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Darley Hall Care Home

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

Darley Hall Care Home provides accommodation and personal care for up to 22 people. This included people living with dementia. At our inspection visit, 13 people were receiving care.

The inspection visit took place on 8 February 2017 and was unannounced. The service was last inspected on 3 September 2015 and was rated 'Good' overall. At this inspection we found the service remained 'Good' in four questions and 'Requires Improvement' in well-led.

There was no registered manager in post. The acting manager had been in post since August 2016 and they told us they would be applying to become the registered manager. 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.

People told us they felt safe. Staff understood what constitutes abuse and how to report it, should they have any concerns. The provider had a safe recruitment process, which ensured new staff were suitable to work with vulnerable people. Pre-employment checks had been carried out. There were enough staff on duty to meet people's needs.

Systems and processes were in place to ensure people received their medicines in a safe manner. Risks to people were identified and assessed and included in care plans. Procedures were in place for circumstances such as emergencies and untoward incidents.

The key principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were understood and people were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect; staff were kind and caring. People were supported to maintain relationships with family and friends. People were supported to maintain good health and had access healthcare professionals when needed.

People told us there was plenty of choice around meals and personal preferences. Special diets, were catered for; drinks were freely available as well as being offered periodically throughout the day.

Care plans were reflective of people and their individual needs; people had been asked to contribute to their care plans. People and relatives felt there were enough activities to keep people occupied; staff supported people to take part in activities.

People and relatives were involved in the service and their views had been sought. Auditing procedures were in place to assess, monitor and evaluate the quality of the service being provided. People and relatives felt

able to approach the staff or the acting manager and felt listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains 'Good'.	**Good**
Is the service effective? The service remains 'Good'.	**Good**
Is the service caring? The service remains 'Good'.	**Good**
Is the service responsive? The service remains 'Good'.	**Good**
Is the service well-led? The service requires improvement. There was no registered manager in post at the service. The acting manager had been in post since August 2016 and told us they would be applying to become the registered manager.	**Requires Improvement**

Darley Hall 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 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.

This inspection took place on 8 February2017 and was unannounced. The inspection team consisted of an inspector and an expert by experience. The expert by experience had specific experience of dementia care and older people's services.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events that the provider is required to send us by law. We looked at the report from the previous inspection held in September 2015.

We spoke with six people using the service, two relatives, a representative of the provider, a cook, a senior carer, two care staff and the acting manager. We spoke with one social care professional and one visiting health care professional. We reviewed care plans and associated records for three people who used the service. We reviewed staff rotas and management records relating to incidents and accidents, training and staff recruitment information.

Not everyone who used the service could fully communicate with us and so we also completed a Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

We spoke with people who used the service and found they felt safe living there. One person said, "I feel safe here, when I was at home I was always worrying about things, I got really anxious. Here, I could tell them straight away if I was worried." Relatives we spoke with felt people were safe at the service. One relative said, "They look after [family member], and they are safe."

We looked at care records belonging to three people and found the provider had identified potential risks associated with their care and how to reduce those risks. These included risks such as falls and moving and handling. For example, one risk assessment in place for moving and handling indicated the person required the use of equipment to assist with the safe moving and transferring.

Procedures were in place to deal with unforeseen incidents and emergencies. Personal evacuation plans had been completed and were available in the event of an emergency, such as a fire. We also saw systems were in place should someone fall and require assistance and treatment. Risk assessments were in place if someone had been assessed as being at risk of falls. The service also used a local charity who provided a falls prevention and response service should someone fall and require assistance. This meant people had timely access to professionals in the event of a fall.

During our inspection we spent time observing how the staff interacted with people who used the service. We found enough staff were available to meet people's needs; people did not have to wait long for assistance. When people requested assistance, staff responded in a timely manner.

The provider had policies and procedures in place for safeguarding and protecting people from abuse. Staff we spoke with were knowledgeable about these procedures and told us they had received training. One staff member said, "If I had any concerns I would report them immediately; I would make sure residents are kept safe." We saw information on how to contact the local authority safeguarding team was clearly displayed if anyone was concerned about people's safety or were concerned about any potential harm or abuse.

Staff records showed pre-employment checks were carried out before staff began working at the service. Proof of identity and undertaking criminal record checks with the Disclosure and Barring Service (DBS) took place. This meant people and relatives could be confident staff had been screened as to their suitability to care for vulnerable people.

We reviewed the systems in place to manage medicines and found they were managed in a safe manner which met with current guidance. People received their medicines as prescribed and accurate records were maintained of the medicines when they were administered. There were protocols in place to instruct staff when and how to administer 'as required' medicines. 'As required' medicines are prescribed to be given when they are needed rather than at regular intervals. For example, for the relief of people's pain or anxiety. Staff maintained separate records for creams and the records we saw were completed correctly. Medicines were stored safely.

Good

Is the service effective?

Our findings

We spoke with people who used the service and they told us they felt supported and had confidence in the abilities of the staff team; this was echoed by relatives we spoke with. One person said, "The staff know what they are doing." They told us they thought the staff had enough training and understood how to support them. Staff told us they received appropriate training which gave them the skills and confidence to carry out their job roles and responsibilities. One staff member said, "I'm up-to-date with my training, as far as I know." We looked at training records and saw training was completed or arranged in key areas identified as necessary by the provider For example, in fire safety, moving and handling, safeguarding, infection control and medicines management.

Staff felt listened to and supported by the management team; staff told us they received support and supervision. Supervision is recognised as a process to share success as well as identify areas for improvement and personal development. The acting manager felt they received effective support from the care team, the provider and their care consultant. The care consultant was employed by the provider to give advice and support to the acting manager. A new member of staff told us they had a period of support and shadowing more familiar staff as part of their induction at the service.

Staff continued to work within the principles of the Mental Capacity Act 2005 (MCA) code of practice. They respected people's decisions and ensured they consented to the care provided where they were able to. When people did not have the capacity to consent, 'best interests' decisions were made on their behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The acting manager appropriately applied to the local authority for authorisation to deprive a person of their liberty when required to maintain their safety.

Through our observations and from talking with the acting manager we found the service to be meeting the requirements of the DoLS. Staff confirmed they had received training in MCA and DoLS and recognised their importance of following the Acts. The acting manager showed us documentation which supported appropriate applications had been made to the supervisory body for independent assessment.

Mealtimes were led by the needs, choices and preferences of people. Some people chose to remain in one of the lounges, whereas others opted to eat in the dining room. The dining room had a relaxed, and quiet atmosphere. People told us there was plenty of choice available; at lunchtime, people were given two main course options, however we saw a number of people requested a variety of alternatives. One person made a request for a specific vegetarian alternative; this alternative was made to suit the person's specific requests and cooked to their instructions. We saw another person had made a request for specific foods; again, we saw stocks of the particular foods had been specially purchased to fulfil their wishes. Special diets, such as fortified or diabetic meals, were catered for; drinks were freely available as well as being offered periodically throughout the day.

People and relatives told us the staff at the service ensured they had access to health professionals when it was necessary. One person told us, "The district nurse, the chiropodist, the optician, they all come in." We saw staff had documented on the 'handover sheet' that one person needed to see their GP; during our inspection visit, we saw the GP attended and a staff member supported the person with the visit. A health professional told us the staff had an effective system in place to ensure people's health needs were met. We saw documentation to support referrals had been made to appropriate health care professionals when specialist advice was needed; for example, referrals to the speech and language therapist and physiotherapist had been made.

Good

Is the service caring?

Our findings

We spoke with people who used the service and they told us the staff were kind and caring. One person said, "I get on fine with them [staff]; they are kind, I can have a laugh." Another person said, "They are all friendly and caring."

The atmosphere at the service was calm and relaxed with people, their relatives and the staff, chatting and laughing together. It was evident the staff knew people well and maintained good relationships with their family and friends. A relative told us how difficult it had been to find their family member a care home. The relative continued and told us how good staff had been in helping their family member to settle at Darley Hall.

We observed staff interacting with people and found they were respectful and caring in nature. Staff were knowledgeable about people's likes, dislikes and personal preferences and interactions were person centred. For example, at lunchtime, staff understood how each person liked their meal to be served; staff knew people's particular likes and dislikes and ensured they were available. One person had made a special request for their meal choice and a member of staff ensured this was fulfilled. A relative told us how important it was for their family member to look smart and dress in coordinated clothing. The relative was most appreciative of staff who took particular care about this.

Staff respected people's right to privacy and dignity by knocking on doors prior to entering and checking if everything was alright. We spoke with staff about how they maintained people's privacy and dignity and they were able to share some examples. For instance, one staff member said, "We treat people with respect; were try to promote people's self-esteem. We do support people how they want to be supported." Another staff member gave an example and said, "When I help someone to dress or undress I make sure the door and curtains are closed. I don't rush people and I talk to them and explain what I am doing."

Care plans we looked at included a brief social and past history of the person. This information was provided in a 'This is Me' booklet, and where possible the person and a relative contributed to completing the document. The booklet gave staff information from the person's past which was used to understand the person's likes and dislikes.

Good

Is the service responsive?

Our findings

We spoke with people who used the service and were told they felt involved in their care. People and their relatives told us staff were understanding and knew how to meet their needs effectively. People and relatives felt care was centred around people's needs, choices and preferences. One person said, "They [staff] review my care plan regularly and check what I like and don't like." A relative said, "[Family members] care plan is discussed and reviewed."

People and relatives told us they had discussed their care plans with staff; some people did not recall the specifics about care planning, but explained they had talked to staff about what was important to them and how they wanted to be supported. One person told us they did not want to be disturbed by staff checking on them during the night, and this had been discussed with staff and added into their care plan. Relatives confirmed, where appropriate, they were involved in the development of their family members care plan and their annual review.

We reviewed care plans relating to three people and saw they were reviewed and updated by a senior carer or the acting manager on a regular basis. We also saw any changes to a person's health care needs and treatments were documented in the staff handover record. The staff handover record provided a short and updated summary of essential information. This meant any changes to people's care and treatment were readily available and continuity of care was promoted.

People told us they had enough to do to feel occupied and staff supported them with taking part in activities. Some people were able to recall recent activities they had participated in. One person told us they had particularly enjoyed making a fresh fruit salad and pizzas. Another person told us they looked after the bird feeders in the garden. There were some pictures of recent activities displayed in the entrance hall.

The provider had a complaints procedure on display, for people and relatives to raise concerns if they needed to. People we spoke with told us they felt able to talk to any of the staff if they had any worries, concerns or complaints. They felt staff would listen and take any concerns seriously and take action to resolve it.

We spoke with the acting manager about how they monitored concerns. The acting manager was aware of the provider's complaints procedure and knew their role in ensuring any concerns or complaints were taken seriously and appropriate actions taken. No formal complaints had been raised or documented, though the acting manager assured us any formal complaints would be dealt with in line with the provider's procedure and appropriate actions would be taken to resolve them.

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager in post. The acting manager had been in post since August 2016 and told us they would be applying to become the registered manager. 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.

The provider had employed a care consultant who regularly visited the service, to provide additional support to the acting manager and the staff team. With the support of the care consultant, the acting manager had implemented new systems to assist staff to maintain and effectively audit the services provided to people.

We spoke with people who used the service and they told us they knew the acting manager and saw them as approachable. People and relatives told us they knew who the acting manager was and told us they often saw them around the service. People told us the acting manager would sit and have a chat with them sometimes.

Staff felt supported by the new acting manager. They said the acting manager was approachable and listened to concerns and suggestions they raised. There was a clear leadership structure in place. Staff were knowledgeable about their roles and responsibilities. Staff told us there was close team working and they supported each other. Staff said they felt comfortable speaking to the acting manager and seniors carers if they needed further advice or support. The acting manager was visible and undertook regular walks around the service to observe care and interactions between people and staff.

A relative told us they thought the management team were, "Good," and thought they were, "Full of ideas and would develop the care home." All the staff we spoke with told us the provider was in the process of updating and re-furbishing the building. Staff recognised the building was very old and was in need of updating; one staff member said, "The place needs decorating and I know there is a plan." A representative of the provider discussed with us the plans for redecoration and assured us this was to be carried out with the least disruption for people at the service. The provider ensured statutory notifications were sent to the Care Quality Commission when required. Statutory notifications are changes, events or incidents providers must tell us about.

We saw a number of audits were carried out to ensure the quality of service was maintained. These included areas such as, health and safety, medicines, and catering and the dining experience. Each audit had an action plan to address any issues found where improvements were identified as being required and these were addressed promptly.
There was evidence to support people who used the service had a voice in how the service was run. We saw a questionnaire had been conducted to gain people's and relatives' views about the service. A copy of the results of the most recent survey had been collated and was displayed in the entrance hall. This enabled people and visitors to see the results and the acting manager could act on any areas identified for

improvement.

Staff liaised with the local authority and community healthcare services to review joint working arrangements and to share best practice. The acting manager analysed information about the quality and safety of the service. For example, we were provided with an in-depth analysis of accidents; this analysis looked for trends and patterns and provided information for future learning and accident reduction.