

Darsdale Carehome Limited

Darsdale 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Darsdale is a care home service, it provides personal care to older people, people with mental health conditions, physical disability, dementia and learning disabilities or autistic spectrum disorder. At the time of the inspection there were 27 people using the service. The service can support up to 30 people.

Darsdale provides accommodation across 2 floors, with a lift to the second floor. People with higher dependency needs are accommodated on the ground floor. There is an enclosed courtyard and communal gardens.

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

People told us they were happy with their care and the home had a good atmosphere. Staff did not consistently agree with some staff feeling unsupported and not respected by the provider. The provider had not maintained enough oversight of the service to ensure people were receiving high quality person centred care that met their needs and kept them safe. We found safety concerns with the environment including fire and falls risks that the providers internal systems and processes had not identified prior to the inspection.

People's choices, lifestyle, religion and culture as well as their personal and health care needs were planned into care delivery. Further development was required of care and support for people with sight and hearing impairments or Dementia to ensure their communication and social needs were being met. We have made a recommendation around ensuring individualised activities that meet people's needs are made available.

Some areas of the home required more attention to detail around cleaning. Staff used gloves and aprons when providing personal care and washed their hands to prevent the spread of infection.

People and staff told us there were not enough staff. People reported delays in the answering of their call bells and staff being rushed. Staff told us they did not always have time to chat with people and they were multitasking following cuts in hours in other departments.

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. However, further work was required to ensure people's mental capacity assessment records reflected decisions they could and could not make for themselves and best interest meeting decisions needed to be recorded.

Safe recruitment checks were in place to ensure only suitable staff were employed. People told us they felt safe. Individualised risk assessments were in place and reviewed regularly to mitigate risk. Staff had received training and could recognise signs of abuse and knew when and how to report it. Medicines were managed, stored and disposed of safely.

People were supported to access health care services when needed, the care staff and management team

worked in partnership with other professionals. Staff had been trained and had the skills needed to do their job. Pre-admission assessments took place to ensure the service could meet people's needs prior to care starting. A complaints procedure was in place and people told us they felt listened to if they made a complaint.

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 requires improvement (published 7 September 2018) and there was a breach of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the providers oversight of the safety of the environment and quality of the service.

Since the last inspection we recognised that the provider had failed to display their CQC rating on their website. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

Please see the action we have told the provider to take at the end of this full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Darsdale 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 conducted by two inspectors, an assistant inspector 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

Darsdale 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 did not have a manager registered with the CQC. However, a manager had been appointed and was going through our registration process. This means that the provider is currently 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 contacted Healthwatch Northamptonshire, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. We also contacted the local authority for feedback. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including, the manager, a director, six care workers, the activities coordinator and the maintenance person.

We reviewed a range of records. This included three peoples care records, four people's mental capacity assessments, three peoples consent around bed rails and multiple medication records. We looked at records in relation to training and staff supervision. A variety of records relating to the environment, maintenance and the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff interview notes, quality assurance records and call bell monitoring 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 requires improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management

- Internal systems and processes had not consistently identified risks around the building. During our inspection we found a second-floor window which could be fully opened without restriction. A fire exit was not alarmed to alert staff of exit, this opened onto a steep outdoor stairwell. We observed that second floor room windows did not have tamper proof restrictors. This meant that people were at potential risk of falls from height.
- Personalised risk assessments were in place, they considered risks to people in the environment as well as risk to the individual such as weight loss, falls and skin condition. Regular reviews took place and care plans were amended accordingly.
- We identified some areas of risk to people around fire safety. On arrival we observed that a fire door had been propped open with a wheelchair due to a faulty catch and found one fire exit door very difficult to open. We identified two people's personal emergency evacuation plans (PEEP's) had not been updated to include their new room numbers following a move. Two staff we spoke with did not know where to locate people's PEEP's should the building need to be evacuated quickly. We discussed our concerns around fire safety with the manager who arranged for immediate repairs during the inspection, amended records and briefed staff.

Staffing and recruitment

- People and staff told us there were not enough staff available to meet people's needs. One person told us that during the night they had to wait for long periods of time for the toilet. On one occasion the person waited all night, this had caused them distress and pain. Another person said, "Answering the call bell varies depending on if they are short staffed." A staff member told us, "Not enough carers, not enough time to talk to people, staff rush and are rushed." The manager was using agency staff to meet shortfalls whilst they were recruiting permanent members of staff. Agency staff profiles were in place to ensure this was managed safely.
- Dependency tools to give guidance on the required numbers of staff to safely support people's needs were not effectively used by the management team. This meant we could not be reassured that suitable staffing levels had been fully considered.
- Recruitment files had missing information on full work history and application forms were not consistently fully completed, however this had not impacted on people's safety. Disclosure and Barring Service (DBS) checks were completed prior to staff working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Preventing and controlling infection

- Some areas of the home required greater attention to cleaning. For example, we found some rooms to had unpleasant odours and one carpet was sticky underfoot. We saw dead insects on windowsills and underneath chair cushions we found dirt and food debris. Cleaning staff hours had been reduced and staff told us the organisation of holiday cover was not always effective. We saw staff working outside of their contracted hours to cover shortfalls.
- Protective personal equipment such as gloves and aprons were available for staff to use and we saw this in regular use.

Using medicines safely

- Medicines were managed, stored and disposed of safely. Regular temperature checks of the medicine storage room and refrigerators ensured medicines were stored in line with the manufacturer's instructions.
- Peoples medicine records were clear and easy for staff to follow and people told us they received their medicines when they needed them. One person said, "If I need a paracetamol for a headache I just ask, and they give me one." Individualised plans for people's as required medicines were under development and would need to be continued and embedded in practice.
- Some people were not able to make decisions about taking medicines and were given medicines covertly. For example, disguised in foods. Where this practice took place there was evidence of professional guidance including pharmacy advice.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained and knowledgeable around types of abuse, how to recognise the signs and how to report concerns.
- Staff had access to safeguarding and whistleblowing policies and procedures. One member of staff confidently explained types of abuse that would be reportable.

Learning lessons when things go wrong

- Staff understood the accident and incident procedure. The manager maintained good oversight of accidents and incidents and was in the process of implementing a system to monitor increased falls. Referrals to a falls team had been made for people identified as at risk. This would need to be continued and embedded in practice.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We had a mixed response from people we spoke with about the food at the home. One person said, "Not keen on the food, I've complained about it." Another person told us "I have complained to my [relative] about the food, it's bland." This person had raised the issue with the chef and had made suggestions for alternative options which the chef had agreed to investigate. Other people described the food as ok. One person told us, "The food is okay, we get fruit to put on our Weetabix, and if we are not keen on what's on the menu the cook will do something different."
- People's food and drink needs were assessed and planned into care. Food and fluid recording took place for people who were at risk of weight loss and dehydration. One person had been assessed to have a specific food allergy. A member of staff alerted us to the fact kitchen records highlighting information on people's allergies did not contain the correct information for this person. This member of staff knew the person well so on this occasions the risk was mitigated. We highlighted this to the manager who agreed to amend the records, on the second day of our inspection this had not been actioned and we had to bring this back to the managers attention before it was amended. This meant the person had been left at continued risk of being provided with food that was not suitable for them and could have had an allergic reaction.

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

- Advice from other professionals was planned into people's care, one person's speech and language therapist advice was planned into care with clear instructions on how to prepare their food and drinks. However, we saw that the person was choosing not to follow the advice given. Records showed the risk had been discussed with the person and that they had capacity to understand the risk and make this decision.
- Staff supported people to access healthcare services when they needed to and worked in partnership with other professionals such as GP's, hospital staff, social workers and occupational therapists. One person told us, "There was an issue with communication between hospital and doctors over [health care equipment] but the home sorted it out for us."

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

- Further development was required to ensure a dementia friendly environment. Some people's rooms had dementia friendly signage to help them with orientation, but this was not consistent and not present in communal areas. The manager was in the process of reviewing menus to include pictures, this would need to be continued and embedded in practice.
- People were able to personalise their rooms with their own decoration, art work, furniture and

photographs if they wished to. The maintenance person was friendly and approachable and was happy to put shelves up for people and hang pictures etc.

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. We found that they were.

- People were being supported in the least restrictive way possible. People and their families had been involved in the assessment and planning process and care plans were signed to consent to care. Where required independent mental capacity assessors (IMCA) were used to support people in making decisions about their care.
- Some people were being supported under a DoLS, the manager had managed this appropriately and had worked with other professionals to ensure people were supported in their best interest where required.
- Staff had received training in MCA and had a good understanding of the principles. The manager had recently reviewed mental capacity records to ensure they reflected people's ability. We saw these were not consistently individualised to be clear around what decisions people could or couldn't make for themselves. We discussed this with the manager who agreed to review these again to ensure all records were decision specific.

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

- People received an initial assessment before moving into the home to ensure that staff could meet their needs.
- People were asked about their health conditions, religion, relationships, likes, dislikes and hobbies, this information was used to plan their care and support.

Staff support: induction, training, skills and experience

- Staff received an induction that included working alongside existing staff to get to know people. Regular training ensured staff had the skills they needed to do their job. The registered manager told us the provider was committed to staff's personal development and extra qualifications were available to staff. One staff member told us they had completed a care certificate and a level two health care qualification since joining the service. One person told us. "Most of the staff here seem to be trained to a certain level." Staff told us they received regular training and updates.

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 requires improvement. At this inspection this key question has now improved to good. 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

- People had developed good relationships with the staff team and staff knew people well. We observed shared smiles and laughter, staff demonstrated kindness and were patient with people. We observed a member of staff identify a person did not have their glasses they went and got the person's glasses for them so that could join in better with an activity that was taking place.
- People's religious needs were considered and planned into care. There were regular religious services held for people to attend if they wished. We heard two staff members singing one person's favourite hymn with them and observed that this gave the person much pleasure. One person told us, "Every week I go to the short church service, I enjoy that as I am very religious."

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

- People were supported to make decisions, express their views and be in control of their care. One person told us, "I have a bath when I need one and I would ask for a woman if a man came to bathe me and I know they wouldn't mind." Another person had requested the use of bed rails as this made them feel safe and these were provided.
- Staff respected people's choices. One person told us they chose how often they would like a bath and staff had respected this. Some people told us they preferred to spend time in their rooms and we saw that this choice was respected.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted independence as much as possible, we saw that some people were propelling their own wheelchairs without staff intervention. Another person helped with jobs in the dining room. We spoke with one person who told us they loved to help with the polishing.
- Staff respected people dignity and privacy. One person told us, "They are very good with privacy and they tap on the bedroom door if it's closed." Another person said, "I feel they do respect my dignity and they ask if I'm okay with them giving me a wash." Peoples personal records were stored securely, and staff understood the importance of confidentiality.

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 requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

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.

- Some people had vision and hearing difficulties these were not consistently supported. For example, staff did not use sign language, and this had not been included into the staff training program. Staff had been provided with finger spell guidance to practice this technique. One person told us, "No-one signs here, they can't sign, but some fingerspell for me." We observed the television was on in the lounge area but there was no audio description for the person who was watching with impaired vision.
- The manager told us records could be made available in pictorial and other formats where required such as large print or pictorial. However, we saw no evidence these were currently in use. We observed the signs for the stairs had raised print on the to assist people with impaired vision.

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 who spent their time in their rooms were not supported with activities. Staff told us they did not have the time to chat with people or do what one member of staff described as "Nice things." One person told us, "I don't join in the morning activities by choice, I don't get asked if I want to do anything else in my room. My family will take me out in the garden as I don't like to bother staff as they are so busy." Another person told us, "Staff are often rushed and when they are I don't get a chance to talk to them much." This meant that some people were at risk of social isolation.
- People told us they enjoyed the activities available to them one person told us there was always something to do in the mornings as the providers employs an activities co-ordinator to work five and a half hours a day five days a week during the morning. Another person told us they had an interest in gardening and the handyman had put some raised flower beds in the garden. However, these activities did not fully meet people's needs. For example, one person with a sensory impairment did not feel safe during one of the activities.

We recommend the provider consider current guidance on supporting people with individualised activity and act to update their practice accordingly.

- People were supported to maintain relationships that were important to them. One person who lived in the home with their partner told us, "The staff are very good as I can come down the lift and can be in here any hours I like. It suits us perfectly." Another person told us, that a member of staff had taken them to visit

their partner while they were in hospital, this had been very much appreciated by the person.

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

- People who we spoke with did not recall being involved in their personalised care plan. This meant we could not be sure people had been involved or were aware that they had been involved in planning their care. However, we looked at individualised care plan records and found them to contain personalised information such as how people liked to have their drinks made, preferred personal care routine and activities they enjoyed.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and would be confident they would be listened to and that this would be managed effectively. Some people told us they had made complaints and had been satisfied with the response. We discussed complaints with the manager who understood the providers policy and procedure and the importance of recording and monitoring complaints.

End of life care and support

- During our inspection there was no one receiving end of life care. End of life decisions were discussed with people and included in care planning. Staff had not been trained by the provider in the delivery of end of life care. However, some of the staff we spoke with had previous experience of end of life care and understood the principles of good end of life care and support.

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 requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection we found the provider did not have effective systems and processes in place to ensure they had oversight of the safety and quality of the service. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvements had been made and the provider continued to be in breach of regulation 17.

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

- People we spoke with were happy with the care they received. One person said, "It's a pleasant atmosphere here in the home." However, staff did not consistently feel well supported or respected by the provider and management team. Staff told us they were not always spoken to respectfully, with some staff reporting confidentiality breaches. Staff and management relationships would require further development to ensure a positive culture was embedded in the service and prevent any impact on people.
- Person centred care for people with sight or hearing impairments and dementia required further development to ensure their needs were being fully met. Further work was particularly needed around communication and activities to ensure care was inclusive.

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

- The manager had implemented regular auditing and record checks. These had not identified safety risks posed to people by the environment that we found during the inspection. This meant people were at risk of potential harm. The new systems had also not highlighted errors in record keeping. For example, mental capacity assessments had not consistently been decision specific as per current best practice guidance.
- Internal systems and processes had not identified missing information from staff files, including full employment history. The providers recruitment policy and procedure that we received after the inspection was dated 2010, therefore did not incorporate changes in legislation that had taken place since then.
- The manager had completed individualised dependency tools for people. However, there was no evidence this information had been collated to provide overall suitable staffing numbers for the home. The people and staff we spoke with felt care staff were very busy, and people reported that response times depended on how short staffed or busy they were on the day. Staff told us working hours had been reduced for kitchen and cleaning staff, this meant care staff were having to complete other tasks alongside their

caring role. We discussed this with the manager who agreed to implement a dependency tool to ensure staff numbers were enough to meet people's needs.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014

- During the inspection we highlighted to the director the homes website was not displaying the current CQC rating and asked them to rectify this immediately. This request was not completed before the end of the inspection.

This was a breach of Regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014

- There was no registered manager in place at the time of the inspection. A manager had been recruited and was in the process of registering with CQC.

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

- In discussions with the manager they demonstrated a good understanding of their responsibility to be open and honest with people. The manager understood when they needed to report to the local authority and CQC.
- Staff understood and had been given information on the whistleblowing procedure and knew how to raise concerns with the local authority and care quality commission (CQC).

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

- Regular surveys were distributed to people, their families or representatives to monitor quality. People were also invited to monthly meetings to discuss services and ideas such as menu choices or activities and days out. People told us they felt listened to at the meetings.
- There were regular staff meetings and handover meetings where staff could make suggestions or share information and learning.
- People could access the community if they wanted to. People told us the activities person took them to pub lunches and they had recently been to look at a new housing development locally, to see how the local area had changed which they had enjoyed.
- Local volunteers came into the service to help with gardening and a group of young volunteers had been into the home to help with some outdoor work.

Continuous learning and improving care; Working in partnership with others

- The manager had previous experience of managing a home and was keen to improve the service. They were working in partnership with the provider and the local authority to implement new systems and processes to monitor quality and performance, this would need to be continued and embedded in practice.
- The manager worked in partnership with other healthcare professionals to ensure people had timely access to healthcare when they needed it. One visiting professional we spoke with was complimentary of the home.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in processes in place to maintain oversight of the safety of the environment and the quality of the service.

The enforcement action we took:

We have issued the provider with a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider had failed to display their latest CQC rating on their website.

The enforcement action we took:

We issued the provider with a fixed penalty notice which they have paid.