Care Quality Commission

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?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 30 June and 5 July 2017. Darsdale Home is a residential care home providing accommodation and care for up to 30 people. The service supports people living with dementia as well as people who have a learning disability or acquired brain injury. At the time of our inspection there were 28 people living in the home.

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 were not enough staff to meet all of people's needs. Although people's physical needs were met the staff were under too much pressure to provide for people's well-being with less positive engagement and activities than people needed. The provider and registered manager were aware of the shortfalls in relation to the deployment of staff however, appropriate timely action to mitigate the impact of the staffing levels on people in the home had not been taken.

This was a breach of regulation and you can see what action we told the provider to take at the back of the full version of this report.

People were protected from the risk of harm because staff were confident in the steps that they should take to safeguard people. Risks to people had been assessed and plans of care were in place to manage the known risks to people. People could be assured that they would receive their prescribed medicines safely.

People were supported by staff that had access to regular supervision and training that was relevant to their role. People were supported to access healthcare services and to maintain adequate nutrition and hydration.

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. Staff understood the importance of obtaining people's consent when supporting them with their daily living needs.

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

People knew how to make a complaint or raise a concern about their care and support. Where the registered manager or provider had been alerted to complaints there were clear procedures in place for their management and complaints were responded to quickly.

The provider and registered manager were accessible to people and staff. They were committed to improving the care and support that people 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?

Requires Improvement

The service was not always safe.

People could not be assured that sufficient numbers of staff would be deployed within the home.

People received their prescribed medicines safely.

Risks to people had been assessed and appropriate action had been taken to mitigate people's known risks.

Is the service effective?

Good

The service was effective.

People were supported by staff that had received the training, supervision and support that they needed to provide effective care to people.

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?

Requires Improvement

The service was not consistently caring.

The staffing levels in the home impacted upon the ability of staff to have consistently caring, positive engagement with people.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences and used people's interests and life histories to tailor their care and support.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not always enabled to partake in meaningful activities.

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

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

Is the service well-led?

Requires Improvement

Appropriate and timely action had not been taken to mitigate the impact that the staffing levels within the home had on people.

The provider, management and staff were committed improving the service and to providing person centred care to people.

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

Care Quality Commission

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 inspection took place on 30 June and 5 July 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our inspection we spoke with seven people who used the service, eight members of staff including the registered manager and provider. We also spoke with two people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records and charts relating to four people and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

People could not be assured that there were sufficient numbers of staff working within the home to provide their care and support. One person told us "There are not enough people working. They take so long to come when you ring the bell. There is not enough staff to go around." Another person told us "The staff are under tremendous pressure. We are short staffed here. The staff have told me and I can see it for myself."

The number of care staff deployed within the home on each shift had been reduced by the provider; this meant that one less member of staff worked during the morning shift than had previously been working prior to September 2016 although a greater number of people were now living in the home. In addition, the provider had also deployed care staff to prepare the evening meal which reduced the availability of care staff in the evening. This reduction in staff had impacted upon the experience of people living at Darsdale Home. For example we observed that people were at risk of falls as there were no staff present for prolonged periods of time to supervise people as they mobilised in the communal living areas of the home.

We also observed that staff appeared to be focussed upon the tasks required to provide care; the care was not person centred and staff had limited time to interact positively with people. Staff told us they felt rushed and under pressure and this meant that they did not always have time to engage positively with people living in the home. One member of staff told us "You can see how busy we all are. We need more staff working on shift; we don't have time to talk with people like we used to. We have to rush from job to job in the home." Staff described the impact this had on people, "All we have done this morning is rush from person to person to help get them up. There aren't enough staff working. For example, some of the people living here have Dementia. We don't have enough time to redirect them and to make sure we can talk to them.

Staff told us that the number of staff working on each shift had been an issue that was impacting upon people in the home for a number of months. For example; staff told us that they followed a bathing rota to ensure that people were supported to have a bath regularly. One member of staff told us "People are allocated a bath on a particular day. If they want to change the day they have a bath it is difficult and we can't always do it. Sometimes it means people having a bath in the afternoon or not at all on the day that they want one."

The provider told us that they had been aware since June 2017 that the levels of staffing was an issue and they were actively recruiting new staff however, the rural location of the home made staff recruitment challenging. The provider had introduced apprentices to the service however; they were still being inducted into the home and were unable to provide people with personal care. This had not been an effective strategy to mitigate the reduction in numbers of care staff working in the home.

This constituted a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

People could be assured that they would receive their prescribed medicines safely. One person told us "The

staff look after my medicines and come and give them to me when I am meant to have them." Another person told us "They [Staff] manage my medicines for me; it's one less thing I have to worry about which is nice." People received their medicines in the way that they preferred and staff had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. The member of staff checked each individual's Medication Administration Record (MAR) sheet before dispensing medication and ensured that people received the right medicines at the right time. There were regular medicines audits, where actions had been taken where required to improve practice.

People were protected from the risk of harm because staff had received training in how to safeguard people and were confident at applying their training in practice. One member of staff told us "If anyone had been harmed or wasn't safe I would report it straight away to the manager or the owner. We also have the details for the safeguarding team in the office so I could tell them directly too." The provider had submitted safeguarding alerts to the local authority when required and had completed investigations that had been allocated to them in a timely manner.

People were assessed for their potential risks such developing pressure ulcers, they had plans of care in place to guide staff in mitigating this risk. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. We observed staff supporting people to transfer using moving and handling aids safely.

People were protected against the risk of being cared for by unsuitable staff. The provider had staff recruitment procedures that the registered manager followed; they explored gaps in staff employment histories, obtained written references and staff underwent vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Good

Is the service effective?

Our findings

People were supported by staff that had received the training that they needed to confidently provide care to meet people's needs. One person told us "The staff are very good here; they must be well trained because they are knowledgeable." A member of staff told us "The training is good here. We have more training booked and I like it because we do it in the home face to face so we can ask questions about supporting the people we actually work with." The provider had recently reviewed their statement of purpose to show that they could support people with acquired brain injuries, learning disabilities and dementia. Specialist training courses in supporting people with acquired brain injuries, learning disability and dementia had been provided to staff in supporting these client groups to ensure that people living in the home received consistently effective, skilled care and support.

Staff received regular support and supervision. One member of staff told us "The managers are always accessible but we also get regular supervisions with them;at least once every eight weeks if not more often. I do feel supported by them." New staff underwent an induction programme that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities. One member of staff told us "When I started I had lots of training and worked alongside other experienced staff to learn what to do. It was good that I wasn't rushed, it helped me feel confident once I eventually worked on shift properly." New staff received regular supervision and were observed by more experienced staff to ensure that they were competent in providing care and support to people.

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 had received training in the MCA and DoLS and had a good understanding of service users' 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 considered whether people's ability to consent to their care and support changed as their needs were reviewed. People were encouraged to make decisions about their care and their day to day routines and preferences. We observed staff seeking people's consent prior to providing care.

People were supported to eat and drink enough to help maintain their health and well-being. One person told us "The food is nice. I don't always want what is on the menu but I can choose something different if I need to." We observed that people who required support to eat their meals received the support that they

needed in a calm and dignified manner. People at risk of not eating or drinking enough had been identified and plans of care implemented that staff followed to mitigate this risk; staff had referred people promptly to health professionals for advice and guidance if they were concerned.

People were supported to access healthcare services. One person told us "When I was feeling poorly they [care staff] arranged for me to see the doctor and they gave me some tablets to help." Another person told us "They use a mini bus to take me to all of my medical appointments. I never miss them." Staff worked closely with people's allocated health professionals and followed the plans of care that they implemented.

Requires Improvement

Is the service caring?

Our findings

Staff sought to provide people with consistently kind and caring interaction however, their ability to do this was impacted by the staffing levels within the home. We received varied feedback from people. Some people told us that the staff were very caring however, other people told us that at times staff were rushed and focussed upon the tasks of providing care rather than engaging with people in a meaningful way.

One person told us "The staff are rushed, they try their best but they don't have time to stop with us anymore." Another person told us "The staff are nice when you get to see them but they are just so busy." Staff told us that they felt under pressure and that they were aware that this pressure had impacted people's experience of living in the home. A member of staff told us "We just don't have time to sit down and talk to people anymore" and "We feel so rushed, it does mean that we are focussing on just getting things done and can't spend enough time with people."

Positive comments from people included; "The carers are very good. They are kind and want to help you" and "The staff are nice people, they are kind."

We spent time observing the support that people received in communal areas and the interaction between staff and people. This interaction was largely task based and we observed little meaningful positive engagement because staff were under pressure to provide people's physical care. Staff provided people with information about what they were doing. For example when supporting people to transfer using moving and handling equipment, staff provided people with step by step instructions, reassurance and encouragement in a kind manner. However, outside of the times when people were receiving physical support, there was very little engagement with staff. We observed that when staff were in communal areas they were rushing to their next task and did not consistently acknowledge people or realise that people were seeking engagement with them.

People were treated with dignity and respect. One person told us "The staff are very respectful. They always knock on my door and are very polite. People's privacy was respected; people were asked discreetly if they would like to use the bathroom and people's personal information was stored securely within the home.

People's previous lives were incorporated into their daily lives where possible. People living at the home and their relatives had provided information about their previous lives which were recorded in the care plans for staff to refer to. For example one person's care plan described how they had previously enjoyed cooking steak and buying this from their local butchers. A member of staff had supported this person to buy steak from a butchers near to Darsdale Home and cook this in the home. Another person who had previously worked as a builder supported the maintenance man at Darsdale Home to complete jobs to maintain the home. People's rooms were personalised with items such as photographs and their own bedding and furniture.

Requires Improvement

Is the service responsive?

Our findings

People were not always able to take part in meaningful activities within the home. There was a programme of planned activities and the provider employed an activities coordinator to facilitate activities however, due to the low staffing levels the activities coordinator often had to provide people's day to day care which meant that they were unable to facilitate activities in the home. One person told us "The activities don't happen as often as they used to." Another person told us "We were all ready for our quiz last week but the activities lady had to help someone go to the toilet so we didn't get to do it. We'd all moved to the lounge too; it was a shame but it's not unusual." Staff also commented on the reduction in activities, "[Activities Coordinator] just can't do what they used to because they are having to help us provide the care for people." And "There's not enough going on for people now."

People told us that they valued the activities that did take place in the home. For example, the service facilitated people to go on a weekly trip to a local pub or garden centre. One person told us "I always try to go on the trip out on a Thursday; it's really nice to get out."

People's needs were assessed prior to moving into Darsdale Home to ensure that the service was able to meet their care and support needs effectively. Plans of care were developed when people moved into the home to guide staff in providing consistently personalised care and support to people. People were involved in the reviews of their plans of care to ensure that the support that they received was provided according to their individual preferences.

People's physical needs were met in line with the plans of care. One member of staff told us "People's care plans are regularly reviewed and we are told about any changes by the senior care staff." The service had developed cue cards which described the key aspects of each individual's plans of care to provide guidance to new staff and also to agency staff that were working within the home. This helped ensure that people consistently received the care that they needed.

People's feedback was sought through regular meetings between people living in the home, the provider and registered manager. People's feedback was actively used to develop the service; for example people had been encouraged to help plan the menu, one person requested a new toaster because the said that their toast was not toasted properly and this was purchased by the provider.

People knew how to make a complaint and had confidence that if they did complain this would be managed appropriately. We reviewed records relating to complaints maintained by the home and saw that complaints had been investigated thoroughly with appropriate responses being provided to complainants. The provider sought people's feedback and took action to address the issues raised. Any issues raised from the feedback questionnaires were dealt with and people and relatives informed of the issue raised and action taken.

Requires Improvement

Is the service well-led?

Our findings

The providers were visible throughout the home and worked alongside staff to understand the experience of people living at Darsdale Home and to enable them to formulate a plan for the development of the service. The provider had recently reviewed their statement of purpose to show that they could support people with acquired brain injuries, learning disabilities and dementia.

The providers had purchased Darsdale Home and registered the home with the Care Quality Commission (CQC) in September 2016. Since taking over the running of the home there had been a significant turnover of staff and the providers were focussing upon the recruitment of staff to ensure that people received the care that they needed. The providers had identified that the staffing levels within the home was an area that required improvement and planned to discuss this during their directors meeting in July 2017. However, they had not taken any immediate or timely action since identifying this shortfall to mitigate the impact of the lack of staff on people such as the task based culture or availability of activities in the home we identified. The providers had not considered that the staffing levels within the home constituted a breach of regulation because they had not adequately assessed the impact of the levels of staff upon people's experience of living at Darsdale Home.

Everyone we spoke with at Darsdale Home including the provider, registered manager and care staff were committed to providing effective person centred care and support to people. Staff were frustrated at the impact staffing levels were having upon their ability to support people in the way that they wished to however, the provider was committed to developing strategies to enable staff to have greater time for meaningful engagement with people using the service. The providers promoted an open culture and actively encouraged people and staff to approach them to share any feedback or concerns that they may have.

There was a strong system of quality assurance in place to ensure that people received consistently effective care. Systems were 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 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 service was being managed by a registered manager who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as accidents and incidents and other events that affected the running of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People could not be assured that there were sufficient numbers of staff working within the home to provide their care and support in a consistently personalised or timely manner. This constituted a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.