Northamptonshire Association for the Blind

Darsdale Home

Inspection report

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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

This unannounced inspection took place on the 14 June 2016. Darsdale Home provides accommodation for up to 30 people who live with sensory impairment and may be blind or partially sighted. There were 22 people using the service when we visited.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were safeguarded from harm as the provider had effective systems in place to prevent, recognise and report concerns to the relevant authorities. Staff knew how to recognise harm and were knowledgeable about the steps they should take if they were concerned that someone may be at risk.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People had been involved in planning and reviewing their care and had detailed individualised plans of care in place to guide staff in delivering their care and support.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with the staff that provided good interaction by taking the time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. Staff were encouraged to make suggestions about the running of the service and to think of creative ways to support people. The quality of the service was monitored by the audits regularly carried out by the registered manager and by the provider.

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.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Is the service effective?

Good

The service was effective.

People received care from staff that had the supervision and support to carry out their roles.

Staff had the skills and training to meet people's needs.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's needs were met in line with their individual care plans and assessed needs.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Is the service well-led?

Good

The service was well-led.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

Darsdale Home

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.

This unannounced inspection was carried out by one inspector on the 14 June 2016.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people using the service.

During the inspection we spoke with seven people who used the service and two relatives. We also spoke with five members of staff including three care staff, the chef, the deputy manager and the provider. We reviewed the care records of four people who used the service and four staff recruitment files.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

Everyone we spoke with told us that staff at Darsdale Home provided safe care. One person told us "I have never felt unsafe here because the staff know what they are doing." Another person told us "I always feel safe here." A relative told us "[name] is safe here; I have never had any concerns about their safety. I have such confidence in the staff and the service; they all know what they are doing and are so supportive." Another relative told us "The staff work hard here to keep [name] safe." Staff understood their responsibilities to safeguard people and knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. One member of staff told us "I would report any concerns to the home manager." Staff had received training on protecting people from harm and records we saw confirmed this. Where concerns had been raised these had been reported appropriately to the local authority.

Risks to people's safety had been assessed and these risks had been regularly reviewed. Where risks to people had been identified people had detailed individual plans of care in place to provide direction for staff on how to minimise these risks. Staff were knowledgeable about risks to people and we observed staff encouraging people to use their mobility aids and ensuring that the environment was free from any hazards that may increase the likelihood of people falling. Where people were identified as being at risk of developing pressure ulcers, their risk assessments and care plans were updated to reflect that staff carried out more frequent position changes to relieve people's pressure areas. Staff also ensured that people used appropriate pressure relieving mattresses and cushions. Any changes in people's needs or risks to people were discussed during staff handovers to ensure that all staff supporting people knew how to provide safe care to people and minimise risks.

People were assured that regular maintenance safety checks were made on all areas of the home including safety equipment, water supplies and the fire alarm. People had personal emergency evacuation plans in place in case of an emergency; fire safety systems were in place and appropriate checks were conducted; these included weekly fire alarm tests and regular fire drills. Fire safety equipment and other equipment were regularly checked to ensure it was maintained in good working order.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtained written references and checked whether staff had any criminal convictions. Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

People told us there were enough staff on duty to meet their needs and we saw that staff were nearby to support people when needed. One person said, "There are enough staff here, they are always around if you need help and you don't have to wait too long" Staff told us there were sufficient staffing levels to meet people's needs, one member of staff told us "There are enough staff working, if we have more residents or people's needs change then we are allowed to have more staff working" The manager used a dependency tool to assess the needs of people and the required staffing required to meet those needs. The provider told us that the manager was able to increase staffing above the minimum levels shown on the dependency tool if they felt that they needed to. We reviewed the rota for the service and saw that the staffing levels were

always at or above the minimum levels shown on the dependency tool completed by the manager. People's assessed needs were safely met by sufficient numbers of experienced staff on duty. On the day of our inspection we saw that there were enough staff to meet people's needs and that staff were able to spend time interacting with people in an unrushed manner.

People's medicines were managed safely and people could be assured that they would receive their medicines when they were supposed to. People received their medicines in the way that they preferred. One person told us "I always get my tablets in the morning with my breakfast; regular as clockwork." Staff had received training in the safe administration, storage and disposal of medicines. One member of staff told us "I administer people's medicines. I had to have training before I was allowed to though and the deputy manager observes me sometimes to make sure I do it safely." We observed staff administering medicines to people and heard them explain what the medicines were for. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were daily medicines audits and staff were clear about their responsibilities in relation to giving people their medicines.

Good

Is the service effective?

Our findings

New staff underwent a period of induction and training prior to supporting people to ensure that they had the confidence, skills and knowledge to fulfil their role effectively. The deputy manager provided all new staff with 1:1 training, coaching and support. This training included periods of new staff shadowing more experienced staff to observe their practice as well as new staff being observed by more experienced staff and being provided with constructive feedback. One member of staff told us "My induction was very thorough; it made me feel confident in supporting people here." Staff were supported to complete the Care Certificate to gain and improve their skills. The staff induction training included key subjects such as manual handling and fire safety. The deputy manager had also developed an induction pack for agency staff including quick reference sheets for people living in the home to ensure that agency staff knew how to support people successfully. Agency staff are staff provided from an external organisation that provide temporary staffing for care homes.The induction process for new staff was thorough and effective.

All staff continued to receive updates of their training in key areas such as safeguarding and health and safety to refresh their knowledge and equip them with the skills and knowledge to work effectively. One member of staff told us "There is an ongoing training programme that we complete, we know what training we are doing for the next three months. If we ever need training it is always available for us." All staff received regular supervision to discuss their performance and development with their immediate supervisor. Staff told us they felt supported and felt they could approach the manager at any time. One member of staff told us "I have regular supervision with one of the deputy managers and have an appraisal every year."

People told us that staff always asked for their consent before providing any support and that they respected their personal needs and preferences. Staff told us they always sought consent before providing any personal care or support and this was confirmed during our observations. Staff used people's preferred methods of communication when seeking consent to make sure that people were making informed choices. Individual plans of care also contained information about people's consent to care and support and where appropriate consent to bed rails.

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 management were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. Staff were knowledgeable about which people had DolS authorisations in place, any conditions associated with these authorisations and when they were due to expire. Staff had received training in the MCA and DoLS and had a good

understanding of people's rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests. Staff recorded details about people's lasting power of attorney for a time when people may not have the mental capacity to make decisions themselves.

The service supports a number of people with a visual impairment and the staff were aware of their responsibility to provide information in an accessible format. Staff ensured that they provided information to people using their preferred method of communication or in alternative formats such as large print letters or leaflets.

People were provided with meals that met their nutritional and cultural needs. People were able to choose what they would like to eat and told us that the food provided was of a good quality. One person told us "The food is good here. I get to choose what to eat. There are always two choices. If you don't like either of the choices then they always prepare you something different like an omelette." We saw that people had meals prepared to suit their individual needs, such as gluten free, diabetic, low fat or pureed food; staff had access to information about people's dietary needs, their likes and dislikes. The chef told us "I am always told about what food people like and don't like and use this information to plan my menus. I have a folder that tells me about people's dietary needs that is updated regularly."

Meal times were relaxed and social. Staff supported some people to eat either by prompting them to eat or assisting with eating; we saw that staff sat with people and assisted them with their meals in a non-hurried way and they gently reminded people to eat their meals where they had been distracted. People were provided with adapted cutlery where required to help promote their independence.

People at risk of not eating or drinking enough had been identified through assessments completed by staff. Staff referred people who had been identified as being at risk of malnutrition to their GP and dietician for further guidance. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely; for example where people had difficulty in swallowing, staff followed the health professionals advice to provide food that had been pureed or thickened their drinks to help prevent choking. Where it was necessary, staff monitored the amount that people drank to ensure that they stayed hydrated.

People were supported to access appropriate healthcare services by staff who were knowledgeable about their healthcare needs. During this inspection one person was in hospital. Staff were in regular contact with the hospital and this persons relatives to make sure that they could meet their needs safely when they were discharged. Staff were knowledgeable about the significance of any changes in people's behaviours; they reported changes to the GP promptly where people were not 'acting themselves'. Staff provided the care recommended by the GP in a timely way such as collecting and administering antibiotics. We observed staff engaging positively with a visiting health professionals discussing changes that they could make to one person's support in order to meet their changing healthcare needs successfully.

Good

Is the service caring?

Our findings

Staff had developed caring and respectful relationships with people using the service. Staff took time to stop and have conversations with people and took a genuine interest in people's life histories, interests and day to day views. The staff we spoke to knew people well and were able to tell us both about people's care needs but also about their interests and lives before moving into the home. We saw staff asking one person for directions to a local shop because they knew that they had always lived locally to the home. One person using the service told us "The staff know me well. They know that I am quirky and we have a laugh. I've not lost my identity by coming to live in a home." One person told us that staff purchased their clothes for them because they didn't like to go shopping and that staff always went to a local clothes shop because that was their favourite clothes shop. We saw feedback from one persons' relative which said "The staff are understanding, competent and caring. They have shown their considerable expertise in meeting the ever changing needs of my father."

People were treated with dignity and respect. People's dignity was upheld during their interactions with the staff who supported them. Staff were observed speaking to people in a respectful manner and offering people choices in their daily lives, for example if they wanted to participate in activities. Staff provided support to people discreetly; for example when asking if people needed the toilet or would like their medicines; staff approached the person and asked them privately if they required support so attention was not drawn to people's care and support needs. We observed that staff knocked on people's bedroom doors before entering and that people were able to choose whether they would like their bedroom door open or closed during the day. One member of staff told us "The residents are like family. They have pet names for the staff. We have a laugh with them; it's happy and friendly."

We observed staff communicating positively with people. The service supports a number of people with visual impairments and staff told us that they had accessed training to enable them to use specialist forms of communication such as touch communication to communicate with people who are both deaf and blind. This method of communication represents the letters of an alphabet using only the hands. This type of signing makes use of touch by spelling out each word onto a deafblind person's hand. Each letter is signified by a particular sign or location on the hand. We observed staff successfully using this form of communication with one person to offer them a choice of drink. The service also made minutes of residents meetings available via audio tape and large print so that this information was accessible to everyone within the service. People told us that they were able to bring their own furniture from home to personalise their bedrooms and that this made the transition from home into residential care easier for them.

Good

Is the service responsive?

Our findings

People had their care and support needs assessed before moving into the home to make sure that staff could provide the appropriate support to people. People had detailed individual plans of care that they had been involved in developing for staff to follow. One person told us "I have a care plan; the staff asked me what should go in it." People's plans of care were reviewed regularly and any changes in people's needs were reflected in their individual plans of care and were known by the staff delivering care and support. We saw feedback from one relative that said "Your expertise in quickly assessing and addressing [relative] needs, administered with love, seem to have resulted in them bouncing back again." People were actively involved in developing their individual plans of care. People we spoke to knew that they had a care plan in place that staff followed and told us that they were involved in reviewing this and developing it when they first joined the service

People's care plans were individualised and contained information that was relevant to them including their life histories, interests and activities. A new life history booklet had recently been introduced that people had been supported to complete. This gave staff a personalised picture of what was important to people living in the home and encouraged staff to get to know people more individuallyy rather than just concentrating on their care and support needs. People chose what they did during the day and staff tried to develop activities based upon people's interests and hobbies. One person told us "The activities are good; we sometimes play skittles and do quizzes." We observed staff offering people a choice of activities and encouraging people to join in with a quiz. We saw that people who were interested in gardening were able to participate in trips to a local garden centre and that groups of friends were supported to go to the pub together every Friday for a meal. Staff encouraged a social, communal atmosphere and it was evident that positive relationships had been developed between people using the service and between staff; people were actively engaged with the activity facilitated by the member of staff.

Care plans were updated as people's needs changed.. If people had been admitted to hospital from the home their needs were assessed prior to being discharged to ensure that home could continue to offer the support they required.. Staff were informed of people's changing needs at handovers such as changes in mobility. Relatives told us that staff were sensitive to people's changing needs; one relative told us "They have been great with [name] when they came out of hospital. They provided a bit more care and got them back on their feet."

People were kept up to date with current events. Staff facilitated a regular residents meeting to make sure that people knew what was going on in the home and people had the opportunity to suggest changes and improvements. We saw that residents had identified the need for a feedback box and that the deputy manager was in the process of purchasing a letter box to be used for people to leave feedback cards.

People knew how to make a complaint and were confident that any complaints would be acted upon. People were provided with accessible information to tell them what to do if they wanted to complain. This information was also made accessible to visitors and relatives in the main lobby of the home. One person told us "If I had a complaint I would tell the manager. She would sort it." There were arrangements in place

to record complaints that had been raised and what action had been taken about resolving the issues of concern. We saw that the learning from any complaints was discussed in team meetings with staff.

Good

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The provider had a strong vision for the service that was understood by the management and staff. We saw that people and the staff were comfortable and relaxed with the provider, management team and all the staff. All staff we spoke with demonstrated a knowledge of all aspects of the service and the people using the service. One member of staff told us "This is the best care home I have worked in. It's the most organised and thorough home I've been to."

There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received. The management analysed incident and accident reports to try to identify trends that could be addressed to minimise incidents occurring again in the future.

There were robust quality assurance systems in place that identified any shortfalls in a timely manner and ensured that these were addressed quickly. The management team had clearly defined roles and worked well together to deliver a quality service to people living in the home. The management team were open to embracing new ideas and new ways of supporting people and staff were confident in approaching the management team with ideas and suggestions. For example staff had been asked to complete a training questionnaire to feedback on the training that was provided. In response the feedback received from this questionnaire the manager had sourced an alternative provider for their dementia care training

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. The management of the service were open to embracing creative way of supporting people to become more involved in their care reviews. Staff had been supportedf to access training on person centred reviews and encouraged to use photos to make reviews more accessible for people. Records were securely stored to ensure confidentiality of information.

People had the opportunity to feedback about the service at monthly meetings where they could discuss what they wanted. In these meetings the chef joined people to discuss what menu preferences people had for the upcoming seasonal menus. Minutes of these meetings were available to people in the service and the management sought to ensure that these minutes were made available in a format that was accessible to all people using the service. Feedback forms were available in the reception area so that anyone who visited the home could make their views known. The manager acted upon feedback to make improvements to the care at Darsdale Home.The provider sent questionnaires to people who used the service and their relatives once a year; they collated the information and provided the manager with a report, the last survey was carried out a year ago, another one was due soon.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such

as safeguarding people, health and safety and confidentiality. Staff were aware of the provider whistleblowing policy and felt able to raise concerns and were confident that these would be dealt with appropriately.