

Darwin House Limited

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Inspection report

Darwin Lane
Sheffield
South Yorkshire
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Tel: 01142301414

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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

Darwin house is a residential care home providing personal care for up to 28 older people. The facilities are over three floors. At the time of our inspection, 19 people were living at Darwin House.

People's experience of using this service and what we found

People were supported in a safe environment by staff who were suitably skilled and competent to meet their needs.

Staff were aware of how to safeguard people from abuse and had good knowledge on how to recognise and respond to concerns. There were no open complaint and the provider had a complaint policy and procedure in place.

Care plans were reflective of people's needs. An electronic care planning system was being implemented to support the improvement and development of care planning and record keeping. Care plans reflected people's diverse needs.

Medicines continued to be administered as prescribed. Risks were monitored and evaluated and the home was very well maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People unanimously gave positive feedback on the service. The dining experience was delivered to a very high standard and people and relatives were complimentary about the choice and presentation of the food served.

The service worked in partnership with various health and social care professionals to ensure holistic care was provided.

There were robust systems and processes in place to ensure the service was well delivered and continually improved. People, staff and relatives were involved in giving feedback into how the service was run and developed. There was a dedicated staff team who were committed to ensuring people received person centred care. They were passionate about the work they carried out and the outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 July 2015). There was also an inspection on (24

November 2017). However, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Darwin House Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an Expert 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.

Service and service type

Darwin House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to send a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care

provided. We spoke with seven members of staff including the registered manager, assistant manager, senior care workers, care workers and the chef. We spoke with three professionals who regularly visit the service. 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 reviewed a range of records. This included two people's care records and multiple medication audits. We looked at a variety of records relating to the management of the service, including policies and procedures and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and supervision data.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the inspection on [21 July 2015] this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management Learning lessons when things go wrong

- The service was assessing and monitoring risks to people and the environment to ensure they were safe.
- Staff knew people well and knew how to promote their health and wellbeing and to keep them safe. One staff member said, "We make sure people are safe, we check any visitors are known to us. Where people have been at risk of falls we have got sensor mats in place, so they are safe."
- Regular health and safety checks of the building were carried out, to ensure it was safe to live in, for example fire equipment, water temperatures and electrical equipment. External health and safety companies also regularly completed additional checks.
- There was regular monitoring of accidents and incidents taking place. The registered manager had systems in place which highlighted any themes and trends to assist with accident analysis.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relative agreed that people were safe living at Darwin House.
- Staff had good knowledge on how to identify abuse and what to do if they had any concerns. All staff felt that any concerns they raised would be suitably addressed.
- Staff received regular training in safeguarding and were aware of the importance of protecting people from abuse.

Staffing and recruitment

- There were suitable and sufficient numbers of staff employed.
- People, relatives and professionals said there were enough staff available to meet people's needs. One staff member said, "Staffing levels are OK, we are in the middle of getting new staff so we are currently interviewing. I would encourage my friends and family to work here." A relative said, "Staff selection must be good as they have only a small turnover of staff here."
- The registered manager continued to implement a robust recruitment process which ensured staff had thorough employment checks including checking identity, references and disclosure and barring service updates (DBS).

Using medicines safely

- People continued to receive their medicines as prescribed. Medicines were stored, administered and disposed of safely.
- Staff were suitably trained and regularly had their competency assessed to ensure they were safely administering medicines. In addition to the providers training and assessment they completed additional training with Boots Pharmacy.
- There were regular audits carried out to check that medicines were being safely administered.

Preventing and controlling infection

- The environment was exceptionally clean and well maintained.
- Staff had an ample supply of personal protective equipment (PPE) available to them. Staff followed good infection control practices.

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.

At the inspection on [21 July 2015] this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant 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

- There was an initial assessment of people's needs. This ensured the home would be a suitable environment for people.
- Care plans reflected any diverse needs, including their religion, ethnicity, disabilities and important relationships. This helped staff to recognise and understand aspects of people's life which were important to them.
- The staff regularly liaised with health and social care professionals to ensure people's needs were being met safely. One health care professional said, "The staff are willing to work with us, if anything changes with people's needs they let us know. We have no concerns."

Staff support: induction, training, skills and experience

- Staff received an in-depth induction to the service which involved completing the providers mandatory training and shadowing experienced staff.
- People continued to be supported by staff who had the required skills and knowledge to support them effectively. The registered manager monitored staff training to ensure staff could support people.
- Staff were supported in their roles. They told us they received regular support and meetings with the registered manager. This gave them opportunities to discuss and review their practice and any areas for development.

Supporting people to eat and drink enough to maintain a balanced diet

- Without exception people told us the food was very good. One relative said, "The food is exceptionally good [my relative] can't speak too highly of it. Its beautifully presented and well cooked. We have shared meals here and it's always been first class and staff can't do enough to help you."
- Care and attention was taken to ensure the dining experience was delivered to a very high standard.
- We spoke with the cook who explained their processes for enabling choice. They also had an awareness of specialist meals to meet people's needs who had either choking risks or preferences related to their religion or culture. The cook said, "We offer a full breakfast menu, toast, cereal or a cooked breakfast. I bake cake's every morning which goes around with the drinks trolley. At lunch time there is always two starters, two main course and three puddings. People here love their puddings."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Professionals told us the service worked in collaboration with them to ensure people had effective,

consistent care. One health care professional said, "The [service] here is very good. There's no way I would worry about any of the patients here."

- People's care plans reflected any diverse needs, including their religion, ethnicity, disabilities and important relationships. This helped staff to recognise and understand aspects of people's life which were important to them.

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

- Darwin House was decorated and maintained to a very high standard. The home had a nice ambience and a welcoming, homely feel.

- A programme of maintenance, improvement and redecoration was being carried out. The provider had built a conservatory, and this was an addition to the dining room. People told us this enhanced their dining experience.

- A hair and nail salon were a pleasant addition to the home and helped to promote positive wellbeing. One person said, "I like that they have a hair salon on the first floor. I can get my nails done. We have a chiropodist and they cater for the lot."

- People were involved in choosing colours and themes of communal areas and were also able to personally decorate their bedrooms with personal effects and their own choice of furniture.

- Communal areas and corridors were suitable for people who used wheelchairs. Walking aids, such as walking frames were provided. Staff supported people to move around the home and were assisted to remain as independent as possible.

- Notice boards contained information to inform people about the service, such as activities, menu's staffs and recognitions of awards and good practice.

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.

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 MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were aware of the MCA and knew that people should, where possible, make their own choices and they promoted this.

- The registered manager submitted and monitored DoLS applications they made to the local authority to ensure any restrictions on people's liberty was lawful and the least restrictive method.

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.

At the inspection on [21 July 2015] this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, patience, and kindness. This was observed throughout the day of our inspection visit. Without exception, we received 100% positive comments. For example, a relative said, "I probably visit here two or three times a week. I haven't seen one member of staff who I thought could do with improving. They have the right attitude and they deal with everything they have thrown at them. They get the job done well." Another said, "Staff are extremely helpful, courteous and friendly. They do an awful lot here for the people, they are very friendly." This was echoed in the feedback we received from people, one said, "I find the staff are very caring, I can't grumble about anything. They look after us all very well."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records recorded people's preferences and information about their backgrounds, so staff had a clear understanding of people's needs physical and emotional needs.
- People were involved in making decisions about their care. Staff made opportunities to spend time with people, they spoke and listened to people and observed their actions. One staff member said, "I would definitely be happy for my relative to live here. I can see how well its run, the care they get, the fun they have and how everyone pulls together. It's like how you would treat your parents, we are looking after people how we would want our family to be looked after."
- Some people were not able to express their views or be fully involved in making decisions about their care. Where appropriate, relatives or advocates were included in the decision-making process.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was treated with importance and they were spoken to with respect. People told us staff were respectful of their privacy and we found this in our observations.
- People were supported to be as independent as they could be. Staff supported one person to get around the home, they weren't rushed, and staff were mindful and supporting of the person's needs.

Is the service responsive?

Our findings

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

At the inspection on [21 July 2015] this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to receive care and support which was personalised to them. Staff were familiar with people's likes and dislikes including activities and interests. One staff member said, "The staff here are person centred, which is all about what that person feels and needs and ensuring beliefs and choices are kept."
- People told us staff gave them choices and they were able to make every day decisions about their care and how they wished to spend their time. One person told us how they didn't always want to join in with the communal activities which were offered but preferred to have time alone and this was respected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained detail of people's preferred method of communication.
- Staff told us how they were made simple adjustments to enable effective communication. For example, one care worker said, "We ask people what their choice is and for people who can't tell us use picture cards or one person will tap on one hand for yes and the other hand meaning no."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain social and cultural links. We saw photographs around the home of various events which people had clearly enjoyed.
- People were able to continue with their chosen faiths and links with local churches enabled people to attend religious services if they chose to.
- Staff chatted with people and suggested activities for people to do. On the day of our inspection people were visited by a Pet as Therapy (PAT) dog. The dog was a regular, and very welcomed visitor to the home. One person said, "The dogs been here this morning, I've had a chat with him."
- People were very positive about the all of the activities the service offered. A relative said, "I would say the level of activities is about right. A lad comes in and does an armchair aerobics class. Sometimes the simplest things are the nicest, like chatting with staff and the friends that [relative] has made."

Improving care quality in response to complaints or concerns

- The provider had a complaint policy and procedure in place.

- There were no current open complaints. The provider had a complaint log so that complaints could be recorded, and lessons could be learnt to drive service improvement.
- People and relatives told us they were confident to raise any concern and they had confidence that action would be taken to resolve any issue.

End of life care and support

- One person was receiving end of life care at the time of inspection and staff had previously supported people at the end of their lives and did this in a kind, dignified and personalised way.
- The home offered peace, comfort, and dignity, during end of life care and were proud of the palliative care award which they had won. One care worker said, "We won the award because we are a really caring home, end of life is so important to us."
- The service supported the emotional and spiritual needs of residents and their family by working closely with various professionals including doctors, district nursing team and Macmillan Nurses.

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.

At the inspection on [21 July 2015] this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Management and staff had a good understanding of the duty or candour and what this meant for people they support.
- Accidents and incidents were documented and recorded. We saw incidents and accidents were monitored and serious incidents were escalated to other organisations such as CQC.
- Quality assurance processes were robust and embedded into practice. They were developed to consistently drive improvement.
- A new electronic care planning and monitoring system was being introduced. Once this was fully operational it would further enhance the way in which the provider audited and monitored the service delivery.
- The provider had identified that the home needed to extend their wireless capabilities to support the implementation of electronic care planning. They had promptly installed an upgrade to ensure a problem free transition.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives had opportunities to contribute to the way the service was run. Regular meetings took place to involve and share views with people and their families.
- Staff and relatives received annual surveys to provide feedback on the quality of the care. Some of the comments received included, ' Overall I think Darwin House is a lovely place and I could be happier for my relative.'
- Results from surveys were collated and action taken for areas of improvement. One relative said, "[The registered manager] is approachable and there would be no problem if I wanted to have a word about something. I see good management being applied here. I make constructive suggestions and they take them on board, but I can't remember one serious issue. They can't do enough for my relative and seem to have an individual, bespoke approach to each person."
- Staff told us they had regular supervision and staff meetings where they were able to put forward topics for discussion and share information. Staff said they were very well supported. One staff member said, "I have confidence in the managers, they deal with issues, they are good to talk to."

Continuous learning and improving care; Promoting a positive culture that is person-centred, open,

inclusive and empowering, which achieves good outcomes for people

- The management team and provider promoted a positive culture where everyone felt valued. High importance was placed on service improvement and development to ensure people were achieving their goals and aspirations.
- The registered manager accessed information and advice from other organisations to ensure they provided a service based on current best practices.
- The management team was looking at new ways to promote health and wellbeing and enhance people's lives. They were planning on investing in interactive software which would give people the opportunity to use interactive touchscreen technology. The registered manager told us, 'We are so thrilled with this table and how it will open a new understanding and chapter, looking at such things as Google Earth to where show were people live, family lives, reminiscence, games and other activities.'

Working in partnership with others

- The service continued to work in partnership with other agencies to support care provision.
- The management team acted on advice from a range of visiting healthcare professionals. One healthcare professional said, "This is the nicest care home we visit. Another said, "What a lovely place. It is so nice here."