

Mrs Janet Barlow

# Derby House

## Inspection report

25 Derby Street  
Barnsley  
South Yorkshire  
S70 6ES

Tel: 01226292680

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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

### About the service:

Derby House is a care home that provides personal care and accommodation for up to three people with mental health needs. At the time of this inspection there were two people using the service. One support staff is provided between the hours of 9am to 3pm each day. A team of two staff work at the home.

### People's experience of using this service:

- People told us they were consistently treated with kindness, dignity and respect. Without exception, people told us they felt safe and well supported. One person said, "When I look back I am overwhelmed with the help they [staff] have given me." One person's relatives praised the standards of support provided by staff and they told us their family member was healthier and happier since moving into Derby House;
- People received personalised support from staff who knew them well. Staff had built positive relationships with people living in the service. Staff supported people to retain their independence and to remain involved in planning and reviewing their care to ensure it was provided in accordance with their own preferences;
- Staff worked closely with a range of community health professionals to promote good outcomes for people;
- The service was consistently well-led. People felt able to raise any concerns with the registered manager and were confident they would be addressed. Staff felt well supported by the registered manager;
- The registered manager and staff completed a range of quality checks and audits of the service to make sure the care and support provided was of high quality. This supported the continuous improvement of the service;
- The service met the characteristics of good in all key questions, however, we have made a recommendation about training records;
- More information is in the full report.

There have not been any published ratings inspections against this location because the service was dormant. The last inspection report (published 24/07/2014) did not identify any breaches in the regulations checked at that time.

### Why we inspected:

This was a planned inspection as the service began supporting people again in May 2018. The service is rated good.

### Follow up:

We will continue to monitor this service. We plan to complete a further inspection in line with our re-inspection schedule for those services rated good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Derby House

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

This inspection was completed by one adult social care inspector.

#### Service and service type:

Derby House is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means the manager and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or at the other two services they manage. We needed to be sure that they would be in.

#### What we did:

Before this inspection we reviewed information we held about the service. The registered manager had completed a Provider Information Return (PIR). The PIR 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. We also reviewed notifications submitted to us by the service. Providers are required by law to notify us of certain events, such as when a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

We contacted social care commissioners who help arrange and monitor the care of people living at Derby House. We also contacted Healthwatch Barnsley. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback from these organisations to plan our inspection.

During this inspection we spoke with both people living at Derby House, and three of their relatives. We spoke with the registered manager and the one support worker on duty. We spoke with the second staff member over the telephone. We also spoke with a community health professional who had regular contact with the service over the telephone, to obtain their views about the service.

We looked at both people's care records, administration records for three separate medicines and two staff files which included recruitment checks, supervisions, appraisals and training records. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met. Both people receiving support told us they felt safe. One person told us, "I am much safer here than where I lived before." Relatives spoken with said, "[Family member] is so much better, we know they are safe now and that means we don't worry."

Systems and processes to safeguard people from the risk of abuse:

- The provider had appropriate systems in place to safeguard people from abuse.
- Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse and they were confident the registered manager would address any concerns they raised.

Assessing risk, safety monitoring and management:

- Systems were in place to identify and reduce risks to people.
- People's care records included assessments of specific risks posed to them, such as managing medication, finance and 'outside the house'. Care records contained appropriate guidance for staff about how to support people to reduce the risk of avoidable harm.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained.

Staffing levels and recruitment:

- The service provided one support staff each day from 9am until 3pm to promote independent living skills. Outside of these hours, the two people living at the home lived independently. A telephone and emergency contact number was available to them. Both people said they were happy with the staffing arrangements and had never had to use the emergency number.
- We found a team of two support staff worked at the home and covered for each other to make sure support staff were available for agreed hours. The registered manager told us staff rotated every six months from the other two homes they managed, so that people always knew the staff providing support.
- People receiving support, their relatives and staff were happy with the staffing arrangements.
- Suitable recruitment checks were completed before staff were employed to work at the service, to help make sure the staff were assessed as suitable to work at the service.

Using medicines safely:

- Medicines were administered in accordance with people's identified support needs. One person self-administered their medicine. The other person living at the home had support from staff to manage their medicines.
- People were receiving their medicines as prescribed by their GP.
- People told us they were happy with the support they received with their medicines.
- Medicines were obtained, stored and disposed of safely by staff.

- The provider had a policy in place regarding medicines administration. This provided guidance to staff to help ensure people received their medicines safely.

#### Preventing and controlling infection:

- Derby House was clean and there was an effective infection control system in place. The system was regularly audited to check it was effective and being implemented correctly.
- Staff followed cleaning schedules and had access to personal protective equipment such as gloves and aprons.

#### Learning lessons when things go wrong:

- The provider had a system in place to learn from any accidents or incidents. This reduced the risk of them reoccurring. The provider was keen to learn from these events. They shared any learning across all their care home locations to improve safety in each home.
- The registered manager analysed accident and incident records to identify any trends and common causes.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into Derby House to check the service was suitable for them. A detailed support plan was then written for each person which guided staff in how to support them.
- People receiving support were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so support could be provided in accordance with their needs and preferences.

Staff skills, knowledge and experience:

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively. People told us, "They [staff] help here, persevere until you can do things" and "The staff are great. I get the support I need."
- Staff completed a training programme and regularly refreshed their knowledge of different subjects. Both staff confirmed they had received relevant induction and refresher training. However, the matrix of staff training did not record up to date information which reflected the certificates seen in individual files. We recommend the matrix of staff training is reviewed and updated to make sure it accurately reflected the training provided, and to identify any potential gaps in refresher training provision.
- Staff received regular supervision from their line manager and annual appraisals. Staff told us they felt supported to carry out their roles effectively.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were supported to maintain a balanced and varied diet that met their nutritional requirements.
- People were involved in meal planning, food shopping and food preparation. We saw plentiful supplies of food available for people.

Staff providing consistent, effective, timely care:

- People were very positive about the care they received from staff. One person commented, "I would have relapsed and fallen into disrepute if it wasn't for here. I look back and I am overwhelmed by the help they [staff] have given me. My family are proud of me again."

Supporting people to live healthier lives, access healthcare services and support:

- Staff worked closely with other organisations to deliver effective care and support to people. Staff regularly sought advice from community health professionals such as the GP and Community Psychiatric Nurses. This process supported staff to achieve good outcomes for people and to help people maintain their health.
- People were positive about the support they received to maintain their health. Comments included, "I'm so much healthier since I came here. I've put on weight and look loads better," "They [staff] help me with any appointments. I go to all my hospital appointments and see a dentist and optician" and "My health



deteriorated so I came here and have improved. It's peaceful here. I need support that doesn't bother me and they [staff] do that." A relative commented, "[Family member] is so much better."

- We received positive feedback from a health professional who had regular contact with the service. They told us they had no concerns about Derby House.

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

- People were involved in decisions about the premises and environment. For example, we saw recent service user meetings identified the gate to the rear of the property was damaged. We found this had been repaired to provide secure access to and from the service. People had been supported to make their bedroom homely with their own belongings.
- The premises had sufficient amenities such as a bathroom, kitchen, individual bedrooms and communal areas to ensure people could receive the support they required.
- A maintenance programme was in place to make sure a safe environment was maintained.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff developed support plans in consultation with people living in the service. People had signed consent forms to demonstrate they consented to the care and support described in their support plan.
- We observed staff seek consent and agreement from people throughout the day before providing any support, such as helping with lunch, or making plans, such as when to go food shopping.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- Staff treated people as individuals and their choices and preferences were respected. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- People were overwhelmingly positive about the way in which staff supported them and they told us staff were always kind and caring. Comments included, "I had no self-worth, no self-respect when I came here. I have loads now, thanks to them [staff]" and "The staff are very respectful. They have diligence."
- People's relatives told us their family member was well cared for and that they received support from the service as a family. Relatives commented, "We've been made to feel welcome and we have contact with our [family member] again."
- Staff had developed positive relationships with people and displayed affection towards them. A staff member told us, "We really care about the people we support. We get to know them really well because it's such a small service."
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People were involved in reviews of their care. People told us they attended care reviews to highlight their needs, wishes and choices so they could be recorded in their care plan. One person said, "We sit down and talk about it [support plan] every month. I helped write it."
- People were afforded choice and control in their day to day lives. We observed staff asking them what they wanted to do during the day and where they would prefer to spend their time.

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful of people's privacy and dignity. All staff had received training in dignity and we observed staff to be respectful throughout this inspection.
- Staff supported people to be as independent as possible, to promote their wellbeing. A relative told us, "They [family member] have come on leaps and bounds. We feel like we've got [family member] back."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care records were detailed, person-centred and accurately described what support they needed from staff. They were reviewed monthly or sooner, if a person's needs changed. This helped to ensure they were accurate and up to date.
- Care records clearly documented people's likes, dislikes and social histories. This supported staff to get to know people well and provide a personalised service.
- Derby House supported people to access a range of leisure opportunities in line with their interests. The three homes in the provider group organised social activities like barbeques and get togethers that people were free to join if they chose. People told us they often went into the town centre to shop, went for walks and visited local restaurants. People chose what to do with their time.
- Staff displayed a good understanding of the physical and psychological benefits of activities on people's wellbeing.

Improving care quality in response to complaints or concerns:

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- The registered manager confirmed they would keep a record of any complaints which would allow them to easily identify any themes or trends which they could act upon to improve the service. No complaints had been received.
- People and their relatives told us they could confidently raise any concerns with the staff or registered manager and they were sure they would be addressed.

End of life care and support:

- The registered manager informed us, should end of life support be needed, they would liaise with relevant health professionals to provide appropriate support at that time.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management:

- Staff were very positive about the way the registered manager ran the service. Staff commented, "The manager is really supportive. Really good."
- Staff said the manager was always available to them. Our observations during this inspection showed both people receiving support and staff knew the registered manager well and were comfortable with them.

The provider's promotion of person-centred, high-quality care and support, and understanding and acting when things go wrong; Continuous learning and improving care:

- The registered manager and provider were keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home which was driven by the registered manager. They were keen to achieve good outcomes for people.
- The registered manager monitored the quality of the service and acted when issues were identified. Each month they completed a range of checks on the service. For example, they audited a sample of care plans every month and completed an audit of the medication administration system. Where audits identified something could be improved, the registered manager created an action plan.

Management and staff understanding of their roles, quality performance, risks and regulatory requirements:

- The service was well-run. Staff understood their roles and responsibilities.
- Staff were supported to carry out quality assurance checks on the service in addition to the audits completed by the registered manager and provider. The registered manager maintained an oversight of the quality assurance system to ensure the service met the regulatory requirements.

Engaging and involving people using the service, the public and staff:

- People and their relatives told us they were regularly asked their views about the service.
- People, their relatives and visiting professionals completed surveys which asked for their views of the service. The results were analysed by the registered manager and used to continuously improve the service. Action plans were created where necessary.
- Staff and service user meetings took place so any issues about the home could be discussed and people's views obtained.
- Staff meetings took place and staff were also given the opportunity to raise any ideas or concerns about the service during their supervision meetings.

Working in partnership with others:

- The registered manager welcomed community organisations and visiting professionals into the home

which enabled the service to work in partnership with them.