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Darley Dale Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service: Darley Dale Care Home is a residential care home that was providing personal care to three people aged 65 and over at the time of the inspection.

People's experience of using this service: Audits and checks supported the registered manager to identify concerns to improve the service. However, these quality monitoring systems were not always effective in identifying shortfalls in the service provided. When shortfalls had been identified, prompt action had not always been taken to address the risks these shortfalls might pose to people.

Risk assessments relating to people's care needs had not been kept under review. At the time of our inspection action had not been taken to address a malodour in one room. Following our visit the provider confirmed action had been taken.

People's medicines were safely managed.

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

People's 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. Visitors were welcomed into the care home.

Staff received support to develop knowledge and skills for their role. There were arrangements in place for people and their representatives to raise concerns about the service. The management were visible and accessible to people and their visitors.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (Last report was published on 17 April 2018). At this inspection the rating for this service remains as Requires Improvement. Following the last inspection, we met with the provider and they provided us with an action plan. During this inspection we found some action had been taken however we found additional areas that required improvement.

Why we inspected: This was a planned inspection based on the previous rating at the last inspection.

Follow up: We will again meet with the provider following the publication of this report to ask them what action they will be taking to make the required improvements. We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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

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 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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Darley Dale Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Darley Dale Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

What we did:

Prior to the inspection we gathered information from a number of sources. We also reviewed information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return as part of our Provider Information Collection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted commissioners of services to gain further information about the service. They shared information following their latest checks with us. Our information did not identify significant concerns about the service.

During the inspection we spoke with two people who used the service. We spoke with the registered manager and the deputy manager. We looked at documentation relating to three people using the service and information relating to the management of the service. Following the inspection, we spoke with two

relatives of a people using the service on the telephone.

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

In February 2018 we completed a comprehensive inspection and rated this key question as 'Requires Improvement'. We did not identify a breach of regulation but made a recommendation to improve practice. We asked the provider to make improvements to ensure people using the service were protected against risks associated with the use of equipment. During this inspection we found some action had been taken however we found additional areas that required improvement.

Assessing risk, safety monitoring and management

- People's risks in relation to falls, their skin and nutrition had been assessed. However, assessments relating to people's risk of developing pressure ulcers had not been kept under review. One person's risk had increased, and this had not been identified in their assessment. We brought this to the registered manager's attention who arranged for reviews for two people by health care professionals which resulted in additional pressure relieving equipment being supplied for their use. Without up to date risk information changes in people's risk had not been identified and prompt action had not been taken to put additional skin protecting measures in place. This placed people at risk of potential harm.
- Equipment and furniture had been inspected and continued to be safe to use. Following our previous inspection, the registered manager had the bath hoist serviced. However, at the time of the inspection the bath hoist was not in operation; the seat having been removed for work to take place on corrosion. This meant people were unable to have a bath if they chose or needed to. We raised this issue with the registered manager who arranged for a bath hoist to be hired. Following our inspection visit they confirmed this had been done.
- People were protected from risks associated with fire and electrical and gas equipment through regular checks and management of identified risks. The rear fire escape route was kept clear of obstructions to aid safe evacuation if needed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. We checked with the registered manager and there had been no safeguarding concerns relating to people living at Darley Dale since our previous inspection.
- 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.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. People benefitted from a longstanding

stable staff team that knew them well. On the day of our inspection we saw there were enough staff to ensure people received support in line with their assessed needs.

- No staff had been recruited for a number of years and there were no current plans to recruit any new staff.

Using medicines safely

- Staff were trained to handle medicines in a safe way and completed training every year to keep their knowledge up to date.
- Medicines were stored, administered and disposed of safely. Each person had a medication administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
- Regular stock checks were carried out on people's medicines as well as checks on expiry dates to ensure good medicine practices were adhered to.

Preventing and controlling infection

- Action had not been taken to remedy a malodour in the en-suite of one room at the time of our inspection visit. The provider described plans to replace the flooring in the en-suite bathroom to rectify the issue. Following our inspection, the provider confirmed action had been taken to remedy the malodour.
- The home was otherwise well maintained. Since our previous inspection the laundry room had been refurbished.
- The latest inspection of food hygiene by the local authority in April 2017 had resulted in the highest score possible. Staff had received training in food hygiene and infection control.

Learning lessons when things go wrong

- The registered manager reported there had been no accidents or incidents since our previous comprehensive inspection. If an accident was to occur, appropriate action would be taken including recording and consulting health care professionals if required.

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

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

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

- People's needs were fully assessed which included ongoing involvement of their close relatives and if needed health professionals.

Staff support: induction, training, skills and experience

- Staff received training in food hygiene, dementia care, nutrition, hydration and moving and handling.
- Staff discussed people's needs and issues about running the service on a regular basis.

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

- People were supported to eat a varied diet which reflected their preferences.
- Information was recorded about people's favourite food and drink and any known food allergies.
- A person's relative commented on how well the person enjoyed the meals provided.

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

- People's rooms were decorated according to their preferences.
- People had access to an outside space and used the garden especially in summer months.

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

- People had access to healthcare professionals when required and were supported to maintain good healthcare. People received visits from GPs district nurses and chiropodists when required.

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

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

- People's care plans described if they needed any support with decision making in relation to the care and support they received.
- An application for authorisation to deprive one person of their liberty had been approved. We checked and there were no conditions relating to this approval.

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

Good: 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

- We observed people were treated in a caring way by staff who used a warm and friendly approach with them.
- We noted staff spoke to people to check on their wellbeing and engaged with them and responded to their requests.
- A person's relative told us staff were "Really, really good with the person".
- People's needs in respect of their religious beliefs were known and understood.

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

- People's relatives were consulted about people's care and their care plans.
- Information about local advocacy services was available and on display. Advocates help people to express their views, so they can be heard.
- One person had used the services of a statutory advocate to support them to understand their rights under the Mental Capacity Act and participate in decisions about their care and treatment.

Respecting and promoting people's privacy, dignity and independence

- We observed staff ensuring people's dignity and privacy was preserved. Staff ensured doors and curtains were closed when carrying out personal care. This approach was highlighted in people's care plans.
- Staff checked with people if they were happy for us to view their rooms when we looked over the home.
- 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, given drinks and there were no restrictions on visiting times.
- People's care plans highlighted areas where their independence should be promoted such as with mobility.

Is the service responsive?

Our findings

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

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

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

- People received personalised care in response to their needs. It was clear from our conversations with the managers that they knew people's individual needs.
- Staff were aware of people's individual communication needs and how to support people to express their wishes and be involved in their care. For one person staff used simple short sentences to aid their understanding.
- People were supported to take part in activities in the home such as board games and music DVDs. Staff also spent time with people on a one to one basis. People enjoyed the company of a cat that had been adopted by the care home.

Improving care quality in response to complaints or concerns

- We spoke with the deputy manager who told us they had not received any complaints about the service. We saw a system was in place to deal with complaints appropriately if needed.
- Previous complaints received from representatives of people using the service had received appropriate written responses with any areas for improvement noted.
- The registered manager gathered feedback from people and their representatives about their care and support on a daily basis or through meetings with visitors.

End of life care and support

- At the time of our inspection no-one was receiving end of life care. End of life care had previously been provided to people in partnership with health care professionals.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Regulations may or may not have been met.

In February 2018 we completed a comprehensive inspection on the key question and rated this key question as 'Requires Improvement'. We did not identify a breach of regulation but asked the provider to make improvements to ensure quality monitoring systems identified risks to people's safety from equipment and the environment of the care home. We found some improvement had been made however quality monitoring systems were still not operated effectively.

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

- 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.
- The registered manager had oversight of all aspects of service provision, however the systems in place to monitor compliance with regulatory requirements were not always effective in identifying and addressing shortfalls.
- Regular audits were in place to support the registered manager to meet the regulatory requirements and identify shortfalls in the service. Following our previous inspection, the environment had been monitored and shortfalls had been identified. For example, a raised toilet seat which was corroded had been removed from use. The provider had identified that the carpet in an en-suite toilet needed to be replaced and had removed the bath hoist chair to be repaired. However, action had not been taken to ensure these issues were remedied promptly. Shortfalls in risk assessments and the management of risk relating to pressure ulcer prevention, had not been identified. This placed people potentially at risk of receiving unsafe care.

Not establishing and operating effective systems to assess, monitor and improve the quality and safety of the services provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider ensured they met CQC's requirements to display the home's current inspection rating and submitted all required notifications to support our ongoing monitoring of the service.
- Staff were clear about their roles and responsibilities within the service. They gave us detailed descriptions about what their role involved and the main purpose of their jobs.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider promoted a positive culture that supported and valued people and staff, creating a sense of

common purpose based on shared values.

- The registered manager was aware of the Duty of Candour responsibility. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. The registered manager could explain duty of candour and understood their responsibility to be open and honest with people and their family when something had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and deputy manager were visible and accessible to people using the service, staff and visitors.
- Surveys of the views of people using the service and their representatives had been carried out in the past. This had not been carried out recently due to the low numbers of occupancy. The managers explained how they would rely on conversations to check the views of people and their relatives about the service provided.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems to assess, monitor and improve the quality and safety of the services provided had not been established and operated. Regulation 17(1)(2)(a)(b).