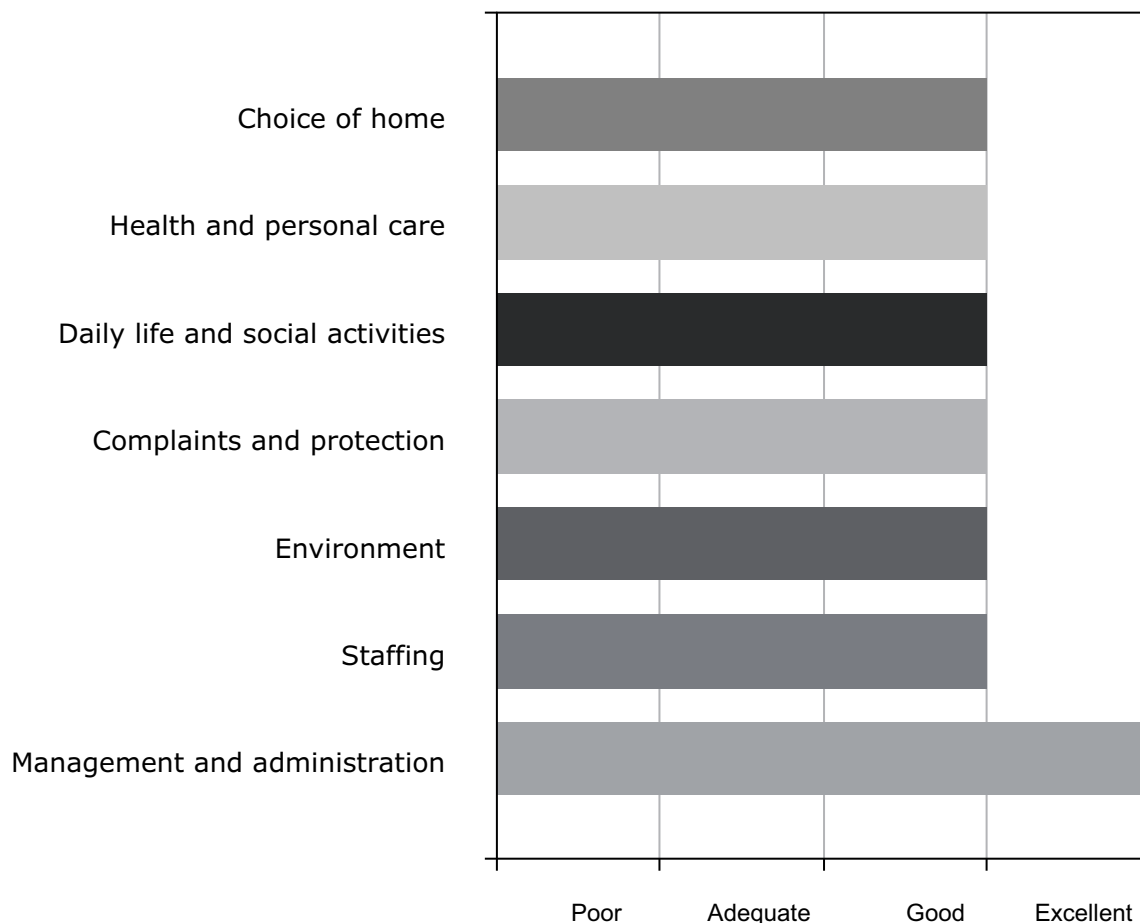
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

One inspector spent approximately seven hours in the home. We spoke to thirteen people who live there, the manager and three staff members. We looked at the records and documents kept by the service including three people's care plans.

The manager sent us an annual quality assurance assessment (AQAA). The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service. This also gave us some numerical information about the service.

What the care home does well:

The people who live there said 'this home is lovely', 'I love it here', 'I'm very happy', 'it's friendly' and 'it's great'.

People generally enjoy the food provided to them and there is a good range of activities on offer.

Feedback about the staff was very positive. People said that staff were 'really helpful', 'very patient and caring' and 'they are very pleasant to me'.

The owner and manager have been running the home for a long time and there are good systems in place to make sure the home runs well.

What has improved since the last inspection?

Care plans are much more individualised and give good information about how best to support the person.

The manager and one member of staff have attended dementia care mapping training. This could be very important in developing the service to promote people's wellbeing.

Quality assurance systems have been improved.

What they could do better:

The home should continue to develop its practice around working with people with dementia. There may be opportunities to increase interaction and the wellbeing of some people who live there.

The main lounge of the home could be made more homely and contain more things for people to do.

We think overall that the home has the capacity and commitment to continue developing the service provided.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line -0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 6)
Health and personal care (standards 7 - 11)
Daily life and social activities (standards 12 - 15)
Complaints and protection (standards 16 - 18)
Environment (standards 19 - 26)
Staffing (standards 27 - 30)
Management and administration (standards 31 - 38)
Outstanding statutory requirements
Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A person's individual needs are assessed before they come to live at the home. Good information is available to people about the service provided.

Evidence:

'My daughter helped me choose it', 'I liked it straightaway', 'my family chose it for me', 'I came and visited' and 'somebody arranged it for me' were comments from people who live there.

A residents handbook is available and this was last updated in January 2009. The home told us in their AQAA that 'the residents handbook is available in large print and over the years has been translated into several languages to meet the needs of our diverse residents'. We have recommended that the service look at including more pictures of important people and places in the handbook.

Evidence:

We looked at three people's care files. Each one contained a number of different assessments and these recorded some very good information about the person's life, their support needs and how they liked to spend their days. There is a good emphasis on 'quality of life' and assessments contain questions designed to capture this.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Care plans record good information about individual support needs. Medication is managed well by the home.

Evidence:

The home told us in the AQAA that it provides 'resident centred and based care'.

Feedback from the people who live there included 'they look after me very well', 'they're very good here', 'I'm quite happy' and 'everyone is so nice'.

The care plans we looked at contained good information about each person's specific support needs and have been improved to be more specific and person centred. The plans address areas such as rising, washing, meals and social life. We saw that each plan is individualised and captures things that are important to the person. Examples of this are information about their favourite toiletries, fondness for animals and the particular foods they like. Equality and Diversity issues are also addressed in each care plan.

Evidence:

We have recommended that the home keeps developing the care plans. Ideas to look at could be to write each plan in the first person and to present information about what a good day looks like for the person, what works and what doesn't when supporting them. This information could be particularly important for someone with dementia to help staff to work positively with them.

We saw that good records are kept of the things that staff do for each individual. These include their checks at night and assistance given with personal care. Key workers also document the time they spend with individuals.

The home told us that the people living there were able to choose their own GP and have access to community care facilities. We saw that individual health needs are being addressed with records being kept of individual appointments. People we spoke to said that they were able to see a doctor when they needed to.

Medication is managed well. We saw that good administration records are kept and these tallied with the amounts of medication being kept. This shows that the right medication is being given at the right time.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People enjoy the food provided at the home. A good range of activities are on offer.

Evidence:

People said to us 'we do different things', 'we go for a car ride sometimes', 'we go in the garden' and 'I can always find something to do'. Other comments included 'I'd like to get out more' and 'sometimes the day seems long'.

The service has employed a new full-time activities co-ordinator. A monthly social calendar is available and this is included with the monthly newsletter produced by the home. Activities include news discussion, gentle exercises, musical bingo, quizzes and afternoon matinees. A theatre company had visited in early April and trips out to Richmond Park.

Our observations of life in the home were positive with staff interacting well with the people who live there. We think that there may be room for staff to discuss more about how they engage with someone with dementia. We saw a number of missed opportunities where staff members could have spent time with individuals and contributed to their wellbeing. The manager and another senior member of staff have

Evidence:

just completed dementia care mapping training. This could be crucial in looking critically at the daily life of the home and how individual wellbeing can be promoted.

We have recommended that the home looks at providing more props and things to do in the main lounge area. Adding lots more items and interactive objects may provide another layer of stimulation for some people whilst providing opportunities for interaction between staff and the people living there. Having pets may also help to do this.

People told us that they generally enjoyed the food provided to them. They said 'the food is good', 'very good - there are two things I don't like but they know that and give me something different', 'the food is lovely', 'it's absolutely fine' and 'it's not bad'.

The mealtime we saw was a pleasant unhurried occasion. Some of the staff sat down with the people who live there to eat which is very positive practice. one area for development is to make the menus more easily available and user friendly. Only one of the people we spoke to could tell us what they were having for lunch. Picture menus could help people see easily what is on offer and be used for making choices.

We have recommended that the home keeps developing the mealtime experience and activities relating to this. Ideas to try could include food tasting sessions, using favourite recipes, people helping with food preparation each day and theme days.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People feel able to raise any concerns they have with the home. Safeguarding procedures and training help protect the people living there.

Evidence:

The service told us in the AQAA that the complaints procedure is clearly displayed in the home and this has been made available in various formats to meet individual needs. This procedure is also made available in the handbook about the home. A complaints record is kept and the manager told us that none had been received in the last year.

People said they felt able to go to the manager knowing that their concerns would be addressed. Comments included 'I'd talk to the manager' and 'I'd go speak to the head one here - she's very good'. Another person said 'I have no occasion to make a complaint'.

Safeguarding policies and procedures are available to staff. We saw that staff have training in this important area to help protect the people living there.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is comfortable, well maintained and clean.

Evidence:

'As good as one could hope for', 'it's clean', 'it's alright', 'quite nice' and 'I have a beautiful room' were all comments from people living there. One person said their room gets 'very cold'.

People we spoke with were happy with their bedrooms. The rooms we saw were comfortable and contained many of the person's own possessions.

The home told us in the AQAA that it had created two new bedroom en-suites along with a new lounge and coffee bar on the second floor within the last year.

We have recommended that the home looks at the main lounge and dining area on the ground floor. This area is clean and comfortable but is not homely. As stated previously, there could be more things for people to see and use there. Different types of seating and lighting may help to give the lounge a different feel.

Another idea to try could be using memory boxes along with signs to help people identify their rooms easily.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff have the training they need to do their jobs. Good recruitment checks help protect the people living there.

Evidence:

In the AQAA, the home said that 'the staffing rota is based on the needs and care required by the residents - this is regularly reviewed, peak periods have increased cover'. New staff employed over the last twelve months include a laundry person, two new supper people, a second deputy manager and a new activity co-coordinator.

The people we spoke with felt there were enough staff on duty for their needs. Their comments about staff included 'they're smashing', 'very very good', 'very nice', 'they're alright', 'no fault with them' and 'super staff'.

The staff we spoke said they get the training they need to do their jobs and that the staff team works well together.

We saw that the home has a training schedule in place and recent training had included Fire Safety and protection from abuse. Training for staff around dementia was planned for May 2009. As stated previously, the manager and another member of staff had recently completed a dementia mapping course. It is recommended that the

Evidence:

service keep looking at developing staff expertise in this area.

The three staff records we looked at were well maintained with all the required information kept on file. This includes a Criminal Records Bureau (CRB) check.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is run well. There are strong management and quality assurance systems in place.

Evidence:

The manager has worked at the home for over nineteen years and has the NVQ Level Four manager's award. She is supported by an experienced team including an administrator and two deputy care manager's.

We saw that there are very good systems in place to make sure that the home runs well and there is clearly a commitment to providing people with a good quality of life. There is a comprehensive quality assurance system and this is successful in picking up issues or omissions.

Residents meetings take place each week and there is a residents council who meet monthly to discuss life within the home. We have recommended that the minutes of

Evidence:

the residents meeting include progress on actions taken from the previous meeting. The results of an annual survey were available and the results had been compiled along with specific actions taken to address issues raised. We also saw many letters of compliment displayed in the hallway of the home when we visited.

Health and Safety is managed well. We saw that records are kept of checks around areas such as Fire Safety, hot water temperatures, hoists and fridge temperatures.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
-----	----------	------------	-------------	----------------------

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
-----	----------	------------	-------------	----------------------

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
-----	----------	------------	-------------	----------------------

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	1	The handbook about the home could include photographs of important people and places.
2	7	The home should keep developing the care plans to be even more person centred. They could be written in the first person, give more information about the person, their life and how staff can effectively support them.
3	12	Staff should discuss how they can engage positively with people who have dementia and contribute to individual wellbeing. Dementia care mapping should be used regularly to measure wellbeing of the people living there.
4	12	More items, props and things to do should be available in the lounge area.
5	15	The home should continue to develop mealtimes and activities around this area. ideas such as food tasting, using peoples favourite recipes and involving people in meal preparation could be tried.
6	19	Consideration should given to the layout of the lounge in order to make it more homely. Memory boxes could be used to help people find their bedrooms.

7	33	Minutes of residents meetings should clearly show what actions has been taken to address issues or ideas raised at the previous meeting.
---	----	--

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.