

# Medway Community Healthcare C.I.C

## Darland House

### 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 inspection took place on 9 May 2018 and was unannounced.

Darland House 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 is part of the health services provided by Medway Community Healthcare (MCH) and is registered to provide accommodation and personal care for up to 40 people who are living with advanced dementia. The accommodation was provided across four units, over two floors. A lift was available to take people between floors. There were 39 people living in the service at the time of the inspection.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

There was a registered manager in post. 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. The registered manager was supported in the day to day management of the service by a head of service and a clinical lead.

People told us they felt safe. There were sufficient staff deployed to meet people's needs in a timely and unhurried manner.

People's medicines were managed and administered in a safe way by staff who had been trained to carry out the task.

People were protected from the risk of harm or abuse because the provider had effective systems in place which were understood and followed by staff. People were protected from the risk of the spread of infection.

People continued to receive effective care. People were supported by staff who were trained and competent in their roles.

The provider was working within the requirements of the Mental Capacity Act (2005). The registered manager and staff demonstrated they understood the principles of the Act. Staff had received MCA training and sought people's consent before providing assistance.

People's health care needs were monitored and met. 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.

People were supported by kind and caring staff who took time to get to know people and what was important to them. Staff treated people with respect and respected their right to privacy.

People were involved in planning and reviewing the care they received which helped to ensure people received a service which met their needs and preferences.

There were daily activities for people which they could choose to join in with. However, not everyone was engaged in activities during our inspection. We made a recommendation about this.

Complaints were taken seriously and responded to. People's religious and cultural needs were understood and met by staff.

The provider had effective systems in place to monitor and improve the quality of the service provided. People and their families had opportunities to put forward their ideas and suggestions to improve the service they received.

## 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.

# Darland House

## 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 comprehensive inspection took place on 9 May 2018 and was unannounced.

This inspection team consisted of one adult social care inspector, a specialist nursing advisor, and an expert by experience, who obtained feedback from people and relatives during the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with seven people about what it was like to live at the home. We also spoke with three visiting relatives about their experiences of the service. We spoke with eight staff members which included, care assistants, nurses and catering assistant. We also spoke with the registered manager, the clinical lead and the head of service. We spent time observing how people's care and support was delivered in communal areas and observed the dining experience at lunchtime.

We looked at seven people's records to see how their care and treatment was planned and delivered. We reviewed three staff files to check staff were recruited safely and were trained to deliver the care and support people required. We also looked at records of the checks the providers and management team made to assure themselves people received a good quality service.

We contacted health and social care professionals including the local authorities' quality assurance team

and Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better. We received positive feedback from one health care professional.

# Is the service safe?

## Our findings

People and relatives told us they felt that they and their loved ones were safe living at Darland House. A person told us, "I feel safe here." Another person said, "The staff are nice, they look after us." A relative told us, "I feel more than happy for [person] to be here." Other relatives said, "I am happy with the care [person] gets. I can call in anytime, [person] is always clean and tidy" and "I know dad is safe every step of his journey."

There was a robust recruitment process in place. The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check and employment history. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. Confirmation of each nurse's professional registration and validation was also monitored.

There were sufficient numbers of suitable staff to support people and keep them safe. People were satisfied there were enough staff. One person said, "Staff come quickly if I need help." A relative said, "[Person's] needs are being met here." Staff told us their workload was manageable. We saw staff were able to carry out their duties in a calm, professional manner without rushing, and were able to spend time engaging with people.

The provider's safeguarding policy defined the different types of abuse and the actions to be taken where abuse was suspected. Staff demonstrated a good level of understanding and could clearly describe the steps they would take to protect people from abuse. Staff also knew how to 'whistle blow' and the external agencies that could be contacted to escalate their concerns, such as the police, the local authority and the Care Quality Commission.

People and their relatives told us they were happy they received their medicines as prescribed and at the correct time. Appropriate arrangements were in place for the safe storage, handling and administration of medicines. Registered nurses administered people's medicines appropriately and took their time to be certain the person had swallowed their tablets before moving on to the next person. Medicine trolleys were kept in a secure location when not in use. People's medicines records were clear, complete and up to date. Where there were specific instructions for certain medicines, records were in place to show people received these as prescribed. Medicines that required extra checks because of their potential for abuse were managed in accordance with legislation. Some medicines required refrigeration to ensure they remained effective. We found the refrigerator temperature was within the recommend range for safe storage during our visit.

There were internal and external checks on how medicines were managed. Internal checks made sure medicines were administered as prescribed and according to guidance. In addition, there were external audits by the dispensing pharmacist. People's medicines were reviewed regularly by their GP to make sure their prescriptions were still valid.

Risks associated with people's care and support needs were assessed and there was clear information and guidance to all care staff on how to support people appropriately in order to reduce or mitigate any risk identified. People also had individualised risk assessments relating to behaviours that may challenge staff and other people and relating to their medical conditions. These provided guidance to staff on how they should support people so that the risk to them could be minimised. For example, where people were assessed as being at high risk of malnutrition, there were plans in place to support them with this such as monitoring their intake and fortifying foods. Examples of risk assessments that formed part of the care plan included falls, moving and handling, bed rails and skin integrity. Records confirmed risk management plans were regularly reviewed and updated if a person's needs changed.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Accidents and incidents were recorded and investigated. Staff told us they were encouraged to report any concerns, accidents or incidents. The management team reviewed all accidents and incidents to identify trends and patterns in order to implement improvements and prevent re-occurrences where possible. The provider used incidents, accidents and near misses to learn lessons and improve the service people experienced. These were shared with staff in team meetings and supervisions.

Audits and checks of the environment were completed as part of the provider's on-going quality assurance processes. The safety of the building was routinely monitored and records showed appropriate checks and tests of equipment and systems such as fire alarms, emergency lighting, gas and electrical safety, legionella, lifts and hoisting equipment were undertaken.

The provider had a clear contingency plan in place to help ensure people were kept safe in the event of a fire or other emergency. People had personal fire evacuation plans so staff and the emergency services knew people's different mobility needs and what support they would require to evacuate the building safely. Staff demonstrated a good understanding of their responsibilities and the actions they needed to take in the event of a fire or other emergency.

People were protected by the use of safe infection control procedures and practices. Staff were trained and kept up to date with good practice. The service was clean and well maintained. Staff had easy access to personal protective equipment and were seen wearing the correct personal protective equipment, such as disposable gloves and aprons when supporting people with personal care. Paper towels and hand wash solution were available for people to use in communal bathrooms.



## Is the service effective?

### Our findings

People and relatives were complimentary about the staff that supported them and felt that they were adequately skilled and trained to carry out their role. One person told us, "The staff know what they are doing." A relative said, "Staff make sure [person] does not stay in bed all day. [Person] is much happier here." Another relative we spoke with told us they thought the staff were competent and well trained. A member of staff said, "I have easy access to training and continuous development." Another member of staff told us, "I feel confident because I've had the training I need to care for people living here."

There were nurses on duty to monitor people's health and respond appropriately. Nurses were able to access training which kept their clinical skills up to date and enabled them to remain registered as nurses. Staff training was monitored to ensure refresher training was provided when required. Training undertaken by staff included health and safety, food hygiene, equality and diversity, safeguarding adults from abuse and additional training to meet the individual needs of the people who lived at the service. This included the care of people who were living with dementia and managing behaviours that staff and others may find challenging.

Induction and training for care staff was based on the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that care staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us they felt supported by the management team because they received regular supervision and an annual appraisal of their work performance. Supervision is an opportunity for staff to discuss their roles with their manager and to identify any training needs. Staff described their supervision meetings as "helpful and supportive".

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. In the care plans we looked at, we saw examples where best interest decisions had been made. These included the use of lap belts to help keep people safe when using wheelchairs and assisting with personal care needs. Records demonstrated that the person, their relatives and staff who knew the person well had been involved in the decision making process.

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 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a good understanding of the MCA 2005 and DoLS and had made applications to the local authority for those people who required this level of restriction to help keep them safe.

The service carried out comprehensive pre-admission assessments to ensure that they understood and could meet people's health, care and medical needs which included assessments of communication, mobility, skin integrity, nutrition, medication, cognition, psychological wellbeing, behaviour and end of life care. We saw people had oral health assessments in place. People's care needs were reviewed monthly and updated as and when people's care needs changed. However, from the records we saw, one person had lost considerable weight over one month period and staff had not followed this up. We discussed this with the clinical lead, who immediately took action to rectify this.

People were supported to maintain their health and well-being. A relative told us, "Staff know [person] and they know the sounds and will get the doctor out to him straight away. They have saved his life so many times because they know him." A registered nurse was always on duty with care staff to ensure people's nursing needs were monitored and met. People saw health care professionals when they needed them. These included visiting GPs, opticians, podiatrists and dentists. Records showed that where there were concerns about people's health, these were quickly referred to the GP who then made referrals to appropriate health care professionals. People also saw professionals to meet specific health needs such as diabetes, dementia and malnutrition. A healthcare professional commented, "I worked with their management team to refresh their oral health strategy, organise a dental team to screen all of their residents who did not have their own dentist and our oral health promotion team helped to train selected staff to be oral health champions ensuring ongoing regular oral care for all residents."

People were supported to eat and drink enough and to maintain a healthy diet. People and relatives we spoke with gave us positive feedback about the food provided at the service. One person said, "The food is very good." There was a choice of menu, and other items were offered if people did not like any of the options. A range of hot and cold drinks and snacks were available to people throughout the day. At lunchtime people were served their meals by staff, who also supported people who required assistance to eat their meals. Staff demonstrated good knowledge of people's dietary requirements. For example, staff were able to tell us about people who had specific dietary requirements which were part of their religious beliefs and how these were catered for. For example, one person had to refrain from eating egg and meat on particular days and did not eat beef at all. Staff were also aware of the needs and preferences of people recently moved in to the service. Where appropriate, the recommendations of speech and language therapists were considered with respect to people's diet, how their food was presented, and how to assist people to eat their meals.

The environment had been suitably adapted to meet the needs of the people who lived at the service. The service had gone through a programme of refurbishment and the premises had been adapted and decorated with people's needs in mind. There were grab rails to assist mobility and a lift gave people access to the first floor. People's bedrooms were decorated to their taste with their personal belongings and family photos. People also had access to an enclosed sensory garden which helped to improve people's sense of wellbeing.

# Is the service caring?

## Our findings

People and their relatives told us they were happy with the care they received and spoke positively about the staff. One person said, "Yes they are caring." A relative said, "It is the same experience, even when they don't know I am here." Another relative said, "I think it's very good. It is a huge peace of mind that [person] is being cared for properly since he's been here." Other comments included, "[Person] is always smiling, the staff are kind to [person]", "What I like about here is that people are treated like individuals" and, "I love the fact they are not forced to do anything. They have choices."

A healthcare professional commented, "From the interactions with the staff and residents of Darland House, I feel that they offer a fantastically caring environment for people with dementia. All of the staff were phenomenally caring and able to look after even the most challenging of residents and our team learned immensely from them and the experience."

There was a key worker system in place, which meant people and their families had a named staff member they could approach with any questions or concerns about their treatment and support. Staff told us they had information about people which enabled them to build relationships. One staff member said, "We can always refer to the information in people's care plan, it tells you a lot about them, how to support them and what they are interested in."

Staff took time to get to know what was important to the people they supported. Staff were able to tell us about people's preferred daily routines, their social and employment history and people who were important to them. Information in people's care plans helped staff to care for people in the way that they wanted. For example, the information on people's background, history and interests helped staff have meaningful conversations with people. In one person's care plan it was noted that the person loved dancing and Irish music; staff told us they used this information to engage in conversations when the person became distressed or upset.

We observed kind and caring interactions between staff and people throughout the day of the inspection. We saw staff speaking to people clearly and slowly, making eye contact and making sure people understood. They made use of appropriate, caring touch to reassure people. They supported and guided people using the "hand on hand" technique when appropriate. Staff spent time with people in communal areas of the service and supported people in a calm and friendly way. However, we saw one staff who did not follow the consistent and caring approach demonstrated by other staff. They were abrupt in the manner they spoke to one person. We brought this to the attention of the management team who informed us that it was an agency staff member. They informed us that prior to working in the service, all agency staff are introduced to the service and inducted in its values to ensure people continued to receive good quality care at all times. They reassured us that the particular staff training will be reviewed to ensure they support people in a respectful and dignified manner and work according to the provider's values.

Staff supported people to express their views and take part in decisions about their care. Records in people's care plans showed they, and their relatives, were consulted about care decisions. People's care

plans had a section called "Things I would like you to know." This recorded people's likes and dislikes, their current and past interests and how they prefer to be supported. Care plans also detailed people's cultural and religious preferences and whether people practised a faith and whether members of the local religious community visited the service on a regular basis. A staff member told us a religious representative regularly visited to hold services and communion for those who wanted to attend. People were involved in regular discussions about their care, and relatives confirmed they were also invited to take part in these regular meetings.

Staff respected people's privacy and dignity. We saw that doors were kept closed when people were receiving personal care. Staff were discreet when supporting people. People we spoke with stated that staff were respectful and careful when undertaking personal care tasks.

People were supported to be as independent as they could be. The care plans we saw provided information for staff on how to promote independence. For example, care plans gave information about how to support people with their personal hygiene, what people could do for themselves and areas where they needed support.

The provider had procedures in place relating to confidentiality and these were understood by staff. People's care records were securely stored and we observed that staff ensured they did not discuss people in front of others. Handovers and discussions on people's health and support took place in a private area where staff could not be overheard.

## Is the service responsive?

### Our findings

People and relatives confirmed they received care and support that was responsive to their needs and personalised to their preferences. A relative told us, "Since [person] has been here, he has been extremely happy and we are confident that he is being looked after." Staff demonstrated they knew people well. They told us this was because they read people's care plans and spent time speaking with people and their relatives and this had helped them to learn about what people needed and wanted.

Each person had their needs assessed before they moved into the service. This was to make sure the service could meet their needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met.

Staff we spoke with told us they knew to use distraction techniques which provided comfort and reassurance to people in different ways. We saw one person became anxious during our visit and a staff member quickly noticed and responded to this. The staff managed to calm the person down by sitting with them and reassured them. The person was talking about an earlier incident in their life, staff agreed with what they were saying and gave positive responses to the person. This helped the person to physically relax.

There were good links with health and social care professionals. Care plans showed that they had been involved in monitoring and reviewing the care people received. This ensured people received a service which was responsive to their needs. Staff recorded support and care provided to people in their daily care records. Records contained detailed information about the people's well-being and how they had responded to interactions. This information helped staff review the effectiveness of the plan of care and helped to ensure people received care and support which was responsive to their needs and preferences.

The provider employed activity coordinators who planned and facilitated a number of group and individual social activities. There was a plan of special events and activities taking place in the service. We saw staff encouraging people to take part in activities on offer. People were offered individual support according to their needs and choices. There were activities such as art and craft, music therapy, movie afternoons, quiz, board games and puzzles. There were annual fairs and events to celebrate special occasions such as birthdays, Christmas and Easter. However, people told us there needed to be more activities. One person said, "I'm bored here." Another said, "There isn't much to do." A relative said, "They could do with some more activities to keep people stimulated."

We recommend that the provider seek advice and guidance from a reputable source, about the provision of meaningful activities responsive to the needs of people living in the service.

The provider had appropriate policies and procedures for handling complaints. People and relatives we spoke with told us they were aware of how to complain but they had not had to do so. One relative told us they were confident that if they did raise any concerns they would be listened to and their views considered. A copy of the complaints procedure was provided to each person when they first joined the service. This was available in an easy-read format for those who required it. In the last 12 months, the service had received

one complaint, which had been fully investigated and dealt with by the provider.

At the time of our inspection, the service was not supporting anyone with end of life care. The service had procedures in place to ensure people's wishes during their final days and following death were respected. There were discussions with people about their preferences and these had been recorded in their care plan and was regularly reviewed by staff. Staff told us where people lacked capacity appropriate mental capacity assessments and best interest's decision processes would be followed. People's family were welcomed to stay with their loved ones if they were at the end of life. The service also had access to the Medway Community Healthcare (MCH) community palliative care team for additional support and advice.

# Is the service well-led?

## Our findings

The service continued to be well-led. People told us they found the management team approachable. A relative told us, "What I like about here it's not just the nursing team or the carers. They are all fantastic and they work together as a team."

A healthcare professional commented, "The leadership team are very proactive and lead their teams well."

There was a registered manager in post. 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.

There was a staffing structure in the service which provided clear lines of accountability and responsibility. The registered manager was supported by a head of service, a clinical lead and registered nurses, who were supported by a team of care staff. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their roles and of the responsibilities which came with that. Catering, domestic, administrative, maintenance and activity staff were also employed.

The management team were committed to ensuring that the service provided a safe, effective, caring and responsive service and that necessary and on-going improvements were made where required. The management team engaged with the inspection process and were aware of and agreed with the minor concerns that we had identified. The registered manager told us, "We welcome the feedback and take the comments on board. It gives us the opportunity to improve." Staff told us they were supported to raise concerns and ideas for continuous improvement.

The registered manager and the provider were committed to recognising and celebrating the contribution individual staff members made which benefited people. To demonstrate this, the provider implemented a Recognising Excellence Awards. Staff members who were nominated had the opportunity to attend a presentation ceremony where their work was celebrated.

The management system included regular supervision, appraisal and spot checks for staff. These were delegated appropriately to registered nurses. The service had a system for tracking and reviewing progress of delegated tasks. There was a programme of regular meetings, including monthly staff meetings and individual unit meetings. These were opportunities for two-way communication. A staff member told us, "Meetings give us the opportunity to make suggestions and ideas, which are taken on board by the management team."

There were daily handover meetings, which was an effective way of sharing information and for information to be cascaded to staff in each department. Staff were confident that information was passed on to them, and that senior staff listened to them. One staff member told us, "The management team is visible, approachable and supportive. They are always willing to help."

The provider operated an 'on call system' so staff had access to a member of the management team outside normal office hours. A staff member told us, "I recently had to contact the on-call person; I was fully supported to deal with the situation on hand, and I felt relieved as I did not have to go through it alone."

Quality questionnaires and surveys were also sent out to gather people's and key stakeholder's views on the service. Staff were regularly consulted and kept up to date with information about the service via newsletters, meetings and an annual staff survey. Analysis of the feedback showed us overall people, their relatives and staff were happy with the provider and the service.

The registered manager worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. These included tissue viability nurses, speech and language therapists, GPs, dieticians, and the local authority safeguarding team. The professionals we contacted did not express any concerns at the time of our inspection.

The service had developed and maintained positive links with the local community, including making representations at the local Dementia Action Alliance and the Community Engagement Forum, where they shared information on the care they provided. The service had also delivered Dementia awareness sessions to key services in the local community, for example, fire service, police, local library and schools. The service continued to raise awareness in the local community by hosting fairs twice yearly, which were attended by the local community and organisations. Members of the local community donated cakes and goods for raffle prizes.

Effective systems were in place to monitor and review the quality of the home. Audits such as, care plan reviews, infection control and safe handling of medicines took place. These audits were carried out to ensure if any areas of improvement were identified so they could be addressed quickly. There was a strong emphasis on continually looking for ways to improve the service people received, and looking at learning if care fell below the standards the providers expected. This information was shared with the senior leadership team to demonstrate the service was working in line with the provider's vision and values.

The provider had conspicuously displayed their previous inspection rating in the service and on their website, in accordance with their legal responsibilities. The provider had informed us of significant events which had occurred in the service.