

Darsdale Carehome Limited

Darsdale Home

Inspection report

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Date of inspection visit:

21 June 2021

06 July 2021

Date of publication:

02 September 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Darsdale Home is a care home, it provides personal care to older people, people with mental health conditions, physical disability, dementia, people with a learning disability and autistic people. At the time of the inspection there were 30 people using the service. The service can support up to 30 people in a large detached period building set in grounds.

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

Staff deployment did not always meet people's individual care and support needs. Staff did not always have sufficient time to maintain expected standards with regards to personalised care.

Medicines management processes did not fully follow best practice guidance. Improvements were needed to ensure people were not at risk of harm.

Infection control measures had been increased since COVID-19 and staff had worked hard to ensure people remained safe during COVID-19. PPE (personal protective equipment) was readily available, and staff used this appropriately. However, some issues were identified during the inspection with regards to the laundry, which the registered manager assured us would be rectified.

People who lived at the service told us they felt safe and happy most of the time. However they did have some concerns about how long it took for staff to answer call bells and they were unsure if they had food choices as they did not have menu's at mealtimes.

People told us staff treated them well and they knew who the registered manager was. Staff had a good understanding of safeguarding, and how and who to report concerns to. People received care from trained staff. Safe staff recruitment checks were completed before staff commenced their employment.

The provider's systems and processes used to monitor quality and safety were not fully effective. The provider's internal governance, systems and processes had not fully identified the shortfalls we found. Care plans and risk assessments were found to be not up to date. Staff were in the process of transferring people's care records from paper to a new electronic care planning system.

Relatives gave positive feedback about the service, telling us that communication had recently improved, however they would of liked to of known more during the start of COVID-19.

Staff felt supported by the provider, registered manager and each other, however they were conscious the service had a number of vacant posts which might further impact them.

There was evidence of partnership working with professionals to support people's healthcare needs.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right Care, Right Culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of Safe and Well-led. The service was able to demonstrate how they were meeting some of the underpinning principles of Right Support, Right Care, Right Culture. Staff respected people's privacy and dignity, seeing them as individuals regardless of their health condition or day to day needs. The new care planning software was person centred, detailing what mattered to people, including external professional guidance with on their preferences. However, inspectors felt opportunities to engage in meaningful activities, interest and hobbies including social inclusion was limited. There was a lack of stimulation in the service.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 7 March 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had been sustained and the provider was no longer in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

We received concerns in relation to the management of medicines, staffing levels and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same, Requires Improvement. This is based on the findings at this inspection. This service has been rated requires improvement for the last four consecutive inspections.

The registered manager took immediate action to mitigate some of the risks identified during this inspection; this included reviewing the cleaning schedules of the service and reviewing dependency levels.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Darsdale Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified three breaches in relation to the management of medicines, staff deployment, and governance of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good and request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Requires improvement'. As this service has been rated requires improvement for the last four consecutive inspections, we are placing the service in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of requires improvement or inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Darsdale Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience completed a site visit to the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A pharmacist specialist supported the inspection remotely and reviewed the medicine management of the service.

Service and service type

Darsdale Home 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We also contacted Healthwatch for feedback about the service. 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 all of this information to plan our inspection.

During the inspection

We observed staff engagement with people where possible and spoke with six people who used the service. We spoke with eight members of staff including the registered manager, senior care staff and care staff. We spoke with three relatives after the site inspection about their experience of the care provided.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including the service dependency tool, audits and policies. We also reviewed the internal and external environment.

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. This included but was not limited to reviewing training data and quality assurance records. We made contact with a professional who had visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staffing levels were not sufficient to meet people's individual care and support needs. People told us they had to wait for care at the service. One person told us they once had waited forty-five minutes for staff to respond to their call bell. They said, "You just have to wait." Another person told us, "Sometimes I sit and wait, and I feel like no one is coming. Fair enough they are busy, but it's how it makes me feel." Inspectors observed call bells being left to ring for more than a few minutes during the site visit and this was brought to the registered managers attention.
- We reviewed the provider's dependency tool. This was not effective, as the recorded dependency levels was not accurate and did not reflect the needs of the people using the service. This was discussed with the registered manager and we were advised this would be reviewed.
- All staff spoken with, told us they believed staffing levels were insufficient and this was their greatest concern. Staff told inspectors they felt especially concerned when moving and handling people sometimes required two trained staff. Comments included, "The needs of the residents have changed, and we do not have the extra staff, it can be quite hectic." And "I see care staff dashing about a lot and I know they feel under pressure."

We found no evidence that people had been harmed however, the failure to ensure sufficient numbers of staff were deployed to meet people's individual care and support needs increased the risk of harm. This was a breach of Regulation 18 (Staffing) (Regulated Activities) Regulations 2014.

- The provider had recruited staff; however COVID-19 had delayed these people coming into post and recruitment continued to be difficult. A number of senior care staff had left recently and this had put further pressure on senior care staff and the registered manager at the service. This was recognised by the provider and staff felt supported by the provider and registered manager. A number of long-term agency care staff continued to work at the service.
- Staff confirmed they had received a face to face interview, relevant pre employment checks, induction and shadowing opportunities. Relevant documents were seen in the staff files.

Using medicines safely; Preventing and controlling infection; Assessing risk, safety monitoring and management

- Medicines were not always managed safely and best practice guidance in the management of medicines was not consistently followed by the provider and the registered manager which placed people at potential risk of harm.
- Medicine Administration Records (MAR) we reviewed provided evidence that not all people were given

their medicines as prescribed. One person's MAR we reviewed had gaps in administration of their medicines on one day. This had not been identified or followed up on daily audits or staff handover. Another person's MAR did not reflect the changes to their medicines as directed by the doctor. We therefore were not assured that medicines were being administered by staff as intended by the prescribers.

- People's medicine care plans did not have accurate and adequate information related to people's medicines at the time of the inspection. Three people were administered medicines covertly, however there was no medication review to advise care staff how the medicines should be covertly administered safely to people. The provider did not follow its own policy or national guidance issued by National Institute for Health & Care Excellence (NICE). This meant there was a risk that care staff may not be administering medicines safely or effectively for people to gain the desired therapeutic outcome from their medicines. Following the inspection the provider has confirmed their electronic care planning system has now been set up to include Medication Care plans and regular reviews.
- Failures in hygiene practices had not been identified. The laundry room had not been kept clean. Sink and floor surfaces had not been cleaned and soiled laundry was observed soaking in an uncovered bucket, which risked the spread of potential infection.
- Inspectors also found cleanliness concerns elsewhere which were reported to the registered manager during the site inspection. We signposted the provider to resources to develop their approach.
- People's known risks were not consistently mitigated as people's care records were not up to date. Therefore, putting people and others at potential risk of harm. Not everyone's risk assessments had been transferred to the new electronic care planning system as many had required updating and the new electronic risk assessments were more comprehensive. The registered manager confirmed this would be completed as a priority.
- Care plans and risk assessments did not always meet the needs of people with specific health conditions, such as Epilepsy and Diabetes, as they did not detail best practice guidance. This meant care staff would not know how to respond to any concerns related to that condition. The provider failed to ensure care staff were supporting people as recommended to do so by expert advice. This put people at risk of harm.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took action to resolve to the infection control issues with the housekeeping staff after the inspection.
- Staff were trained in medicines administration and this was confirmed by the training records and staff feedback. Senior staff completed regular competency checks for care staff.
- Care staff and kitchen staff had an understanding of infection prevention and control with regards to COVID-19, this included the use of PPE, the putting on and taking off of PPE, and its disposal. The provider was accessing testing for people using the service and staff.
- People's risk assessments that were up to date, considered risks to people in the environment as well as risk to the individual such as weight loss, falls and skin condition. Regular reviews took place; however people's care plans were not always updated following changes.
- Records evidenced that risks in relation to the environment, kitchen, fire and other health & safety matters had been effectively assessed and were being monitored at the service by the provider and staff.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care they received. One person told us, "I feel very safe, they wake you up with a cup of tea, and they come when they can. They will come and help, see what's the matter, and if they can

help, they will comfort you." A relative said, " [My relative] is happy. The staff seem to understand [my relative] and with good humour."

- The provider had systems in place to safeguard people from abuse and followed local safeguarding protocols when required.
- Staff had received training and knew how to recognise abuse and protect people from the risk of harm. Staff understood how to report any concerns by following safeguarding or whistleblowing procedures.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents. The registered manager showed us how incidents and accidents were investigated and followed up. We saw prompt action was taken when an incident occurred, however more work was needed to ensure records were also updated where appropriate.
- Lessons were learned when things went wrong, although this was not always recorded. The provider and registered manager described how they had addressed and worked through arising challenges during COVID-19.

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 last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving 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

- The provider had not maintained effective oversight of the quality and safety of the service. The provider had not identified the dependency information collated to determine staff numbers in the service was not up to date, accurate and did not reflect people's current needs. The provider had also failed to ensure this information was properly analysed and reviewed by people with the appropriate skills and competence to understand its significance. This put people at risk of harm.
- The current auditing process required further review to ensure this was effective as the most recent audits had not identified issues we found during the inspection. For example, the infection, prevention and control audit had not identified the cleanliness issues found in the service. Recorded actions from recent medication audits were not clear. The provider could not demonstrate any learning outcomes as a result of audits. This meant that people were at potential risk.
- The provider's policies for the service required review to ensure they were up to date and in line with national guidance and best practice for staff to follow. For example, the infection prevention and control policy not been updated in response to COVID-19 and there was limited evidence this had been reviewed regularly following national guidance updates throughout COVID-19.
- The provider's medicines management policy did not include information on what level of training was required by staff handling medicines, how often training needed refreshing and how often competency would be assessed. The policy did not include information on stock checks, including how often staff should carry out a stock check of controlled drugs (CDs) and how to escalate any discrepancies.
- Regular stock checks for controlled drugs were not carried out. We found an incorrect entry in the CD register which had not been corrected and had not been identified as part of the medicines audit.
- There was not always an accurate and contemporaneous record in respect of each person in place. People's care plans, risk assessments and monitoring forms regarding behaviours that may challenge were not accurate, complete or up to date.
- The registered manager told us they were working with a senior care worker to get people's care records transferred from paper to the electronic care planning system. Only once the information was fully on-line did care staff refrain from using the written care plan. However, this progress had been slow, meaning staff and health care professionals did not always have the most up to date information to follow for people. This put people and staff at risk of harm.

- Staff had not always received regular supervision. Regular team meetings were taking place; and staff told us they felt supported; however, staff changes had interrupted the frequency of the formal supervisions.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety and oversight was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had a schedule in place to ensure oversight and would be arranging formal documented supervisions and as soon as possible.
- The registered manager and provider were supportive of the inspection process and receptive to feedback given. They were keen to drive improvements to the care people received, and to staff working at the service.
- The registered manager was aware of their responsibility to be open and honest when something went wrong. They were aware of the need to inform the local authority and submit notifications to the CQC when required.
- People and relatives told us they had confidence any issues raised with the registered manager or the provider would be dealt with promptly and appropriately. One relative said, "I would speak to [registered manager], as they are accessible and open. Any worries, I call them."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were mixed views from people regarding the service. People spoke highly of the staff and the majority of the care given but raised concerns about times they are left waiting for assistance, not having meal choices or menu's and care staff not speaking to them when delivering care. One person told us, "Its lovely here, everybody is very nice. But [staff] used to pop in for a chat, now nobody's got the time." Another person told us, "There are no meal choices. I haven't been asked, [staff] just bring me something."
- The registered manager and staff knew people well and feedback confirmed they were approachable. One relative told us, " They [staff] are friendly, all the staff and the manager." Another relative said, "[My relative] has got on considerably better at this home. The manager is accessible and open."
- We received positive feedback from staff about the positive impact the senior care staff, registered manager and provider has on the service and the people. Staff were supportive of one another, yet staff did voice concerns with the current staffing levels at the service. The registered manager spoke highly of the staff team for how they had cared for people during COVID-19.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us communication from staff had improved recently, however at the start of COVID-19 relatives reported they did not know what was always going on and were pleased communication had improved.
- Resident and relative's meeting's, when possible had been held by the registered manager and provider. We saw feedback from residents and relatives was recorded.
- Team meetings were used to share information with staff and allow staff to feedback. We saw minutes of meetings to confirm these took place, and staff told us they were comfortable to speak up within this forum. Staff told us the provider was very open to ideas and complaints and suggestions are heard.
- The registered manager was in the process of reviewing with the provider how best to engage formally with people and relatives to further discuss ideas and any concerns.

Working in partnership with others

- The registered manager and staff team worked with health and social care professionals to help respond to people's changing needs and had advocated for people during COVID-19, when services were not always easily accessible.
- The registered manager and provider were keen to work with the local authority and the local National Health Service (NHS) to improve the overall quality of care people received.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured risks to people were effectively assessed and mitigated, as concerns were identified in the management of medicines, infection prevention control procedures and people's risk assessments at the service.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not maintained effective oversight of the safety and quality of the service. Audits, checks, policies and procedures and oversight within the service had been poor, resulting in care records not being kept up to date, poor management of people's medicines and infection prevention and control, and poor staffing levels.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staffing levels were not based on current individual dependency needs and people were left waiting for care. Staff were not always delivering person centred care and were under pressure to attend to call bells whilst delivering two-person care.</p>

