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Darley Dale Care Home

Inspection report

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Date of inspection visit:
26 February 2016

Date of publication:
30 March 2016

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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 26 February 2016 and was unannounced. The home was last inspected on 2 July 2013 and met all the legal requirements assessed at that time.

Darley Dale Care Home provides accommodation and care for up to 13 older people. At the time of our inspection there were seven people living at the home.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We had not been notified of some events affecting people living at the home. CQC monitors events affecting the welfare, health and safety of people living in the home through notifications that providers are required to send to us.

People and their representatives made positive comments about Darley Dale Care Home; they appreciated the caring approach of the staff and the atmosphere of a small care home. Their individual needs and wishes were known to staff who had achieved positive relationships with them. People and their representatives were involved in the planning and review of their care. Risks to people's safety were identified, assessed and appropriate action taken. Visitors were welcomed into the care home. A relative of a person using the service told us Darley Dale was a "nice happy little place".

Staff received support to develop knowledge and skills for their role. A small staff team worked well together to keep people safe and meet their needs. One staff member commented "we all get along quite well". The management were visible and accessible to people, their visitors and staff.

We found breaches of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

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.

Sufficient staffing levels were maintained to meet people's needs.

People were safeguarded from the risk of abuse and from risks in the care home environment.

There were safe systems in place for managing people's medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received appropriate training and support to carry out their roles.

People were protected by the use of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards.

People enjoyed a choice of home cooked meals.

People's health needs were met through on-going support and liaison with relevant healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness.

People had developed positive relationships with the staff team.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care and support and were consulted to gain their views about the support they received.

People were enabled to engage in activities in the home.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Is the service well-led?

The service was not as well led as it could be.

Required information in the form of notifications had not been sent to the CQC.

The registered manager and deputy manager were accessible and open to communication with people using the service, their representatives and staff.

Quality assurance systems which included the views of people using the service and their representatives were in place to monitor the quality of care and accommodation provided.

Requires Improvement 

Darley Dale Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 February 2016 and was unannounced. One inspector carried out the inspection. We spoke with the registered manager and the deputy manager, two people using the service and three relatives. We contacted the home by telephone on 29 February 2016 and spoke with a member of staff. In addition we reviewed records for four people using the service toured the premises and examined records relating to the management of the service.

Before our inspection we received information from the local authority who were planning a routine quality review of the service.

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and contact details for reporting a safeguarding concern were available. The registered manager had completed additional safeguarding training provided by the local authority in 2013. We checked with the registered manager and there had been no safeguarding concerns relating to people living at Darley Dale. People using the service and their visitors told us Darley Dale Care Home was a safe place to be.

People were protected against identified risks. For example there were risk assessments for falls, pressure area care and nutritional risks. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a monthly basis. People were protected from risks associated with fire and electrical and gas equipment through regular checks and management of identified risks. Risk assessments had been completed on the safety of people's individual rooms.

We carried out a tour of the premises and noted the care home was clean. A cleaning schedule was in place with records kept of cleaning carried out. Visitors told us the home was "clean and tidy". Written comments from 2015 also showed the care home was kept clean. One relative stated "It is obvious to the eye that you keep a clean and safe home for all your residents to enjoy". Refurbishment work was being undertaken in the laundry with the intention of providing washable floor and wall surfaces. The latest inspection of food hygiene by the local authority had resulted in the highest score possible.

Adequate staffing levels were maintained. The registered manager explained how the staffing was arranged to meet the needs of people using the service. One person told us they received enough help from staff for their needs. Two visitors we spoke with thought there were enough staff for people's needs. Staff also felt staffing levels were sufficient for peoples' needs. We discussed staff recruitment with the registered manager. No new staff had been recruited for a number of years and there were no plans to recruit any new staff. However the policy and procedure for staff recruitment did not reflect the current regulations relating to staff working with vulnerable adults.

People's medicines were managed safely. Medicines were stored securely and records showed correct storage temperatures had been maintained. Medicines administration records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. There were records of medicines received and of medicines disposed of. Medicines were given to people by staff who had received suitable training. One person told us they were given their medicines at the right time of day and always given a glass of water to take tablets. Regular stock checks were carried out on people's medicines as well as checks on expiry dates.

Is the service effective?

Our findings

People were cared for and supported by staff with appropriate knowledge and skills. One person told us they were "quite happy with the staff". The registered manager was aware of the recently introduced care certificate qualification for staff new to the work of caring for people. However there were currently no staff in need of completing this qualification. Staff received training in food hygiene, dementia, nutrition and moving and handling. Two members of staff had recently been given paid leave to complete training courses. A member of staff told us the training they received was enough for their role. The registered manager explained that although no formal staff supervision was in place the small staff team were in regular contact with the registered manager and deputy manager through working alongside them. The member of staff we spoke with confirmed they received enough support to carry out their role.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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.

Where people lacked capacity to make certain decisions, assessments had been made of their mental capacity. However the documentation used included some information not relevant to the particular decision. We discussed this with the registered manager who agreed to look into this. We saw evidence relating to one person using the service where a standard application had been approved to restrict people's liberty. There were no conditions related to the approval. Where a person had appointed a lasting power of attorney (LPA), for health and welfare, the service was aware of this and had a copy of the relevant documentation.

Information was recorded about people's favourite food and drink and any known food allergies. A written comment from a relative from 2015 stated "It has also been very clear that you provide a very good menu throughout the week of which we have tasted on a number of occasions." Another relative commented "kitchen always has fresh food being cooked". We observed lunch being served to people. When the meal was finished people spoke of their enjoyment of the meal they were offered and accepted additional drinks. Menus offered choices such as a choice of main course with alternatives available if people did not like the meals on offer for the day. We saw how the deputy manager ensured people had their lunch cooked and served in the way they preferred.

People's healthcare needs were met through regular healthcare appointments and visits from healthcare

professionals such as a chiropodist. Records were kept of visits of GPs and other health care professionals and the reasons for their visit. The registered manager described a good relationship with the local GP practice. A district nurse visited one person during our inspection. Some people attended dental and optician appointments with support from relatives.

Is the service caring?

Our findings

People were treated in a caring way by staff who used a warm and friendly approach with people. Staff checked with people if they were happy for us to view their rooms when we looked over the home. One person told us "they look after me". A visitor described the caring approach of staff and management as "very professional" and added there were "no cross faces". Another visitor described staff as "caring and respectful". People described staff as 'kind and caring'. Written comments from relatives from 2015 were "Staff always caring and attentive", "attitude of staff is excellent" and "very pleasant and helpful staff".

During our observation at lunchtime we noted staff speaking to people to check on their wellbeing and remind them of meal preferences. People's needs with eating and drinking were met and staff were attentive and respectful to people. Staff ensured people enjoyed their meal without incident; one person was told "be careful of the plate it is hot". They were reminded about this shortly afterwards. People enjoyed eating their lunch in a relaxed atmosphere; this was evident from the laughter and conversation at the table.

Care plans were written following consultation with people and their representatives. Visitors commented on the good communication from staff in relation to their relative's needs such as "always giving an update on how mum is and any concerns". Information about local advocacy services was available and on display.

Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. This approach was reflected in people's care plans. When supporting someone with personal care they would ensure doors were closed allowing people their own space. We observed staff knocking on doors before entering rooms during our visit. People confirmed this was normal practice. Staff also told us how they would promote people's independence in particular encouraging people to carry out tasks for themselves. Care plans reflected this. One person enthusiastically helped staff with wiping up crockery when invited. Another person's care plan noted how they liked to dust their own room.

People were able to keep in touch with family and friends, receiving visitors with no unnecessary restrictions. Visitors told us they were made to feel welcome and there were no restrictions on visiting. We observed a good rapport between visitors and staff. Written comments from relatives from 2015 were "always welcomed" and "always made very welcome".

Is the service responsive?

Our findings

People received personalised care in response to their needs. People had care plans for staff to follow which had been kept under regular monthly review. The deputy manager described personalised care as "it's about the individual rather than treating everyone the same". They explained the flexible approach for people to have baths, although people often chose a particular day of the week, people could have baths on any day at their request.

One visitor commented on how their relative received individualised care. They appreciated the atmosphere of Darley Dale as a small care home; this being a factor when choosing the home for their relative. Another visitor confirmed their relative received the individual care they needed. The deputy manager described how staff knew people well and in particular how to respond to people's emotional needs. Written comments from relatives from 2015 stated "My mum might feel worried or unsettled at times yet the staff pick up on it straight away and the words they say settle her". A letter from a training provider from 2015 noted "person centred choices" being used with people in respect of their daily living.

In order for staff to understand the people they were caring for, information about people's backgrounds, their interests and important relationships were recorded in a life history document. Information was also recorded about the times people liked to get up, the time they liked to go to bed, how they liked to spend their day and how they liked to be addressed. People's needs in respect of their religious beliefs were known and understood.

People were supported to take part in activities in the home such as games, music DVDs, bingo, quizzes and crosswords. The deputy manager described how one person had benefitted from these activities in developing numeracy skills. One person attended a club on a weekly basis. There were positive comments about the size and the atmosphere of the care home.

There were arrangements to listen to and respond to any concerns or complaints. We checked on any recent complaints. Complaints received from representatives of people using the service in 2014 and 2015 had received appropriate written responses with any areas for improvement noted. The deputy manager described an informal approach to gathering feedback from people and their representatives on a daily basis or through meeting with visitors.

Is the service well-led?

Our findings

We found Deprivation of Liberty Safeguards had been put in place for one person using the service. However we had not been notified about the outcome of the application made by the home. CQC monitors events important events affecting the welfare, health and safety of people living in the home through the notifications sent to us by providers.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We found that a person using the service had died at the care home a number of days before our visit. We had not been notified about this.

This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

The provider had a clear set of values setting out the aims for the organisation as a whole. These were set out in the philosophy of the service. The registered manager also described the values of the service as "Trying our best to provide a good service" and aiming to create a family atmosphere in the care home. The deputy manager added the service aimed to provide a "home from home" the phrase was echoed by a visitor when sharing their overall view of the care home. The registered manager described the current challenges to the service as the work on refurbishing the laundry and planned redecoration of the communal lounge.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Information about whistleblowing was available in a whistleblowing policy. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Darley Dale Care Home had a registered manager in post. 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 using the service, their relatives and staff gave positive views about the registered manager and deputy manager.

Surveys of the views of people and their representatives were carried out six monthly to gain views on the quality of the service provided. Questions were set around such areas as staff attitudes, the environment of the home and approachability of the management. We looked at the results of the survey from July 2015 where there were many positive comments about the care home and the service provided. No areas for improvement had been highlighted. The views of stakeholders such as a training provider were also sought and documented. Regular audits were in place on people's medicines and the environment of the kitchen including a check on cleanliness.

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 did not take formal enforcement action at this stage. 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 16 Registration Regulations 2009 Notification of death of a person who uses services</p> <p>The registered person had not notified the Commission of a death of a service user which occurred whilst services were being provided in the carrying on of a regulated activity.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified the Commission of an event which occurred whilst services were being provided in the carrying on of a regulated activity. This related to the outcome of an authorisation to deprive a person of their liberty.</p>