

DFA Care Limited

# Darenth Grange Residential Home

## Inspection report

Darenth Hill  
Dartford  
Kent  
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Tel: 01322224423

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Darenth Grange Residential Home is registered to provide personal care and accommodation for 29 older people. It can also accommodate people who live with dementia and people who have adaptive needs due to sensory loss.

At this inspection there were 26 people living in the service.

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

People told us they were safe at the service and well supported by staff. A person said, "The staff are good to me and I like them." A relative said, "I'm satisfied with the home and they give my family member very good care."

Fire drills had not always been robust and there were limited shortfalls in medicines management, safe recruitment practices and learning lessons to reduce the risk of falls. Some people wanted to be offered a wider range of opportunities to enjoy social activities. Information had not always been given to people in a user-friendly way. People and their relatives had not been given all the information they needed about how to make a complaint. Immediately after our inspection visit the registered manager sent us evidence showing the shortfalls had been addressed. They also assured us new quality checks had been introduced to ensure the same shortfalls did not occur again.

People and their relatives had not been fully supported to suggest improvements to the service.

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

People were safeguarded from the risk of abuse. Quality checks ensured people consistently received the personal care they needed. There were enough staff on duty. Infection was prevented and controlled.

There was an open culture and staff were supported to work as a team. The registered manager understood the duty of candour requiring the service to be open and honest when things go wrong. The service worked in partnership with other agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 24 October 2018) and there were breaches of three regulations. The registered 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 not been

made and the registered provider was still in breach of one regulation.

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

#### Why we inspected

We undertook this focused inspection to gain an updated view of the care people received. This was a planned inspection based on the previous rating. This report only covers our findings in relation to the key questions Safe, Responsive and Well-led.

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 infectious 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 the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as Requires Improvement. This is based on the findings at this inspection. Please see the Safe, Responsive and Well-led sections of the full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Darent Grange Residential Home on our website at [www.cqc.org.uk](http://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 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 a breach in relation to regulation 17 at this inspection. The registered provider had failed to establish and effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive 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** ●

# Darenth Grange Residential 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 registered provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Darenth Grange Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission 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 registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection to check if the service had active cases of COVID 19.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection including submitted action plans. We sought feedback from the local authority and professionals who work with the service. We used the information the registered provider sent us in the provider information return. This is information

registered providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people who lived in the service and observed some of the care three more people received in communal areas. We spoke with three care staff, the wellbeing and activities coordinator, a housekeeper and the maintenance manager. We also spoke with the head of care, deputy manager and registered manager.

We reviewed the care plans for six people. We also looked at records relating to the management of medicines, health and safety records and key policies and procedures.

#### After the inspection

We continued to seek clarification from the registered provider to validate evidence found. This included information sent to us by the registered manager assuring us steps had quickly been taken to address the concerns we raised during our inspection visit. We also spoke by telephone with five relatives who gave us their views on 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.

### Assessing risk, safety monitoring and management

At the last inspection there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some environmental shortfalls had not been reduced including the risk of burns resulting from hot pipes and a radiator not being guarded.

At this inspection enough improvement had been made and the registered provider was no longer in breach of regulation 12. Steps had been taken to reduce the risk of burns as hot pipes and radiators were guarded.

- However, there were still some environmental risks to health and safety. The service was fitted with a modern system to detect and contain fire. Robust action had not always been taken when staff had not acted correctly during fire safety drills. Although in practice staff knew what action to take in the event of a fire, this shortfall increased the risk people would not be fully protected against the risk of fire. We spoke with the registered manager about this matter. Immediately after our inspection visit the registered manager sent us evidence showing our concerns had been addressed. They said staff had been given extra training about what to do if there was a fire emergency. The registered manager also told us new quality checks had been introduced to make sure the same shortfall did not occur again.
- Other potential environmental risks had been managed in the right way. Equipment including hoists had been serviced and hot water was temperature-controlled to reduce the risk of burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely. External doors were secured and there were security lights at night.
- There was a care plan for each person describing the care and treatment they needed. Some people with reduced mobility needed to be assisted to safely transfer using hoists and other equipment. Staff had received training and were correctly following guidance to assist these people in the right way.
- People were helped to keep their skin healthy. When necessary, people were provided with special air mattresses and were helped to regularly reposition to reduce pressure on their skin. This made the development of pressure ulcers less likely. Some people who were at risk of choking received special help to eat and drink safely. This included individual assistance at mealtimes and when necessary having food and drink modified so it was easier to swallow.

### Using medicines safely

At the last inspection there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The administration of some creams and pain relief patches had not been recorded in the right way to show they had been used correctly.

At this inspection enough improvement had been made and the registered provider was no longer in breach of regulation 12. Records showed and staff confirmed creams and pain relief patches had been used in accordance with doctor's instructions.

- Medicines were reliably ordered so there were enough in stock. They were stored in temperature-controlled conditions.
- Senior staff who administered medicines carefully followed written guidance making sure each person took the right medicine at the right time. A person said, "The staff get my tablets out for me so I don't get them muddled."
- Staff could offer a discretionary medicine to a person if they became upset. Although staff knew in practice when to offer the medicine they had not been provided with detailed guidance. This increased the risk of the medicine not being used in the right way. We raised our concerns with the registered manager who immediately after our inspection visit sent us evidence showing the necessary written guidance had been prepared and shared with staff.
- Some people lived with healthcare conditions needing to be carefully monitored so their medicines could quickly be adjusted when necessary. Staff were correctly following guidance received from healthcare professionals so these people continued to use medicines safely in line with their changing needs.

### Staffing and recruitment

- There was a shortfall in the recruitment checks completed for two staff. They had not fully completed their applications for employment giving an accurate account of their previous jobs. This limited the registered provider's ability to decide what references they needed to obtain. We spoke with the registered manager about this matter who assured us no concerns had been expressed about the conduct of the members of staff since they were employed. Immediately after our inspection visit they sent us evidence confirming the omissions in the employment records had been addressed. The registered manager also described how new checks had been introduced to ensure only fully completed applications for employment would be accepted for consideration in the future. Other recruitment checks were in place. These included from the Disclosure and Barring Service to see if an applicant had a relevant criminal conviction or had been included on a barring list due to professional misconduct.
- People and their relatives said there were enough staff on duty. The registered manager had worked out how many care staff needed to be on duty to meet people's care needs. A relative said, "There always seems to be staff around and I haven't seen people having to wait for attention."
- There were enough staff on duty. Records showed shifts were being reliably filled and only regular staff directly employed by the registered provider were being used. A member of care staff said, "I think we do have enough staff and we don't have to rush most days."
- People were promptly assisted to undertake a range of everyday activities. These included washing and dressing, using the bathroom and receiving care when in bed. We saw call bells being answered promptly.

### Learning lessons when things go wrong

- Most slips, trips and falls had been analysed by the registered manager to see what had gone wrong and what needed to be done about it. An example was identifying the locations when people had fallen so the causes could be identified and action taken.
- However, records showed the circumstances of a person's recent fall had not been fully considered to make sure everything possible had been done to prevent the same thing happening again. Although staff said they were providing the person with additional assistance and further falls had been prevented, we raised this concern with the registered manager. Immediately after our inspection visit the registered manager confirmed the right actions had indeed been taken. These included obtaining advice from healthcare professionals. They also said accident records would be more carefully checked in future to make sure there was a clear audit to show people had received all the assistance they needed.



- More generally, practical steps had been taken to reduce the risk of accidents, including re-arranging furniture in a person's bedroom to reduce the risk of them tripping over. Another example was a person having a low-rise bed and soft bedside mat to reduce the risk of injury if they rolled out of bed.

Systems and processes to support staff to keep people safe from harm and abuse

- People were safeguarded from situations in which they may be at risk of experiencing abuse. A person said, "The staff are very kind and I like to see them around. It makes me feel safe." A person who lived with dementia and who spoke very little smiled and gave a 'thumbs-up' sign when we asked them about their home.
- Staff had received training and knew what to do if they were concerned a person was at risk. They were confident if they raised a concern with the registered manager action would quickly be taken.
- There were systems and processes to quickly act upon any concerns including notifying the local authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infection.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At the last inspection there was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who had not been given all the opportunities they needed to enjoy social activities and avoid social isolation. In particular, staff had not regularly checked on and suitably engaged people cared for in their bedroom.

At this inspection enough improvement had been made and the registered provider was no longer in breach of regulation 9. The range of social activities had been increased. People told us they enjoyed meeting together with the activities and wellbeing and activities coordinator to take part in arts and crafts sessions, board games and themed social gatherings. However, further improvement was still needed as three of the six people we asked also said they would like still more opportunities to engage in social activities.

Both people we asked who were cared for in their bedroom said staff regularly checked on them to ensure they were comfortable. We saw staff visiting people in their bedrooms and extra quality checks had been introduced to ensure these people received all the care and attention they needed. Records showed these people were supported to enjoy a range of activities personal to them including word puzzles, reading from the local newspaper, chatting about and corresponding with family and friends.

- People were supported to meet their spiritual needs as they wished. Some people were supported to join acts of worship remotely using social media. Other people had been assisted to watch religious services on television and to read religious texts.

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

At the last inspection there was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who lived with dementia and who could become distressed had not consistently received the individual support and reassurance they needed.

At this inspection enough improvement had been made and the registered provider was no longer in breach of regulation 9. Some people who lived with dementia could be a risk to themselves and other people around them when upset. Staff provided gentle support and reassurance to keep people safe. This included suggesting to people they move to a quieter area when things got too noisy for them. Or helping them engage in a favourite pastime to take their mind off something worrying them.

- Each person had been invited to contribute to their care plan saying what care and treatment they wanted to receive. When people were not able to fully contribute due to living with dementia their family members had been consulted. This helped staff to know what was important to each person when planning the person's care. People's care plans had been regularly reviewed to make sure they were up to date and reflected their changing needs and wishes.
- People received care reflecting their preferences and wishes. There were individual arrangements so people could go to bed and get up when they wished. Also, people could choose when they were assisted to have a bath or shower and how they spent their day.
- There were both male and female care staff. When people had expressed a preference about who provided their personal care this had been noted in their care plan and respected.

#### Meeting communication needs

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

- Staff carefully explained things to people. However, this was not always supported by written information being presented in a user-friendly way with larger print, graphics and more conversational language. Care plans, menus and the complaints procedure were not user-friendly. We raised our concerns with the registered manager who accepted the documents were not accessible. Immediately after our inspection visit they sent us evidence showing easy-read versions of key documents were being prepared and brought to the attention of everyone living in the service.
- The registered manager knew how to arrange for written information to be presented in Braille and how translator services could be accessed for people for whom English was their second language.
- Some people lived with reduced hearing. Staff regularly checked hearing aids were working and comfortable to use. Staff also ensured people had their spectacles with them and the lenses were clean.

#### Improving care quality in response to complaints or concerns

- The complaints procedure was not sufficiently detailed as it did not explain to people how and by when complaints would be resolved. Although people told us they felt confident to make a complaint to a senior member of staff this shortfall increased the risk of people not knowing how to resolve a concern. We raised this matter with the registered manager who immediately after our inspection visit sent us a revised version of the procedure addressing our concerns.
- People and their relatives said they were confident the registered manager would respond quickly if they had a concern. A person said, "I've not got anything to complain about but if I had I'd just have a chat with the manager and she'd sort it for me." A relative said, "The manager is very kind and down to earth. She really does want the best for the residents and when I've had minor niggles they've quickly been sorted out."
- There was a procedure for receiving, recording, investigating and responding to complainants. Records showed the registered manager had correctly followed the procedure for the four complaints received since the last inspection. In each case, they had established what had gone wrong and told the complainant what was going to be done about it.

#### End of life care and support

- People were supported at the end of their life to have a dignified death. People were asked about how they wished to be assisted and relatives were welcome to stay with their family member to provide comfort.
- The service liaised with the local hospice who gave advice about caring for a person approaching the end of their life.
- Although at the inspection no one was receiving end of life care the service held comfort medicines for two

people. This was so pain-relief could quickly be given in line with a doctor's instructions should it be needed.

# 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.

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

At the last inspection there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to establish and effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided. Suitable steps had not been taken to monitor people's skin after they had developed a pressure ulcer. This shortfall increased the risk advice from healthcare professionals would not quickly be sought if complications arose. More generally, quality checks had not quickly identified and resolved shortfalls in the provision of safe and person-centred care resulting in the breaches of regulations 9 and 12.

At this inspection not enough improvement had been made and the registered provider was still in breach of regulation 17

- Although extra quality checks had ensured people at risk of developing sore skin were offered all the assistance they needed, other new quality checks had not identified the shortfalls we found during this inspection visit. These included fire safety, safe recruitment practices, medicines management and the prevention of accidents. Also, insufficient steps had been taken to provide people with accessible information and to ensure people were satisfied with the range of social activities available. Although the registered manager quickly assured us new quality checks had been introduced in response to our concerns we need to be confident these measures will be effective and sustained.
- Regular environmental audits were not robust as there were a large number of defects in the accommodation not been scheduled for repair. Included in these defects were two radiator guards that were loose and would not safely support someone who needed to steady themselves. Two wash hand basins in communal toilets did not have plugs and a wall in an occupied bedroom had holes in it. We spoke with the registered manager about these oversights. They assured us the defects would be put right. Although after our inspection visit they sent us evidence more detailed environmental audits would be completed in future we need more assurance these will indeed be effective and sustained.
- People had not been fully supported to contribute to the development of the service. Although the registered manager said there were monthly residents' meetings at which people were invited to give feedback about the service only one meeting had been held in 2021. However, a new summerhouse had been purchased in response to people saying at the meeting they wanted to make more use of the garden. The registered manager said people who could not or did not want to go to meetings had met with the

activities and wellbeing coordinator to comment on the service. In practice, this process was not well-developed. Records of these consultations were missing or incomplete and two people we asked could not recall being asked for their views.

- Although relatives were free to ask for updates from senior staff about their family member little had been done to gather feedback and suggestions about the development of the service. Questionnaires had not been sent and other social media channels had not been fully explored.

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 continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager completed other quality checks to make sure people received the personal care they needed. This included checking care plans were accurate. The checks also included observing the delivery of care to ensure it was provided in a safe way and promoted people's dignity. The registered manager checked some people's food and drink was being modified in the right way to reduce the risk of choking. They also checked people were being assisted in the right way when using a hoist and were supported to use the correct continence-promotion aids.
- Health and social care professionals had been invited to comment on the service by speaking with the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
- There was a member of the management team on call during out of office hours to give advice and assistance to support staff. There were handover meetings between shifts to update staff about developments in the care each person needed. Staff also attended regular staff meetings to help them work together as a team.
- Staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

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

- People considered the service to be well run. A person said, "I like the staff. I've no complaints about how this place is run." Relatives were also confident about this. One of them said, "I do think it's run well enough. The staff keep in touch with me and I've been helped to visit my family member during the COVID-19 pandemic. It's all been organised well."
- Staff said there was an open culture in the service. They considered the registered manager to be supportive and kind. They met regularly with the registered manager or head of care to discuss their work and professional development. They also felt free to approach the registered manager at other times if something was on their mind or if they had an improvement to suggest.

- The law requires registered providers to follow a duty of candour. This means after a significant, unexpected or unintended adverse incident occurs in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibility and had responded appropriately to a duty of candour incident since our last inspection.
- It is a legal requirement a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered provider had conspicuously displayed their rating both in the service and on their website.

#### Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. Staff carefully monitored how people with continuing healthcare needs were managing so medical attention could quickly be obtained if necessary. They also liaised with other healthcare professionals including dietitians and speech and language therapists to ensure people promptly received all the assistance they needed.
- Staff supported people to receive coordinated care when they used or moved between different services. When a person was admitted to hospital they passed on important information about the person's care needs.
- The registered manager had used learning and development opportunities to keep up to date with changes in health and social care. They received newsletters from the Care Quality Commission, knew about important changes being made to protecting the legal rights of people who may need to be deprived of their liberty to receive care and treatment.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to establish and effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided. This was a continuing breach of regulations.</p>

### **The enforcement action we took:**

We have issued a Warning Notice in relation to the continued breach of Regulation 17.