

Care UK Community Partnerships Ltd

# Darlington Court

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Darlington Court is a residential care home providing personal and nursing care to up to 61 people in purpose-built accommodation. The service provides support to older people, many of whom have dementia, and younger people with disabilities. At the time of our inspection there were 41 people using the service.

### People's experience of using this service and what we found

Improvements in systems for infection prevention and control had been sustained and there was no longer a breach of regulations.

There was inconsistent practice regarding record keeping and people's care was not always fully documented. This meant the provider could not always be assured that people had received the care they needed. Shortfalls in record keeping had been identified through the provider's quality monitoring systems but actions had not yet been taken to fully address the issues. We did not identify a negative impact on people's quality of life, but this is an area of practice that needs to improve.

People were receiving a personalised service from staff who knew them well. People told us they felt safe living at Darlington House. Staff demonstrated an understanding of their responsibilities for safeguarding people and risks to people were assessed and managed appropriately.

There were enough suitable staff to provide people with the care they needed. People and their relatives spoke highly of the staff and the care they received. One person told us "They are caring and I get on with them all." A relative told us, "The staff seem caring. They take an interest in what my relation likes. If she's unhappy they try to understand why."

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager was well thought of by people, their relatives and the staff. One relative told us, "I would say it is well managed." A staff member said, "It feels like a family here, the manager is very supportive."

There was a positive culture and staff were focussed on supporting and improving people's quality of life. People were achieving good outcomes, including improvements in their health and well-being. People,

relatives and staff told us they would recommend the home. A staff member told us, "I am happy working here and I would definitely feel happy for a family member to come here. We try and provide everything we can for people to make it a good place to live."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 17 February 2021) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection (published on 10 March 2020) to calculate the overall rating. The overall rating for the service has changed from requires Improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Darlington Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Darlington Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors and an Expert by Experience completed this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Darlington Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Darlington Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 7 people and 5 relatives about their experience of care at Darlington Court. We spent time observing how staff interacted with people. We spoke with 10 staff including the registered manager, 2 nurses, 1 unit manager, 6 care staff. We reviewed records that included care plans, risk assessments and medicine administration records. We also looked at records relating to the management of the service, including policies and procedures, quality assurance systems and staff rotas.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At the last focussed inspection on 1 December 2020 we found a breach of Regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to assess the risk of, preventing, detecting and controlling the spread of infections. At this inspection we found management of the prevention and control of infection had improved and there was no longer a breach of regulation.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- Arrangements for visitors were in line with current government guidance.
- Visitors were not limited, unless this it was necessary to ensure the safety of people, their visitors, and staff.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from risks of abuse. People told us they felt safe living at Darlington Court. When asked if they felt safe, one person said, "Yes, just living here make me feel safe." Another person said, "I have no worries."
- Staff had received training and understood their responsibilities for safeguarding people. Staff were knowledgeable about how to recognise signs of abuse and described how they would report any concerns. One staff member told us, "The resident's welfare is more important than anything else we do."
- A staff member who managed care staff told us, "The staff report any concerns to me straight away. I then escalate to the manager."
- Records showed that safeguarding concerns were recorded and reported consistently in line with the provider's safeguarding policy.

## Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and monitored effectively. Care plans included guidance for staff in how to manage risks and support people in the way they preferred.
- Some people had risks associated with their physical and /or their mental health, risk assessments and care plans provided staff with the information and guidance they needed to provide care safely.
- For example, a person had diabetes and their risk assessment identified the type of diabetes and how the condition was managed. There was clear guidance for staff about how to identify signs or symptoms that could indicate the person's blood sugars were too high or too low and what action to take.
- Some people needed support with mobility. Risk assessments identified the type and level of support they needed and guided staff in how to support the person safely. For example, one risk assessment included clear guidance for staff about how to support a person with the use of a hoist. The type and size of sling that the person needed was identified and we saw this was available in the person's bedroom.
- Risks associated with eating and drinking had been identified and assessed. Some people were at risk of choking and there were clear risk assessments and care plans in place to guide staff. Where people had been assessed as needing a modified diet, assessments completed by Speech and Language Therapist (SaLT) were included within their care plans. Systems were in place to ensure that all staff had the information they needed. For example, a specialist diet and food log with colour coding provided a clear visual aid for staff to ensure they were aware of people's dietary needs and risks.
- Environmental risks were assessed and monitored to ensure people's safety.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The registered manager was aware of their responsibilities with regard to complying with any conditions relating to DoLS authorisations. There were no current conditions imposed at the time of the inspection.

## Staffing and recruitment

- There were enough suitable staff to care for people safely. The provider had a system for assessing how many staff were required to support people's needs. We saw people were not having to wait for support. For example, we observed some people attempting to walk without the walking frame they needed. Staff were on hand to support them and ensure they remained safe.
- People told us there were enough staff on duty. One person told us about using their call bell, they said, "You don't have to wait."
- The provider's system for recruitment were designed to ensure staff were suitable to work with people. This included checking references and employment history as well as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

## Using medicines safely



- There were safe systems in place for managing medicines. Medicines were stored safely and systems for recording when medicines had been administered were consistently completed.
- Only staff who were trained and assessed as competent were able to administer medicines to people.
- Some people were prescribed PRN (when required) medicines. There were clear protocols in place to guide staff in when to offer these medicines.
- People told us they received their medicines regularly and when they needed them.
- Staff knew people well and were supporting them to have their medicine in the way they preferred. We observed one person was reluctant to take their medicine. A member of staff sat by them calmly and quietly suggested it might be better to take the tablets before the previous dose wore off and they experienced pain saying, "If you wait too long, it will be out of your system." This approach appeared to reassure the person who then took their medicine successfully.

#### Learning lessons when things go wrong

- Systems were in place to identify when things went wrong. Incidents were recorded and analysed to determine the cause and identify changes that would prevent a reoccurrence. For example, a medication error had occurred. The incident was recorded and investigated to determine why this had happened and identified this was human error. The staff member was supported to reflect on the incident and was provided with additional training and their competency was checked to ensure a similar error did not occur.
- The registered manager had oversight of incidents and accidents and used the provider's reporting system to identify patterns and trends.
- A staff member explained how learning from incidents was shared to improve practice. They told us, "If there is an incident, it is discussed at a team meeting and then we are all aware and in the loop, so nothing gets missed."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last focussed inspection on 1 December 2020 we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Some records relating to people's care were not consistently completed. We noted that people were receiving support from staff with drinks throughout the day but records did not always reflect this. Some people were not able to help themselves to a drink when they wanted one and there were gaps in records which meant the registered manager could not be assured that staff had regularly offered everyone a drink.
- The provider's systems for auditing had identified shortfalls in record keeping. This had not yet been addressed. One staff member told us, "We don't always have time to complete all the charts." This meant that documentation relating to people's care was not always a complete and accurate record. We identified this as an area of practice that needs to improve.
- Some aspects of governance and management oversight had improved since the last inspection, including ensuring that staff were following the provider's policy for infection prevention and control.
- Staff were clear about their roles and responsibilities and described consistent support from managers. One staff member told us, "I have regular support, I'm new to the role and I always ask lots of questions, but I am never made to feel it's a stupid question."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were receiving a personalised service and were achieving positive outcomes. For example, one person with dementia had swallowing difficulties and their weight had been a concern. Their relative told us the staff were kind and caring and explained how the person needed a modified diet but food was always nicely presented. They said, "We are very pleased with the care, and now they have put on weight."
- People and their relatives spoke highly of the staff and the care provided. People told us, "They (staff) are lovely, they're very nice," and, "Everyone is very helpful." A relative told us about their relation saying, "They are looked after and treated with respect and dignity."
- We observed how staff were person centred in their approach to people, including spending time with them and engaging them with activities including card games and supporting them to have contact with their relatives. Care staff ensured people were not left unoccupied and bored. We observed people were clearly engaged in a meaningful way and appeared to be enjoying the activities. A staff member told us staff were all involved in activities with people. They said, "Our role as a carer is so important, having a chat with people is just as important as personal care, singing, colouring, they want to know about us as well."
- Staff described an open culture where their views were sought and welcomed. One staff member told us

how the team worked well together saying, "Staff give it everything the whole team, not just the care team." Another staff member said, "We are well supported, the manager is very dedicated and it is a very well led home, she is a lovely manager. She is approachable to all the staff, and really cares about the home."

- People and their relatives said the service was well led. Their comments included, "I've never noticed anything wrong. Anything I want, I only have to ask." A relative said, "You know who's responsible for everything, you know what to expect, they explained everything."

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

- People, their relatives and staff were engaged and involved with the service. One person said, "There is a meeting every month." People described discussions about the menu, activities and changes at the service. For example, one person said, "They told us about the repairs, they're laying new carpet."

- Relatives also described effective communication and we noted there was a relative's on-line meeting held on the day of the inspection. One relative told us, "Communication is very good. If there's an issue it is dealt with very quickly."

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Continuous learning supported improvements at the home. The provider's electronic system for reporting was used to identify patterns and trends. The registered manager had good oversight and used learning from incidents and auditing systems to support improvements in practice.

- For example, issues with stock control and the administration of medicines were identified through the auditing process. This led to a change in systems to ensure medicines were always available for people. Additional monitoring of medicine administration was put in place to drive improvements and reduce errors. Staff told us proudly that this had improved practice and there had been no further errors.

- The registered manager described how learning was shared across the organisation. For example, the provide circulated information about incidents and events that had led to improvements in the service at other homes. They said this helped them focus on what changes could bring improvements to care at Darlington Court.

- The registered manager understood their responsibilities for comply with the duty of candour.

Working in partnership with others

- Staff had developed positive working relationships with other health and social care partners.

- People told us they were supported to access health and care services when they needed to. We observed staff discussing the involvement of health care professionals for two people during the inspection.

- Records showed staff had regular contact with a range of health and social care partners including, GP, tissue viability nurse, physiotherapist, SALT, dentist, dietician and social worker.