

Ark Care Homes Limited

Didsbury Court

Inspection report

17-19 Park Road
Torquay
Devon
TQ1 4QR

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17 August 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Didsbury Court is a care home without nursing situated in Torquay and is operated by Ark Care Homes Ltd. The home is registered to provide accommodation for up to 17 people who require personal care. There were 15 people living there at the time of our inspection.

There was a registered manager in post. The registered manager had been registered with the Care Quality Commission to manage the service since 12 May 2017. 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.

At the last inspection in March 2015 the service was rated Good. At this inspection we found that although there had been concerns raised about the quality and safety of the service since the last inspection, they had been addressed and the service therefore remained Good in all areas.

Why the service is rated Good.

People remained safe at the home. People told us there were adequate numbers of suitable staff to meet their needs and to spend time socialising with them. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely.

People continued to receive effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff and people had access to healthcare professionals according to their individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home continued to provide a caring service to people. People told us, and we observed, that staff were kind and patient and treated people with dignity and respect. One person said, "Nothing's too much trouble for any of the staff. [Manager's name], [provider's name] and the staff have all gone beyond what I expected to help me here". People, or their representatives, were involved in decisions about the care and support they received. The service was able to provide effective support to people at the end of their lives.

The service remained responsive to people's individual needs. Care plans were person centred and provided clear guidance for staff which enabled them to meet people's needs according to their preferences. People could choose to participate in a range of activities. People knew how to make a complaint and told us they had confidence in the complaints process. There had been no formal complaints since the last inspection.

The service was well led. The provider and registered manager had been proactive in working with the local

authority quality improvement team to address concerns raised about the quality and safety of the service. Significant improvements had been made and people told us, "[Manager's name] has made such a difference, new carpets, new furniture and a lovely atmosphere, and there's always so much going on" and, "My family member's been here for two years and things have improved massively since [Manager's name] took over as the Manager". The registered manager and provider had effective monitoring systems in place which enabled them ensure the improvements were sustained and identify any further improvements needed.

People and staff told us the provider and registered manager were open and approachable. They were very visible within the home and regularly sought people's views to make sure they and their representatives were at the heart of any changes. Staff told us they felt well supported, telling us. "I think it's managed very well. The manager is on top of everything. They deal with any issues you bring to their attention. they take the time to listen to you."

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?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Didsbury Court

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 checked 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.

This was a comprehensive inspection, it took place on the 15 and 17 August 2017 and was unannounced on day one.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and Provider information return (PIR). A notification is information about specific events, which the service is required to send us by law. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met with nine people who lived at the service. We spoke with four relatives and two healthcare professionals. We also spoke to six members of staff including the registered manager, cook and housekeeper. Following the inspection we spoke with the local authority quality improvement team by telephone.

We looked at a number of records relating to people's care and the running of the home. This included four care and support plans, four staff personnel files, records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

The service continued to provide safe care. People who lived at Didsbury Court were laughing and smiling with the staff who supported them, and everyone we spoke with described Didsbury Court as safe. Comments included, "I feel quite safe, there's nothing too much to worry me" and, "I have a ground floor room and I wouldn't be able to sleep in it if I didn't feel safe living here."

People were protected by staff who understood what to do if they suspected anyone was at risk of harm or abuse. All staff undertook training in how to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns to the registered manager and were confident that action would be taken to protect people. The service had worked effectively with the local authority to address any safeguarding concerns and ensure action was taken to keep people safe.

Any risk of abuse to people was reduced because there were suitable recruitment processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

Care plans contained risk assessments with measures to ensure people received safe care and support. These included risks related to manual handling, skin breakdown, falls and weight loss. The risk assessments enabled staff to continue to manage risks to people living at the home, while supporting them to make choices and feel in control. For example, a risk assessment had been carried out for one person who used a wheelchair, and liked to spend their time in the garden smoking. Staff could not always be with them, so a risk assessment had been carried out with the person, to ensure they had the capacity to understand any potential risks and take responsibility for them. Action had been taken to minimise the risks by providing the person with a 'walkie talkie', so they could call staff for assistance if necessary and providing fire retardant furniture.

Systems were in place to monitor incidents, accidents and safeguarding concerns. This helped ensure any themes or patterns could be identified and necessary action taken. In addition the service registered any falls with a local NHS falls prevention service for care homes in Torbay, to check that they had responded appropriately and identified any further action necessary to minimise risk.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. There was a comprehensive cleaning programme. People living at Didsbury Court and a health professional spoke positively about the cleanliness of the home.

The provider used a dependency tool to assess the needs of the people living at the service. This allowed them to calculate the numbers of staff required to keep people safe and make sure their needs were met. At the time of the inspection they were fully staffed, although staff told us they felt the service could benefit from some additional staff hours at busy times. Throughout the inspection we saw staff responding quickly to call bells and requests for support. They carried 'walkie talkie's' so that they could communicate easily

with each other and call for additional help if required.

People received their medicines safely from staff who had completed medicines administration training. We saw that staff had very detailed knowledge about how each person liked to have their medicines, for example with yoghurt to help them swallow it. There were systems in place to audit medication practices and clear records were kept to show when medicines had been administered or refused. The home had recently been audited by the dispensing pharmacy to further make sure that practice was safe for the people using the service.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. A relative told us, "I can't fault Didsbury Court at all. My family member is totally dependent on the carers for all their essential needs. Their care plan and medication have been discussed with me." Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

Records showed staff received the training they required to keep people safe and to meet people's individual needs. New staff had a comprehensive induction, which gave them the basic skills they needed to care for people safely, including the Care Certificate, a detailed national training programme and qualification for newly recruited staff. Recently employed staff told us the induction was good, and helped them feel confident in their role. Staff completed mandatory training, which was updated regularly to ensure their knowledge and skills remained current. Where people had specific needs specialist training was arranged, such as catheter care. Staff also received regular individual supervision and an annual appraisal. Issues discussed included their workload, any concerns they might have, or training needs.

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. Staff had received training about the MCA and told us how they applied its principles to their practice to support people in their decision making. 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. Care plans showed that people's capacity to consent to their care and treatment had been assessed, and the majority of people had capacity to make decisions about their care. They promoted people's right to make decisions when they had been assessed as having the capacity to do so, for example, "[Person's name] does have capacity although their decisions may not be what others think is right. It's their choice and right to accept or decline treatment. Offer support and give them information that may help them make a decision. Respect their choices".

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had referred one person for an assessment under DoLS as required.

The service ensured that people's specific dietary needs were met and their choices respected as far as possible. Where there were concerns about a person's nutritional intake advice had been sought from relevant health professionals and guidance followed, for example providing thickened fluids or pureed food for people at risk of choking.

Lunch time in the dining room was a sociable occasion. People and staff were laughing and chatting. There were flowers and menus on the tables and music playing in the background. However, people could choose to eat quietly in their rooms if they wished. Staff were attentive to people's needs and offered support as required. People and relatives spoke positively about the quality of the food and the choices available. On

the day of the inspection people were offered a lunch of quiche, new potatoes and coleslaw with pavlova for pudding. Alternatives were available for people who wanted something different. Comments included, "The food here is very good. There is a choice of things to eat" , "The food here is very nice" and, "The food served to the residents always looks and smells wonderful".

People's health needs were monitored and prompt action taken to address any concerns or changes. The staff communication book and care records documented visits and the advice given from a range of health professionals including community nurses, GP's, speech and language therapists (SALT), audiologists and opticians. A visiting community nurse told us, "We have been working alongside each other to make sure people get holistic care. Here they are very open and good, and I am sure they would contact me with any concerns".

Is the service caring?

Our findings

The home continued to provide a caring service for people and people told us staff were kind and caring. One person said, "Nothing's too much trouble for any of the staff. [Manager's name], [provider's name] and the staff have all gone beyond what I expected to help me here".

People were supported by staff who knew them and their needs well. A relative told us, "The care staff have all been here for a long time. That reassures me as it means they know the residents well and can meet their needs". Staff were attentive and prompt to respond to requests for support. We observed that they took time to assist people and spent time sitting and chatting with them. A keyworker system was in the process of being introduced, which meant people had a named member of staff who regularly reviewed their care plan with them, and spent additional one to one time with them. The keyworker also helped people to remember special birthdays in their family and ensured their clothing and personal possessions were looked after.

People and relatives told us people's privacy and dignity were respected. Staff knocked on people's doors before entering and asked for their consent before assisting them. One person's care plan contained a consent form for not having a lock on their bedroom door so that staff could enter without any difficulties and they could access their room more easily. People were asked their preference in relation to the gender of the staff supporting them with personal care, and this was respected.

People, and their representatives where appropriate, were supported to express their views whenever possible and be involved in decisions about their care and support. A relative said, "The care staff here are lovely. They talk with my family member, not at them, or down to them". A member of staff told us they would always offer choice when helping people to get dressed, and ask if they wanted to wear earrings or a necklace, or have their hair done. "So they look nice and feel good about themselves". People could choose how they wanted their rooms to be decorated. One person said, "My room is lovely. I can have the things I want around me." A health professional commented, "I have visited the private room of one resident and was impressed with how much the resident has been able to personalise it."

The service worked closely with family members and health professionals to provide effective support to people at the end of their lives. A relative had commented in their quality assurance feedback, "Especially supportive and helpful during our loss". Care plans clearly documented people's end of life wishes and a colour coding system meant staff could find this information quickly if required. We saw that people's end of life wishes had been reviewed with them and changed where necessary, to ensure they remained current.

Is the service responsive?

Our findings

People continued to receive care and support which was responsive to their needs. They told us, "I am more than satisfied with living here and the care they give me" and, "I feel very well cared for by all the staff. You never have to wait long for help if you need it." Prior to moving into the home the registered manager met the person to gain an understanding of their needs and whether they could be met by the service. People were invited to come and look around and spend time at the home if they wished to help them make an informed decision about whether they would like to live there.

Care plans were comprehensive and person centred. They contained the information staff needed to meet people's needs according to their individual preferences. The registered manager told us they had done a lot of work to improve the quality of the care plans since coming into post, although there was "still some work to do there". We saw care plans had been completed with people who had signed to say they consented to their support needs being met in this way. They were reviewed monthly with people, and their relatives where appropriate, to ensure they were up to date. All the staff we spoke to were familiar with people's needs and said information and guidelines were clear and easy to access. A health care professional told us, "I have been through the care plan of one resident and found it was up to date and very comprehensive."

People were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. There was a range of activities available. One person told us, "There's plenty to do here. I value the entertainment as it gives me a reason to leave my room". Activities included staff taking people out shopping, manicures, 'one to one' time with staff, group discussions, quizzes, visiting musicians and games. In addition there were regular tea and social events for people living at Didsbury Court and their families. The activities programme was being reviewed at the time of the inspection to ensure there was a sufficient level and variety to meet people's individual needs and preferences.

The provider had a complaints procedure which was displayed in the home. People knew how to make a complaint and told us they had confidence in the complaints process. Comments included, "I trust [manager's name] to sort out any problems. They have been really kind to me", "I have not had to raise any concerns since [manager's name] took over, but if I felt there was a problem, I am really sure they would do something about it, and quickly". There had been no complaints since the last inspection.

Is the service well-led?

Our findings

The service was well led. The registered manager had been registered with the Care Quality Commission to manage the service since May 2017. Since the last inspection there had been problems with the management of Didsbury Court. The new registered manager, and the provider, had worked constructively with the local authority quality assurance and improvement team to develop a comprehensive 'support and improvement plan' to improve the quality and safety of the service. This plan detailed the actions required with clarity around responsibilities and timescales. The quality and improvement team told us they were now in a 'general monitoring role', due to the positive progress made by the provider. This was confirmed by the registered manager who told us, "I think it's well led. I think we've achieved a lot within the few months I've been here. I'm happy and proud of what we've achieved and where we are going".

The provider had been proactive in responding to concerns raised about the service. They visited twice a week to monitor the implementation of the support and improvement plan, ensuring they were available to support the staff team and new manager. People and their relatives spoke very positively about the improvements at the service. Comments included "[Manager's name] has made such a difference, new carpets, new furniture and a lovely atmosphere, and there's always so much going on" and, "My family member's been here for two years and things have improved massively since [Manager's name] took over as the Manager".

The registered manager told us, "It's important with what staff have gone through to build a good team". They were working to develop an open and transparent culture where staff felt confident to raise any concerns. They held regular meetings with individual staff members and staff teams, "listening to what they are saying and acting on it", which the provider also attended. Staff commented, "I think it's managed very well. The manager is on top of everything. They deal with any issues you bring to their attention. they take the time to listen to you" and, "We can say what we think. [Manager's name] will take it on board. Any of us can call head office. [The provider] will always have a chat with staff as they are walking past".

The provider had a quality assurance system to ensure that they continued to meet people's needs safely and effectively. The registered manager was highly visible in the service, working alongside care staff, monitoring the quality of the care provided and supporting staff as required. They told us, "I've always been out on the floor. I know what's going on". People, relatives and health professionals were invited to give their views on the service through feedback questionnaires, talking to the registered manager, or discussion with the provider who visited monthly to speak with people living at the home and the staff working there. There was also a comprehensive programme of audits and safety checks. Feedback and the findings of the audits were analysed and an action plan developed to ensure any necessary improvements were identified and completed in a timely way.