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Darlington Manor Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Darlington Manor care home provides residential care for up to 60 older people. At the time of inspection 47 people were living at the home, some of whom were living with dementia. Accommodation was spread over two floors, each with their own adapted facilities.

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

People and their relatives told us they were happy with the care and support they received at the home.

Systems were in place to ensure medicines were managed safely. People told us they received their medicines on time. However national guidance was not always being followed to record and ensure people received their medicines safely. We have made a recommendation the provider reviews their medication management systems.

Risks to people's health were assessed to ensure staff had guidance on how to keep people safe. However, some information recorded was limited and care records did not always reflect people's current needs. We have made a recommendation the provider undertakes a review of all people's care plans and risk assessments.

Staff knew how they would identify any signs of abuse to ensure people were kept safe. Most people told us there was enough staff on duty to meet needs.

Recruitment systems were in place; however, some records did not show where gaps on people's employment history had been checked.

People were supported with their eating and drinking, and care plans were in place which included their preferences and any specialist dietary needs. However, where people were at risk of losing weight additional monitoring records were not always being implemented.

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 procedures in the service should have supported this practice. However, records were not always clear to show where staff were providing support in people's best interests. We have made a recommendation the provider reviews their systems to strengthen this area.

Care plans contained some person-centred information and despite not always being up to date, staff were able to tell us people's current needs and preferences. People's social needs were met. There was an activities programme in place.

The provider's quality assurance checks had not been effective in identifying the issues found during the inspection.

Checks were carried out to make sure the building and equipment were safe. The home had been redecorated and refurbished and met people's needs.

There was a positive atmosphere at the home, staff told us they enjoyed working there and felt valued by the registered manager and provider. We observed this positivity was reflected in the care and support which staff provided.

Staffing levels were monitored by the registered manager to ensure there was enough staff deployed to meet people's needs. Staff received regular supervision, an annual appraisal and, training in line with the provider's policy.

The service worked closely with other professionals and agencies to meet people's needs. A complaints system was in place. Lessons were learnt from adverse incidents.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 13 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 Manor Care Home

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a specialist nurse advisor and an Expert by Experience. 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 Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, care coordinators, care workers, a housekeeper, the cooks and the kitchen assistant. We also spoke to a visiting health professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always being managed safely.
- National guidance was not always followed to record how people's creams, ointments and patch medicines were applied.
- Records for medicines prescribed to be given 'when required' did not provide staff with enough information as to when these should be given or if they had been effective.
- People told us they received their medicines on time and as prescribed. Comments included, "My tablets are on time, they never miss them" and "staff give me my tablets on time, if I have a new one they explain what it is for."

We have made a recommendation the provider reviews their medication management systems to ensure national guidance is being followed.

Assessing risk, safety monitoring and management

- Risks to people's health were assessed. However, some information recorded was limited.
- Care plans contained limited information regarding some people's specific health conditions and how staff could best support them to reduce the level of risk.
- Staff were provided with guidance on how best to support people who presented with behaviours which may be challenging to others.

We have made a recommendation the provider carries out a review of all people's care and risk assessments to ensure they are up to date and reflective of people's current needs.

Staffing and recruitment

- We received mixed reviews on the level of staff available. Comments includes, "On the whole there is enough staff, they don't rush me" and "We could do with one or two more staff, if they are not busy they come straight away."
- The registered manager reviewed staffing levels according to the needs of people or, where changes occurred. Some agency staff were being used to support staffing levels during times of staff absence. One relative said, "The staff have a lot of years' experience, there's continuity."
- We identified some shortfalls in recruitment records that the registered manager told us they were in the process of addressing.
- The provider had contingency plans in place to support people in emergency situations for example, adverse weather conditions or passenger lift failure.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and their relatives told us the service was safe. One person said, "It's a nice place, you are well looked after, I'm safe." Relatives said, "Yes my [relative] is safe, I couldn't speak highly enough of the staff, people are all loved and looked after" and "[Relative] feels safe, this is his safety blanket."
- There were systems and procedures in place to help protect people from the risk of abuse. Where accidents and incidents had occurred, lessons were learned from them to ensure changes were made and shared with the whole staff team.
- Staff told us they did not have any concerns about how the home was managed and the care people received. They were knowledgeable about what action they would take if abuse was suspected.

Preventing and controlling infection

- The home was clean. A system was in place to help reduce the risk of cross infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked the mental capacity to make specific decisions, some records did not show how staff were acting in people's best interests.
- Some relatives had provided consent with no documentation in place to show they had the appropriate legal authority to do so.
- Where people were being deprived of their liberty, applications had been made to the Local Authority for authorisation and DoLS records were up to date.
- People were asked for their consent before staff provided any care and were supported to make their own day to day decisions. One person said, "Staff ask my permission, I've read my care plan."

We have made a recommendation the provider reviews their systems to improve records where decisions are being made in people's best interests.

Supporting people to eat and drink enough to maintain a balanced diet

- Recognised assessment tools were used to record where people were at risk from weight loss. However, timely action had not always been taken to introduce additional monitoring of people's eating and drinking. This was actioned immediately by the registered manager.
- People were observed to be supported to be as independent as they could be with their eating and drinking.
- Kitchen staff were aware of people's individual dietary and nutritional needs.

- People told us the food was home cooked and they had a choice. Comments included, "The food is lovely, I have special milky drinks, my weight is stable" and "If you don't like a meal you can ask for something different, there's always a choice."
- Care plans showed staff worked with other health professionals such as speech and language therapists (SALT) to minimise risks for people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home.
- People's care and support plans set out their needs and preferences for how they wished to be supported.
- Oral health care plans were in place for each person and staff had recently received training in this area.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with other professionals to ensure they delivered joined-up care and support for people.
- People had regular access to healthcare services when they needed it. One visiting health professional told us the service worked closely with them and sought timely advice when people required it.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and training to effectively support them. People commented, "They are all competent, they have life experience"
- The management team were approachable and available when staff required advice or support. Staff were supported through regular supervision and appraisal.

Adapting service, design, decoration to meet people's needs

- Best practice guidelines had been followed to support people living with dementia. Reminiscence areas and displays had been introduced throughout the home to promote conversation and memories for people.
- One relative said, "There's signs so [relative] can find her way around, her photo is outside her room."
- Most people's bedrooms had been decorated their individual choices and preferences.
- Risks in relation to the premises were identified, assessed and managed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and their dignity and their independence was promoted. Staff were trained in dignity and respect.
- People said staff were respectful and treated them with kindness. One person said, "Staff close my door and curtains." One relative said, "Staff are respectful, they close the door and ask me to wait outside when they are doing personal care."
- Staff could clearly explain how they respected people's right to have their privacy and dignity promoted. One member of staff said, "I always make sure doors are closed when doing personal care, put towels around their shoulders and lap to keep them comfortable. I keep people covered as much as possible."
- Staff helped people to develop their independence. Care plans reflected the steps staff should take to encourage people to be independent. One person said, "I'm independent whenever I can be, if not I ring, and staff come and help me."
- People were supported to follow their chosen religion and to attend places of worship if they wanted.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were involved in their care. One person said, "I read my care plan, it is accurate, and I can make suggestions. At reviews I'm asked my views."
- Information was available on how advocacy services could be accessed. Advocates can represent the views and wishes for people who are not able express their wishes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Most people received care and support which met their needs.
- Care plans guided staff on how to deliver person-centred care.
- People told us they were involved in planning of their care. Comments included, "I can go through my file if I want to, I'm happy" and "I have a care plan, I can read it when I want."
- The service had received many compliments about the support they provided. One recent compliment read, 'Just to say how much we have appreciated the care, compassion, patience and understanding you have shown towards [person] throughout her stay with you.'

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs. Information was available in different formats if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs were met.
- Activities coordinators were employed, and a programme was in place. Entertainers visited, quizzes were held, and arts and craft sessions were organised. Each week people went to a local café in the park for lunch.
- The staff had recently signed up to a scheme called 'Postcards of Kindness' where postcards are shared from people living all over the world. One relative told us, "[Relative] is a huge rugby fan, he's Welsh. He loves getting the postcards from Wales, staff read them out to him."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure.
- People and their relatives knew how to raise concerns. Comments included, "I've not had to complain but if I did I would speak to [registered manager]" and "if there's a problem you just speak to staff and they sort it out."

End of life care and support

- People were supported at the end of their life to be as comfortable as possible.

- End of life plans were in place for some people to record the support they wanted at this stage of their life. These included people's wishes and choices.
- The management team worked closely with a range of health professionals to ensure people received joined up care and remained pain free.

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 inspection this key question was rated as Good. At this inspection this key question has deteriorated to 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; Continuous learning and improving care

- Audits and checks were carried out to monitor the quality and safety of the service. However, these were not robust enough and had failed to identify some of the issues found during this inspection.
- Care plans and risk assessments required reviewing to reflect people's current individual health needs and provide clear guidance for staff to follow to keep people safe.
- People and relative's felt the service was well managed. They told us, "It's well managed, we are well looked after" and "I can't speak highly enough about the home, the staff kindness is genuine, never put on, never false, I feel important."
- Safeguarding incidents and complaints were used to identify any areas of learning, so action could be taken to reduce the risk of any reoccurrence.
- Appropriate reporting had been carried out to notify the CQC and local authorities when incidents occurred.

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

- The registered manager promoted openness and a positive culture at the home.
- There was a commitment to provide person-centred care. People and their relatives were involved in day to day discussions about their care.
- People and relatives had completed a survey of their views and these had been used to improve the service.
- Staff felt listened to and said that the management team was approachable. Staff told us they worked as a team to raise standards.

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

- The registered manager understood their responsibilities in relation to the duty of candour.
- Meetings were held for staff, people and relatives to involve them in the running of the home.
- Arrangements were in place for gathering people's views of the care they received and those of people acting on their behalf. One relative told us, "I did a questionnaire, I wrote the staff are brilliant, go over and above, we have no concerns."

- Safeguarding incidents and complaints were analysed to identify any lessons learned so action could be taken to reduce the risk of any reoccurrence.
- The registered manager took immediate action both during and after the inspection to implement a review of all areas of the service to ensure compliance with regulatory requirements.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to make sure that people received joined up care. Records showed the involvement of GPs, mental health teams, social workers and local authority commissioners of people's care.