Mrs June Pick

Darmel Respite

Inspection report

Darmel House
Bellingham
Hexham
Northumberland
NE48 2AD

Tel: 01434220491

Date of inspection visit:
21 January 2016

Date of publication:
24 March 2016

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

The inspection took place on 21 January 2016 and was announced. We gave the provider short notice as this was a small respite service and we wanted to make sure people were in. The service was previously inspected in April 2014 and met all of the regulations that we inspected at that time.

Darmel Respite is a small respite service, caring for one person at a time who may have a physical disability or progressive illness. The registered provider manages the service and is the only member of staff.

A Disclosure and Barring Service (DBS) application had been completed prior to the provider commencing operation of the service. The DBS supports the safe employment of staff caring for vulnerable people by carrying out criminal record checks and ensuring they are not barred from caring for vulnerable people.

A detailed pre admission assessment was carried out to ensure that the provider was aware of all safety requirements and equipment that would need to be in place to ensure the safety of people who used the service. Individual risk assessments were carried out and there were resources for example, skin integrity or nutrition assessments, to use should any further risks be identified during their stay.

A person who used the service and their families told us that the provider was able to meet the needs of people staying at Darmel respite very well. The provider had contingency plans in place to enable additional staff to support her should the need arise.

There were safe procedures in place for the storage and administration of medicines. People were supported to maintain their independence and manage their own medicines where this was appropriate.

The provider had carried out a range to training to enable her to care for people safely, including moving and handling, and the safe management of medicines. She had also carried out self-directed learning to find out more about particular health conditions. People and their relatives told us that the provider was highly skilled and very effective in her role as a "carer".

People were consulted about their care, and before each visit to the service, the provider visited people to ensure that they consented to their stay and the care and support that would be provided. We saw that people had signed to confirm their agreement.

People were supported to eat and drink and any special dietary considerations were catered for. The provider had previous experience as a cook, and was happy to provide meals based on the preferences of people who used the service. She had knowledge of special dietary requirements and foods to avoid in certain health conditions.

There was access to healthcare services if required, but this was not usually necessary during a respite stay. The provider escorted people to pre-arranged hospital appointments, and ensured that she had all of the

necessary up to date information regarding health needs. Care plans were in place and contained the required amount of detail.

The service consisted of a purpose built unit which was attached to the provider's home. People could choose to remain in their own accommodation, or join the provider and their family in the family home. The building was wheelchair accessible and people were able to use an alternative entrance to the family for their privacy. The people we spoke to liked the fact that they were able to be included in the activities of the family if they chose to do so, and the kitchen was a favourite place for people to sit and talk or carry out activities. There was an en suite wet room with ample space to allow people to be supported. The provider was aware of the importance of maintaining dignity, and was very sensitive and discreet in her communication about this.

We received very positive feedback about the service from people and their relatives. They all told us that the provider was very kind and had a natural gift for caring. They particularly liked the one to one attention they received from the provider and her ability to put people at ease and to make them feel at home. People were included in all aspects of their care and the provider took pictures of the service and provided information to people and their families before they used the service. People were given choices about all aspects of their stay and the provider went out of her way to make the transition between home and the service as seamless as possible.

The provider regularly sought the views of people who used the service and their families. There was a satisfaction survey on the website which people were encouraged to complete, and the provider was introducing paper versions of this to ensure they were accessible to everyone who used the service. There were no plans to expand the service as the provider was keen to ensure it remained as homely and responsive as possible, but told us that she was always keen to learn new skills to improve upon any aspect of the service. People we spoke to told us they could not think of anything that could be improved and said they were very happy with the quality of the service provided.

People who used the service had capacity, and the provider was aware of the requirements of the Mental Capacity Act 2005 and appropriate training had been completed.

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.

A thorough pre-admission assessment ensured that the provider was aware of individual risks to people who used the service.

Training in the safeguarding of vulnerable adults had been completed and a policy was in place. This meant that people were protected from abuse.

The premises were clean and well maintained. The provider had completed training in infection control which meant that they knew how to avoid the spread of infection.

Is the service effective?

Good

The service was effective.

The provider was an experienced care worker and her training records were up to date. This meant that the necessary training to care for people effectively had been completed.

People were supported to eat a nutritional and balanced diet, in keeping with their needs and preferences.

The provider was aware of the requirements of the Mental Capacity Act 2005 and acted within the principles of the act.

Is the service caring?

Good

The service was caring.

People received one to one care and attention and care was designed to be entirely personalised.

People who used the service and their relatives spoke highly of the provider and her kindness and caring approach.

Privacy and dignity was promoted and people were given as much information as possible to enable them to make decisions

about their care.

Is the service responsive?

Good

The service was responsive.

Care plans were very person centred, which ensured that the physical, psychological and social needs of people were met in a way that recognised their individual needs and preferences.

Detailed pre-admission information was gathered by the provider to ensure the transition to respite care from home was as seamless as possible.

People were supported to be involved in activities of their choice.

Is the service well-led?

Good

The service was well led.

The provider ensured that people were involved in all aspects of the running of the service, and took their views and opinions into account when planning care.

People and their families spoke highly of the quality of the service.

Darmel Respite

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 21 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a small respite service and we needed to be sure that someone would be in.

The service was inspected by one inspector. We spoke with the provider and one person who used the service at the time of the inspection. We contacted two relatives by telephone after the inspection to gather their views about the service. We spoke with local authority contracts and safeguarding officers. They told us that they were not aware of any concerns about the service, and there were no ongoing safeguarding investigations. We read testimonials and comments on the provider's website.

We checked records, including the training records of the provider, and policies and procedures relating to the safe running of the service. We checked the care records of three people.

We looked at the premises including the areas of the provider's home, sometimes used by people who used the service. We observed the provider interacting with a person who used the service and spent time with them both.

Prior to carrying out the inspection, we reviewed all the information we held about the home. The provider completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make. We also looked at notifications submitted by the provider in line with legal requirements.

Good

Is the service safe?

Our findings

The service was safe. A person told us they felt safe at Darmel Respite. They said, "I've been to other places, but you couldn't get better than this." The provider was the only member of staff working in the service. A Disclosure and Barring Service (DBS) application had been completed prior to the provider commencing operation of the service. The DBS supports the safe employment of staff caring for vulnerable people by carrying out criminal record checks and ensuring they are not barred from caring for vulnerable people.

The provider had also completed training necessary to ensure the safety of people who used the service. This included safeguarding training, infection control, and moving and handling of people. Training was up to date and where this was due to be updated; plans were in place for their renewal. This meant that the provider remained up to date with current safe practice and knew how to recognise the signs of abuse or neglect.

A detailed pre-admission assessment was carried out by the provider. This involved a visit to the person's home, where information was gathered about their health and safety needs, including health risks and any equipment that might be needed. The provider preferred to use equipment belonging to people such as hoists, as this meant they were designed to meet their needs and were familiar to them. She told us that she checked that equipment was in safe condition prior to using it. She observed care in the person's own home to ensure that she would be able to deliver it during their stay in respite, for example to ensure that she was able to use equipment safely.

Individual risk assessments were carried out, relevant to the needs of people using the service. A resource file containing various types of assessment tools were available to the provider if they should be needed in future. The provider told us that she tried to keep things as close to the way things happened at home, and avoided changing the routines of people wherever possible as she felt this was safer practice.

People and their families told us that the provider was able to meet the needs of people and that they felt confident that one person was adequate. One relative told us, "The care is tailor made to meet [name of relative] needs. She even sometimes gets up once or twice through the night and that hasn't been a problem. She has a way to call for help and is always very happy with the attention she receives. I know if she buzzed, [name of provider] would be down in a flash." Contingency plans were in place to enable the provider to access additional staff from a local agency, if her assessment showed that someone required this. This had not been necessary at the time of the inspection.

There were safe procedures in place for the storage and administration of medicines. The provider had a Level 2 BTEC certificate in the safe handling of medicines and had worked in care prior to setting up the service. This meant that she had training and experience to administer medicines safely, and was aware of the need to complete refresher training periodically. Medicines were counted upon arrival and departure from the service, and records were kept of medicines administered. People were involved in the administration of their own medicine, and one person was responsible for their own medicine. The provider supported and encouraged people to be as independent as possible with medicines. The provider had risk

assessed whether people were able to safely administer their own medicines and asked those self-administering medicines, if she could observe them taking medicines as she kept her own record.

The premises were clean and well maintained. The accommodation for people who used the service was purpose build and large patio doors provided easy access outside in the case of an emergency. There was an en suite wet room with a shower and toilet facilities. This was clean and stocked with liquid soap and paper towels. Infection control procedures were followed. The provider deep cleaned the rooms between people staying in the service and told us, "I wash all the door handles, and the room is deep cleaned and thoroughly washed including the mattress. I use antibacterial cleaner and steam clean the area. I have a steam cleaner for the bathroom too." There was no requirement for specialist waste collection, due to the small domestic nature of the service. A utility room was located close to the accommodation, and the provider was happy to wash clothes for people who used the service and said, "I wash their clothes separately and know that bedding and towels are washed at high temperatures."

The provider had completed food hygiene training and had been awarded a level five food hygiene rating by the environmental health department.

A fire procedure was in place and smoke alarms were checked regularly. The provider was aware of the level of support people would need in the event of a fire, especially at night and this was recorded. It was not formalised as a personal emergency evacuation plan (PEEP) and the provider agreed to add this to the care record to make this clearer.

A book was available to record accidents or incidents but there had not been any, and the provider was in the process of ordering a pre-printed accident record book. They were aware of the need to notify the Care Quality Commission (CQC) of any serious accidents.

The provider had two dogs and a cat and told people about these prior to their stay. She advised they would be present in the family home but that people could avoid them if they stayed in their own room. The people we spoke to said that the presence of the pets enhanced the visit for their loved ones and that they had no concerns about the pets at all.

Good

Is the service effective?

Our findings

One person and their relatives told us they were very happy with the care provided at Darmel Respite. One relative said, "Oh what a find! [Name of relative] absolutely loves going and it makes me so happy to take her there." The provider was suitably trained and experienced and had worked in care previously. We checked records of training completed and saw that this was up to date, for example first aid training, and moving and handling. The provider had also completed dementia training since the last inspection. The provider had links with the NHS Learning and Development Unit and was aware that training could be accessed online (via computer) as it was not always easy for her to leave the service to attend external training.

We asked about access to healthcare. The provider told us that they had good links with healthcare providers in the community, but that routine health appointments normally happened outside respite periods. She did take people to pre-arranged hospital appointments, and was able to access a local GP in the event of any concerns. When she had arranged visits from health professionals due to concerns about a person's health, this was fully documented and discussed with family members.

The provider was responsible for providing meals to people who used the service. She had previous experience as a school cook, and people told us the food was very good. One person told us, "I like to have breakfast and meals in here [family kitchen] and you can get as much tea or coffee as you want." A relative said, "The food is tailor made for people. They can eat with the family and have what they have, or have something totally different."

The provider told us that they made sure they knew people's likes and dislikes before they came into the service. They told us, "I have one person who hates greens, so I would never put green vegetables on their plate. I like to know what time people like their meals and whether they have supper or an evening drink. I know what kind of container they prefer biscuits in so that they can help themselves easily so I leave it like that for them." Food was home cooked, and special diets were accommodated. The provider had completed self-directed learning about foods people should avoid if they had certain health conditions. The provider told us, "I use any special cups or cutlery from home. Some people bring clothes protectors. I keep things the same as at home."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). 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).

The provider was aware of the requirements of the MCA. People who used the service had capacity, and the provider told us that she supported people to consent to care by taking her time and ensuring people understood exactly what was being said. She showed us that people had seen their care plan and had signed to agree to the support that they would be receiving during their time in respite.

The premises were suitable and adapted to meet the needs of people who used the service. One person said, "The toilet in my room is really handy." A hospital bed was provided which meant that people could raise and lower the back rest and apply knee breaks to ensure they were as comfortable as possible. The bed was chosen as it did not look too clinical and was domestic in style. A riser recliner chair was also available to support people to get up from their seat as easily as possible. Separate accommodation was available upstairs which was available to relatives if they wished to stay overnight.

The provider had a large lounge in her own home, with a riser recliner chair that people could use if they wished to join the family, or they were free to retire to their room and relax quietly. A conservatory was available with views of a large garden. Parts of the garden were accessible to people and there were bird tables which attracted large numbers of birds. The provider told us that there was a visiting woodpecker and that people enjoyed sitting looking at the birds.

Good

Is the service caring?

Our findings

The service was caring. A relative told us, "I couldn't speak highly enough of her [provider]. She's amazing; she's a natural carer and has the patience of a saint. She's just gifted." Another relative told us, "She is so caring. She comes down the week before to see if [name of person] is happy with arrangements." An extract from a testimonial on the service website stated, "The [name] family treated my mother just like a member of the family while at all times being so respectful of my mother's privacy and dignity. My father visited every day and was always given a warm welcome and encouraged to stay. [Provider name] is a very caring, responsible, kind, compassionate professional and we feel so blessed that she came along in our time of need."

The provider spoke passionately about the service she provided. She said, "I really like that I am helping to keep people in their own homes." She explained that the main aim of the service was to provide care that was a close to the experience of being at home as possible.

We saw that the provider treated people kindly. She was warm and friendly and included the person in every day discussions and explained how she liked people to feel involved in family life. She told us, "Most people want to spend time in the family home, sitting in the kitchen or lounge with the family and animals. They become involved in the home and I might say, I'm nipping upstairs will you look out for the postman for me? I want people to feel part of things." This was confirmed by the person who said, "As soon as I'm up, I'm in here [kitchen]." We saw that they were very comfortable and relaxed in the company of the provider and her family, and they knew each other well.

People were treated with respect. The provider told us, "I check how people would like to be addressed and I treat people how they want to be treated. I always ask if I can help before I do anything. I never presume anything, even if it is just putting milk in their tea, I always ask." Dignity was promoted. The provider was conscious that the person might overhear aspects of our conversation and ensured that discussions were discreet and sensitive. The privacy of people was considered and there were separate entrances for family and friends so that was not necessary to use the entrance used by people who used the service.

The provider was aware of the need to maintain confidentiality. She said, "I have moved the office upstairs so I can keep things securely and also make telephone calls in private."

Good

Is the service responsive?

Our findings

The pre admission assessment carried out by the provider was very detailed and thorough, and formed the basis of planned care. The provider told us, "I like to find out as much as possible and then I try to do as much as possible to keep things the same as at home." The provider also asked people about how they preferred the layout of the room and explained that she moved furniture for people, depending how they liked things. For example, one person liked the drawers beside her bed.

A relative told us, "She came to see us after I contacted her, and then she took us both up to see the service. She found out exactly what was needed and takes all the equipment from here."

Person centred care plans were in place. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. We checked care records and saw that people had their physical, emotional and social needs assessed before they visited the service. Information about past medical history, current physical needs and resuscitation status were recorded.

The provider took time to introduce people to the service. She took an IPad (a hand held electronic computer tablet) which contained photographs of the accommodation, the provider's home, the family and pets. She explained, "The aim is to make it feel less daunting and more familiar to people when they get here." One family member had stayed overnight in the accommodation above the service, to ensure their relative settled. They appreciated this and the person had found it reassuring. They had subsequently settled well. People were supported to maintain contact with relatives. One person had used Skype. Skype allows people who have the use of a computer to have a conversation with someone over the Internet and gives you the option of seeing their face at the same time. A relative told us, "I can speak to my relative any time, and I can text her."

Care plans were developed which ensured that people received the right amount of support yet maintained their skills where possible. The provider found out exactly how much support people needed so that she could meet their needs appropriately, for example personal care needs.

There was a strong emphasis placed on knowing people's likes and dislikes and routines. The provider checked what time people liked to go to bed and get up, how people got comfortable in bed, and which books, magazines and television programmes they enjoyed. A list of favourite food and drinks was obtained including the preferred times of meals and snacks. A relative told us, "A service like that is few and far between, where they focus on individual needs of one person like that." They added, "The attention to detail is wonderful, everything is perfect."

People were supported with social and recreational activities. The television in the accommodation for people had a subtitle facility used by some people.

One person was who used the service and was enjoying completing a jigsaw puzzle which is how they enjoyed spending their time. They also interacted with the pets and one relative told us, "She enjoys staying

there very much and loves the Labrador in particular!" The provider told us that she was happy to take people on outings or into the local community. Trips further afield could be arranged in advance if transport costs were met and she was very flexible about supporting people to do what they enjoyed.

The provider had a complaints procedure in place but none had been received. These were available to people in a file with of information about the service, located in the bedroom.

Good

Is the service well-led?

Our findings

The service was well led. The provider had a clear vision for the service which aimed to be person centred and domestic in style, yet professional and responsive. Professional advice was sought where necessary and links were maintained with the Learning and Development unit which was important for a small service due to the potential to become isolated.

We asked relatives about the quality of the service and they said, "[Name of provider] and the facilities are fantastic." Another relative told us the person who used the service had said to them, "The luckiest thing that ever happened to you was to find [name of provider]." The relative explained that her mother meant that she was happy that her daughter could enjoy time away without worrying about her.

The provider told us that she had no plans to expand the service as this would reduce the intimacy and effectiveness of the one to one care delivered. She was keen, however to try new ways of working and looked out for courses or information that might enhance the service. The provider was considering offering the facility as Bed and Breakfast accommodation to people with a disability and their family, but explained that this would be entirely separate to the respite facility.

The provider was aware of the requirement to notify CQC of certain events, but it had not been necessary to do so. She was also aware that CQC had to be notified to any changes to the details of the registered provider. As her postcode had recently been changed, this meant that the Statement of Purpose for the home needed to be updated. The provider was aware of the process to complete this change and assured us that this would be completed.

The views of people who used the service and their relatives were constantly sought verbally before, during and after each visit. Electronic satisfaction surveys were available, but the provider recognised that these might not be accessible to everyone so was in the process of developing paper versions. Relatives we spoke to confirmed that their views had been sought but that they hadn't completed surveys. They said they could not think of any areas that could be improved upon and were happy with the way their views and opinions were sought in person.

The provider ensured high standards were maintained and people's needs were met by carrying out regular audits. These included reviews of care plans, before and during their stay, and ensuring there had been no changes to care needs including medicines for example. The premises were checked for safety by the provider before each admission.