

S & S Healthcare Limited

Darnall Grange

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Darnall Grange is a care home which is registered to provide nursing and personal care for up to 60 older people, some of whom are living with dementia. The home is purpose built and provides accommodation over two floors. On the day of our inspection there were 58 people living in the home.

The inspection took place on 25 and 28 September 2017 and was unannounced. This meant no-one was aware we were inspecting the service on that day.

The home was last inspected on 1 March 2017 at which time the service was rated overall as requires improvement and was not meeting the requirements of eight regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued two warning notices and six requirement notices to the registered provider. At this inspection we checked and found the necessary improvements had not been made to comply with one of the breaches of regulation identified at the last inspection. Full information about CQC's regulatory response to any concerns found during inspections is added to the reports after any representations and appeals have been concluded.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with 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 and associated Regulations about how the service is run.

People we spoke with told us they felt safe living at Darnall Grange and spoke very positively about the staff. This was also reflected in the feedback received from people's relatives.

Staff, people and relatives said the registered manager and providers were approachable and communication was good within the service. Comments included, "The improvements are obvious - I feel so much more confident in the managers" and "[Manager] is very nice, very approachable, very attentive and interested in what's going on. He's hard working."

Additional staff were in the process of being employed to take account of the increase in care needs, including anxieties of some people living with dementia, during the late afternoon and early evening.

The registered provider's recruitment policy required reviewing to make sure it contained all the information required about staff before they commenced employment, and in turn that all recruitment information was available for all staff when they commenced employment.

Staff told us they received an induction and shadowed experienced staff prior to commencing work. They also told us they received regular updates to their training and were provided with relevant supervision and appraisal so they had the skills and support they needed to undertake their role. The documentation we look at did not support these views and required improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, but further improvement was required in the submission and recording of applications and authorisations to restrict people's choice and control.

A varied diet was provided to people which took into account their dietary needs and preferences so their health was promoted and choices could be respected. However, we saw some people's nutritional intake monitoring records required improvement to include further information to aid analysis and early intervention when people did not eat and drink enough.

We found the home was clean and well maintained. However, further improvement was required so that the environment met best practice guidelines particularly around prevention of cross contamination to minimise the spread of infection among people and staff and better meet the needs of people living with dementia.

People told us they were respected and their privacy and dignity upheld. However, we saw areas where this required improvement.

Whilst we acknowledge improvements had been made to people's care plans and risk assessments further work was required to make sure they were kept up to date and accurate. For example, in response to any change in needs and how people wished to be supported at the end of their lives.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. This process required further embedding within the service so that they could continue with the improvements that had been made already and continue to identify improvements. This would help the service to meet the requirements of all the regulations.

We found systems had improved to make sure people received their medicines, but records for medicines prescribed on an 'as and when required' basis were not available for staff, which meant those medicines may be administered in an inconsistent way.

We found systems had improved to ensure people were protected from harm and their human rights upheld. This was because staff recognised when this was compromised and reported it, so that incidents were reported to the appropriate authorities and action taken to mitigate any future risks.

People had access to a range of health care professionals to help maintain their health.

People participated in a range of daily activities both in and outside of the home which were meaningful and promoted people's wellbeing. Comments included, "The pub lounge is great. They [staff] held a lovely party for me," and "I love the singers and entertainers that come in."

People, relatives and staff felt any worries or concerns they had would be listened to.

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.

Risks to people, including the management of medicines and the environment were managed, but improvement was required with access to records for medicines prescribed 'as and when required' basis.

Safeguarding procedures were in place to protect people from harm. However, the recruitment policy required reviewing to ensure staff employed had all the employment information identified by the regulations in place before they commenced employment.

Safe staffing levels had been identified and were met. The registered provider was in the process of employing an additional member of staff to take account of the increase in care needs, including anxieties of some people living with dementia, during the late afternoon and early evening.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff told us they had undertaken training, but certification in people's files did not always reflect tools in place to monitor this. Staff told us they felt supported, but there was limited evidence of individual supervision on staff files. A programme of appraisal was in place, but not all staff had received one.

The principles of the Mental Capacity Act and Deprivation of Liberty Safeguards were not always being followed.

People were assisted to maintain their health by being provided with a balanced diet and having access to a range of healthcare professionals.

Improvements to the environment were required to better meet the needs of people living with dementia.

Requires Improvement ●

Is the service caring?

Requires Improvement ●

The service was not always caring.

Improvements were required with the information available about how the service might best support someone at the end of their life, in a way they wanted.

Feedback we received told us that people felt respected and were treated with privacy and dignity. However, we saw occasions during the inspection when this was not always the case.

On the whole, the relationships we saw between people and staff were warm and friendly.

Is the service responsive?

The service was not always responsive.

Whilst work had been undertaken to improve care plans, further improvement was required to ensure they accurately reflected the care required and daily records supported the delivery of care in accordance with those plans.

Lots of activities took place at the home to provide stimulation for people and improve their wellbeing.

Complaints were listened to and acted on.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Improvements had been made in the quality assurance and audit processes to make sure the home was running safely. However, this required further improvement before they were robust enough to meet regulation.

The service had registered a manager since the last inspection and were notifying the Care Quality Commission of incidents which they needed to tell us about.

Requires Improvement ●

Darnall Grange

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 checked 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.

The inspection took place 25 and 28 September 2017 and was unannounced. The inspection was carried out by two adult social care inspectors, a medicine's inspector and two experts 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. In this case the expert by experience had experience of older people's services which included the care of people living with dementia. A person employed by the local authority also accompanied the inspection team as a learning experience.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

We also contacted staff at Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Information was provided from the local authority's contracts team who had also undertaken regular visits to the home since our last inspection.

At the time of our inspection there were 58 people who used the service. We spoke with the registered providers, the area manager, the registered manager, 12 staff, including nurses, senior care staff, care staff, activity worker, domestic and handyman. We spoke with 12 people who used the service and seven relatives.

To help us understand the experience of people who could not talk with us we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us evaluate the quality of interactions that took place between people living in the home and the staff who supported them. We also spent time observing care throughout the service.

During the inspection we looked at five staff records, six people's care records and other records associated with the monitoring of the service. For example, staff duty rosters, incident records and records used for auditing the quality of the service.



Our findings

At our last inspection in March 2017 we found some concerns relating to incidents not being reported to the local authority and the Care Quality Commission. A requirement notice was issued. At this inspection we found sufficient improvements had been made to meet the regulation.

All the people we spoke with said they felt safe at Darnall Grange. Comments included, "The nurses make sure we are all safe and sound," "I have always thought that this is a safe place and I still feel the same," "I would not hesitate reporting safety matters to the manager, he is so approachable," and "This is a smashing place - they [staff] make sure I am safe."

This was supported by people's relatives when we spoke with them. Comments included, "Yes I think [relative] is safe here. I'm here all day every day so I would see if anything was wrong," and "I can assure you that [relative] is safe here."

People and relatives were really clear that they would speak to someone if they were worried or had any concerns.

When we spoke with staff they told us they had received safeguarding training which provided them with information about their role in keeping people safe by reporting any concerns.

We found where incidents had taken place in the home, which placed people at risk of harm, these were reported to the local authority safeguarding team and to the Care Quality Commission.

The service supported some people with the day to day management of their finances. We saw a record was kept of each person's financial transactions. They showed all transactions and detailed any money paid in or out of their account. We checked the financial records against a sample of receipts held for people and found they corresponded. We also checked a sample of monies against the balance recorded on the financial transaction record and found they corresponded. The administrator at the service was aware of the actions to take when handling people's money so safe procedures were adhered to and helped protect people from the risk of financial abuse.

At the last inspection in March 2017, we found concerns about the risks associated with people's needs, the environment and the management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Safe care and treatment. At this inspection we found

sufficient improvements had been made to meet the regulation.

In people's care records there were individual risk assessments in place in relation to their support and care. Where risks had been identified a care plan had been devised to ensure staff knew how to minimise the risk from occurring. For example, there were risk assessments for the use of bed rails. Where people lacked capacity to understand the risk and action taken to minimise the risk, records supported this and a best interest meeting had been held to discuss alternatives before a decision was made.

Service records, environment checks and care home audits were provided to demonstrate the care home building was maintained to a safe standard for people who used the service, staff and visitors. A fire risk assessment was in place, together with all associated checks for fire maintenance. One member of staff commented, "The managers work hard to keep us safe. All the equipment is checked regularly."

When we spoke with people about their medicines, those that had capacity and were able to share their view, told us they received their medicines when they should. One person commented, "I get all my tablets when I need them."

Relatives confirmed what people had told us. Comments included, "My [relative] gets all their medicines on time" and "We know they give [relative] their tablets on time and that's a worry we don't have."

Since the last inspection we saw medicines were now stored securely in a locked treatment room and access was restricted to authorised staff.

At our previous inspection we identified medicine administration records (MAR) had not been fully completed. These were now completed to show the treatment people had received. We found that handwritten MARs were signed by two members of staff to confirm dosage instructions had been recorded accurately. Medicines administration records contained photographs of people to reduce the risk of medicines being given to the wrong person. All records we checked clearly stated if the person had any allergies. This reduced the chance of someone receiving a medicine they were allergic to.

At the last inspection we had also identified discrepancies with the recording of stock balances of medicines. On this occasion we checked the stock balances of medicines supplied outside of the monitored dosage system and found all balances to be correct. This meant that medicines had been given as signed by staff.

Medicine plans were available for staff to know how to give people their medicines according to their preferences.

There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs in accordance with the home's medicines policy.

Instructions for medicines which should be given at specific times were written on the MAR. For example, one person was prescribed a medicine to be taken 30 minutes before breakfast when their stomach was empty. Administering medicines as directed by the prescriber reduces the risk of the service user experiencing adverse effects from the medicine, or the medicine not working as intended.

We saw the use of patch charts for people who were prescribed a pain relief patch. This meant it was clear to

staff where and when patches had been applied and reduced the risk of harm from duplicate application. Body maps and topical MARs were now in use. These detailed where creams should be applied and provided clear records of administration.

Some people were prescribed fluid thickeners to assist them in swallowing fluid and foods. Staff recorded when they had been used and information was available about how and when to use them for individual people.

Medicines audits had been introduced since our last inspection. Staff now carried out regular checks of stock medicines.

Staff had received medicines handling training and their competencies were assessed regularly to make sure they had the necessary skills.

Room temperatures where medicines were stored were recorded daily, and these were within recommended limits, although we found some gaps in those records on the ground floor unit.

We found guidance was not always in place to enable staff to administer medicines prescribed to be given only 'as and when' people required them, known as 'when required' or 'PRN'. Some medicines were prescribed with a variable dose, such as one or two tablets to be given. At feedback the registered manager told us that information was available and produced some of the guidance. This meant staff administering medicines were not aware guidance was available and therefore may administer the medicine inconsistently or not as intended.

We checked there were sufficient numbers of staff to keep people safe and meet their needs.

Since the last inspection a staffing tool had been introduced to identify the safe number of staffing hours required by the service. The staff rotas checked confirmed those hours were met.

Everyone we spoke with said call buzzers were answered promptly and that if they needed assistance they could always find a member of staff. Although some people said that at certain times of the day staff were very busy and may not be available, this was not due to a lack of staff. Comments included, "Yes they come straight away when I call," "Yes there are enough staff. Sometimes if they're missing they are doing other jobs, but they only do that at quiet periods," and "Sometimes there's no-one in the lounge, but you know they are busy looking after someone else. They are always busy working."

When we spoke with staff they told us they thought there were sufficient staff to keep people safe and meet their needs.

We heard and saw that when people called for assistance they were not waiting for long periods of time for staff to attend to their needs. Staff were visible in communal rooms where most people spent their time so they were available to attend to people's needs in a responsive way. However, we found upstairs that as the day progressed people's anxieties and agitation heightened. At those times we saw staff were stretched to assist those people and reduce their anxieties and agitation when they were seeking to 'go home' and 'get out'. A staff member told us it got noisy in the afternoons when we commented it felt peaceful and quiet after the breakfast period. They said, "It's not like this after about six o'clock." We spoke with the registered manager about our observations and the staff comment. They told us this concern had been identified with their own observations and they were currently recruiting an extra member of staff to work during the evening shift.

We checked that the recruitment of staff was safe at the home. We checked three staff files. In one staff file we saw it did not include evidence of satisfactory conduct in previous relevant employment. We reviewed the registered provider's recruitment and selection policy and found it did not identify all the information as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which must be available to demonstrate fit and proper persons have been employed.

We recommend the registered provider complete an audit of staff file recruitment records to check that all staff recruitment records include information as required by the regulation.

We checked how well people were protected by the prevention and control of infection.

All relatives we spoke with felt that all areas of the home were clean and well presented. Some commented on recent improvements.

We received a copy of the last prevention and control of infection audit completed by the NHS Clinical Commissioning Group in October 2016. The registered manager told us one action from that audit had not been completed, but it was on their schedule of improvements to the home.

We found systems were in place to keep the home clean and free from odours. Domestic staff were employed to attend to this. Personal protective clothing was available to minimise the risk of cross infection between people.



Our findings

We checked if improvements had been made following our inspection on 1 March 2017 when we found a breach of regulation in regard to staffing. At that time not all staff had received the training needed to ensure they were suitably qualified and competent to carry out their role. We found that although the service had met this regulation, they did not have satisfactory records to support this, a breach of regulation 17.

The registered manager told us they monitored staff training via a computerised training matrix and that certificates to verify the training were kept in staff files. The staff training schedules included: health and safety, governance, fires safety, equality and diversity, infection control, food hygiene, basic life support, moving and handling, safeguarding people from abuse, complaints and conflict management. On the first day we found the training matrix did not correspond with training certificates in staff files to verify the training had been undertaken. The registered manager arranged for this to be updated. Once updated it still did not correspond with certificates in staff files.

We were told by the registered manager previous qualifications and training were not obtained as part of the recruitment process to confirm staff had received prior training. This was because all new staff were expected to carry out the organisation specific training before working independently at the service. This was confirmed by the registered provider at feedback. However, as noted above, there was no evidence that staff had completed this training on the training matrix or by certification verification in their staff files.

The registered manager kept a record of nursing staff to confirm their nursing registration status was valid and when their annual registration was due for renewal to know that nurses were fit to practice. The record showed that some nurses registration was no longer valid and was out of date. The registered manager said the record was incorrect as all nurse registrations were valid. This was confirmed when the registered manager provided confirmation from the Nursing and Midwifery Council. This showed the system in place to monitor the status of nurse's registration required improvement.

Staff reported feeling supported by the registered manager and provider and confirmed they received relevant training, supervision and appraisal.

Supervision describes planned and recorded sessions between a staff member and their manager. It is an opportunity for staff to discuss their performance, training, well-being and raise any concerns they may have. Other than the registered manager the supervision we found in staff files was group supervision. This would be improved by holding individual supervision where staff can be provided with an opportunity to

discuss their performance, training, well-being and raise any concerns they may have in confidence.

There was a plan in place for staff to receive an annual appraisal, but all staff had not received these. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role.

This was a continued breach of regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as records that are necessary to be kept in relation to persons employed in the carrying on and management of the regulated activity were not accurate or up to date.

We checked if improvements had been made following our inspection on 1 March 2017 when we found a breach of regulation in regard to need for consent. This was because there was a lack of capacity assessments and consent had not always been lawfully obtained where decisions had been made on behalf of people who lacked capacity. At this inspection we found sufficient improvements had not been made to meet the regulation.

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. Staff we spoke with were able to demonstrate that they understood the requirements of the MCA. One relative when we spoke with them said, "I have signed a range of consent forms in the care plan."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

In the afternoon the atmosphere upstairs in the home was changing as some people were beginning to show their anxieties and some people were seeking to 'go home' and 'get out'. Staff were using their skills to distract one person from wanting to leave the service, which meant the person was under continuous supervision and control, lacked the freedom to leave, indicating a deprivation of their liberty was required. The registered provider had not applied for this to be authorised under a DoLS. The registered provider told us there had been confusion over the placements of these people with the Clinical Commissioning Group and Local Authority in that these people required an application.

We found for people resident on a permanent basis applications had been made to the local authority to authorise the deprivation of people's liberty. We saw the registered manager had a system in place to show which people who used the service were subject to a standard authorisation and when it expired so they could renew the authorisation.

When we looked at people's files where DoLS authorisations were in place we found their legal rights were being maintained and conditions followed.

We checked and found people were supported to maintain a balanced diet.

In the upstairs dining room we saw there were no menus on display. When staff, people or their relatives were asked what was for lunch, no-one knew. Staff explained that they showed people the meals when they

arrived in the hot trolley because it helped them to choose their option. Whilst this might help people choose an option, it does not open conversation or anticipation about the meal to be served or reminisce about the type of meal prior to it being served.

We saw the dining room experience for people in the downstairs dining room could be improved. For example, by having a quieter 'trolley' and without other staff using the area as a thoroughfare at meal times. This was a theme identified at the last inspection.

People we spoke with gave different opinions of the food they received, some complaining the food was not hot enough. One relative told us they ate daily at the home with their relative and we saw another person dining with their relative. Comments included, "The food is very homely and tasty," "They have a variety of meals and they are good. We have one sometimes," "Yes it's [the food] very nice. There's always a choice I enjoy. I've had Kellogg's and a bacon sandwich for breakfast," "I'm very satisfied. The foods nice. I've had Weetabix for breakfast," "I can't tell you what's for lunch today," "Nobody's told us what's for dinner yet," "I can't stand the food here. It's not good and it's cold sometimes," "It's not hot enough and I'm fed up of it," and "The food is the only thing that bothers us as it's not usually very hot."

The food we saw looked appetizing, hot and was served quickly for people. There was a choice of food and everyone ate well. People were offered choices for their meal and a cold drink.

We saw drinks were provided throughout the day and where people were not able to drink independently they were provided with assistance.

At meal times we saw everyone who needed assistance to eat received it and everyone ate well. We saw one person ate very little and a staff member noticed and encouraged them to eat more and offered alternatives. Staff were calm and patient when encouraging people to the dining tables. Some people were repeatedly leaving the dining area and staff calmly encouraged them to return to finish their meal.

We saw there was plenty of communication between people and staff at meal times and the meals were not rushed.

We found people's dietary needs were assessed with reviews carried out on a regular basis. We saw a Malnutrition Universal Screening Tool (MUST) was in place for people who were at risk of malnutrition. MUST is a five-step screening tool to identify if adults are malnourished or at risk of malnutrition. Records confirmed that people were weighed each month or more frequently if there were any concerns about their health or food intake.

One relative said, "Since my husband had a proper assessment from the speech and language team things have been much better."

We checked and found people who used the service were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

All the relatives we spoke with told us their relative had regular access to a range of health care professionals including GP's, opticians and district nurses when they needed them. Care records confirmed this was the case. Comments included, "I think the doctor visits twice a week now instead of once, but they [staff] would just call them if needed" and "If there is a problem they get a doctor straight away and they let us know."

We found that whilst improvements had been made with the design, adaptation and decoration of the

service in accordance with guidance to meet people's needs who are living with dementia, further improvement was required.

Some relatives commented on improvements in the environment since the new providers had taken over. Comments included, "The new owners have invested a lot in the home. I am just sorry that we lost the 'Garden Room' where the visitors used to meet up and make our loved ones a drink as it now has to be used by office staff," and "The home is looking so much better."

We found some corridors were bare with no signage other than a very small name plaques. We spoke with the registered manager who told us most doors had been replaced and painted different colours, as well as the hand rail. There were plans to buy memory boxes for outside each bedroom. This would help people to be able to recognise their rooms more independently. However, we had identified sign posting to help people living with dementia find their way around the home and personalisation of the entrance to people's rooms for example photographs or reminiscence boxes containing familiar items which people could recognise at the last inspection as a way of improving the environment for people.

In the lounge the chairs were all blue and positioned in rows, which did not provide a communal feel to the area. In the main lounge photographs had been pinned up to a pillar using notice board pins, which would have been a risk to people living with dementia. We saw quiet areas at the end of the corridors had been created, which we saw people make use of, but the development to create themes within those areas, for example, a bus stop and a train station had not yet been completed. A staff member told us they tried to make the place look nice for people living at the home as they got satisfaction from this.



Our findings

We checked if improvements had been made following our inspection on 1 March 2017 when we found a breach of regulation in regard to dignity and respect because people were not wearing footwear, people who should have been wearing glasses were not and one person was left at the dining table for a lengthy period without attention. At this inspection we found sufficient improvements had been made to meet the regulation. However, further improvement in consistency in meeting this regulation was required.

All the people we spoke with said they thought the staff team treated them very well and were kind and hardworking. Everyone told us they felt that their privacy and dignity was respected. Comments included, "If I can't be at home I would be here. They look after me well," "It's good here and they look after me well" and "We have a good time with the staff here."

One person told us they liked to help staff help other people. They said, "There's one person who's always walking round, never talks. One day they began dancing and smiling to music. It was lovely. I always say music makes you feel better."

Relatives supported what people said about staff being caring. Comments included, "The staff are all smashing, but [one particular member of care staff] is ever so caring - a lovely girl," "I think they are wonderful from the ladies in the office to housekeeping," "From the bit I've seen of this place the staff are spot on. It's lovely here," "The carers are friendly and kind. I always get offered a drink and food even. Some of the visitors have their meals here every day" and "There are some really special staff here - they make a big difference."

We observed staff knew people well and had positive relationships with them. Staff were kind, caring, considerate and patient when supporting people. Staff did not rush people when they assisted them to move around the home. Staff and people who used the service were comfortable together and there was a lot of laughter and friendly 'banter' between them. We also saw relatives and visitors were welcomed in a friendly manner. The registered manager was very hospitable towards visitors, taking time to speak with them and offering refreshments.

We saw everyone who used the service looked clean and were wearing appropriate footwear.

Staff we spoke with provided examples about how they respected people and maintained their privacy and dignity. Staff understood the need to respect people's confidentiality and understood not to discuss information about people in public or disclose information to people who did not need to know.

Although everyone we asked said staff were polite and respectful and had no complaints about dignity and staff knowledge was good, we saw there were some variations in practice. For example, when staff were assisting people going to the toilet or asking if they wanted the toilet they did not always do this in a quiet, discreet way. In one lounge people were not offered toilet facilities from 9.50am until 2 o'clock. This meant there was potential for people's needs, in terms of continence, not being met and as a consequence their dignity to be compromised.

One person being assisted to move by staff was told what they were going to do, explaining the next steps throughout, which demonstrated respect for the person and reassurance. In contrast, another person who used a wheelchair was moved away from the dining table with no comment by staff that this is what they were doing.

We saw some people chose to eat their meals in the lounge. We found this was not a good experience for them because whilst they were able to eat their meal independently, the tables they were eating their meal from were lower than their knees. This meant food had to be balanced on cutlery and was often spilled before reaching the person's mouth. The registered provider and manager told us they had ordered new tables to improve this experience for people, which were in place on the 2nd day of inspection.

There continued to be a lack of care planning relating to information about how people wished to be cared for at the end of their lives. There were people who used the service who were approaching the end of their lives, and the lack of detail in their care plans meant care staff would not know what their preferences were. The registered provider and manager acknowledged that improvements were required with those care plans.

This was a continued breach of Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as records as are necessary to be kept in relation to service user's care and treatment were not always in place.



Our findings

We checked if improvements had been made following our inspection on 1 March 2017 when we found a breach of regulation in regard to good governance because records were not sufficiently detailed and did not reflect the care and support which had taken place. At this inspection we found sufficient improvements had not made to meet the regulation.

Some people and relatives knew about care plans, others didn't. Comments included, "Yes they [family member] have a care plan. We went through things a few weeks ago" and "They [staff] ask me if I need anything. I don't have to approach them and if there's anything wrong they deal with it straight away."

One relative explained the home had organised things so that they could take their relative home or to Sheffield. Another relative said, "[Relative] has their own key and can spend time in their room if they want."

We saw people went about their daily lives as they wished with staff responding to their needs as and when required, either to meet their needs or because of concerns about their safety. For example, we saw one person moving themselves around in their wheelchair using their feet. When we spoke with staff they said, "We can't stop them, they like moving around on their own. We even tried a different chair so they could use their hands making it safer, but they still used their feet."

When we reviewed the care files of people we found work had been carried out on care plans making them more person centred so that they reflected people's care needs. However, we found further work was required to ensure all records reflected all people's care needs and that daily records supported what care was delivered in accordance with those plans. For example, one person had a condition authorised on the deprivation of liberty safeguards advising how staff might meet behaviour that challenged. We saw an individual care plan was in place for staff, but did not include those actions. Discussions with staff confirmed they were aware of them, but more recently those distractions did not work and the level of their dementia was deteriorating. This person was prescribed medicines to use when the person's behaviour was at a level that had escalated beyond help by less restrictive methods, such as reorientation. Daily records did not show the de-escalation methods identified in the condition were used before those medicines were administered.

For another person we saw that staff moved the person using a hoist. The care plan and risk assessment did not identify this was how the person was to be moved. When we spoke with staff they confirmed this had been a recent change in their needs because of deterioration with their mobility.

This was a continued breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as records in respect of people, including an accurate and complete record of the care and treatment provided to them was not always in place.

The range of organised activities was wide and varied. Discussions with relatives told us that they also enjoyed joining in many of the activities. They told us the activities organiser planned activities such as coffee mornings, entertainers, arts and crafts, pie and pea suppers, 'dementia friendly' tea dances at a local theatre, hand and arm massages, shopping trips and pub lunches.

Comments from people and relatives about activities included, "There is loads to do, I join in with anything," "They have a lady who organises activities and she's very good. She takes them out at Christmas, they go for a meal at the pub and a couple of weeks ago she took them to town to a pizza restaurant to watch how pizzas are made," "The activity person has made a big impact on my [relative] and has helped them settle in well" and "She organises activities and does try hard to involve peoples. At Christmas they take them to the pub and she plays old films and has sing songs. She's smashing, always looking for other ideas for the residents."

There was a recreated pub lounge, which was used for a wide variety of events. Some relatives were disappointed that the garden room had been 'taken from them' so that the registered provider could use the space as an office. Relatives clearly enjoyed the use of that space and we recommended a discussion is held with people and their families about its future use.

During the first day of inspection one member of staff was seen undertaking delegated tasks in silence. Whenever they offered care to a person, they did not speak with them very much. They would just take them by the arm and expect them to understand what they were requesting them to do. One example was when people were being prepared for their meals, they would approach the person and hold their arm or hand gently and expect them to rise from their chairs without speaking with them. On occasions the person would recoil from them, we assume because they did not know what was being required of them. In the afternoon the same member of staff played loud inappropriate music and was dancing and shouting, which some people found distressing. It changed the atmosphere. Also, at this time most people were sat in the lounge when there were other lounges that people could use. Utilising the different lounges for people with different needs and preferences in smaller groups may help establish a calmer atmosphere and meet people's needs in a better way. The registered provider told us this had been raised with them by a member of staff and they had taken action to prevent the situation arising again. We discussed with the registered provider that this could and should have been acted on at the time of the occurrence because there were other staff that were in the vicinity and could have intervened.

Everyone we spoke with told us they would be comfortable raising concerns. They told us they would not hesitate to complain if there was a problem and that they were confident they would see to the problem straight away. Comments included, "I would tell someone if anything was wrong," "[Relative] has no problems, but I would pop in to see the manager - his door is always open" and "I will always make sure [relative] is safe. I would stop at nothing in complaining."

We reviewed the complaints records. We found since the last inspection in March 2017 two complaints had been received, investigated and responded to appropriately.



Our findings

At the last inspection we found eight breaches of regulations. At this inspection we found the registered provider had met six of those breaches. This showed the registered provider and manager had been proactive in making some improvements required to meet regulations. However, further improvement was required to fully meet two of the regulations, namely need for consent and good governance.

Since the last inspection the service had received regular visits from the local authority contracting department and the NHS Clinical Commissioning Group. These organisations are responsible for purchasing and contracting health and personal care. The registered provider and manager had worked with those organisations against action plans to make improvements at the service. This included actions to be taken to meet regulations. The registered manager provided updated information about the services progress against the action plan at the inspection. This showed that the registered provider and manager were able and willing to work in partnership with other agencies in order to drive continuous improvements at the home.

Since the last inspection the registered provider had implemented a governance team to support the registered manager. Current audit tools had been reviewed to ensure they were fit for purpose. The results and actions from future audits were to be part of the wider monitoring of governance across all the registered provider sites. The first meeting was due to take place in October 2017, where new governance tools would be introduced.

Systems were in place to report and act on accidents and incidents. This meant the registered manager was able to monitor that appropriate action had been taken in response to any accidents and incidents. The accidents and incidents were analysed to identify trends, patterns and actions they could take to minimise further incidents and accidents. Further improvement was required to ensure safeguarding incidents were also included in the analysis.

Staff did not have access to all protocols for medicines to be administered for people on an 'as and when' required basis. This meant staff administering medicines were not aware guidance was available and therefore may administer the medicine outside of that guidance.

Where a risk had been identified about a person's dietary intake, records required improvement. In one example, directions had been made for staff to record and monitor a person's food and drink. Despite these being recorded there was no analysis being carried out in order to make adjustments on a day by day basis

to improve their food and fluid intake. Staff acknowledged the analysis of the records was not yet in place.

These examples and others identified in the report demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager managing the home at the previous inspection was now registered. Everyone we spoke with knew the manager by name and spoke very highly of him. People and relatives were happy with the service offered at Darnall Grange. Some relatives felt very involved. Relatives were now feeling settled with the management structure. Without exception people and relatives said that they saw the manager around the home throughout the day. Comments included, "The manager is smashing - he is so friendly," "The managers are great - nothing is too much trouble"

"It is so good that the management of the home has settled down," "The people in charge take care of everything very well" "He's always available. It may not be that minute if he's busy but he makes time for us" and "We see a lot of the manager and the area manager as well. They do come out into the home; they don't just sit in the office. They go round asking if things are ok."

Staff were also positive about working at the home. Comments included, "I have worked for twenty years - things are really settling down for the better," "Staff morale is much improved - we are so much happier as a staff team" and "Things are definitely better these days."

The registered manager and all the staff we spoke with told us they all worked as a team and we observed this throughout the days we spent at the home. Staff communicated well with each other and with people and their relatives to ensure people's needs were met.

It is a requirement for all organisations regulated by the Care Quality Commission to have a statement of purpose. This is a document which describes what the service does, where it is provided and the people who might be eligible to use the service. We saw the service had a Statement of Purpose. It contained some inaccurate information and not all the information required by the regulations. This was rectified during the inspection and a notification submitted to the Care Quality Commission with the relevant amendments.

The office administrator stated that quality assurance questionnaires had now been used and analysed. Not all people and relative we spoke with knew about any surveys or questionnaires, but were happy that their views were sought and told us about relative meetings and that one was to be held next week. Relatives told us the meetings were effective and they could see that their thoughts and ideas were acted upon.

Comments included, "Me and my family go to all the 'families meetings' - you can make changes this way," "We have filled in a questionnaire about what we think of the home" and "I have been asked about my views and opinions of the service."

We saw the organisation had policies and procedures relating to all aspects of service provision.

We checked if improvements had been made following our inspection on 1 March 2017 when we found a breach of regulation in regard to notifying the Care Quality Commission of incidents that had taken place at the service. At this inspection we found improvements had been made and notifications were being submitted as required.

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
Diagnostic and screening procedures	Systems and processes were not always operating effectively to ensure compliance with regulations.
Treatment of disease, disorder or injury	

The enforcement action we took:

Impose condition of registration