Darwin House Limited

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Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 28 April 2015 and was unannounced which meant we did not inform anyone beforehand that we would be inspecting. We last inspected this service in October 2013 and found that the service was meeting the requirements of the regulations we inspected at that time.

Darwin house is a residential care home providing personal care for up to 25 older people. The facilities are over three floors and accessed by a lift. 15 of the rooms are designed for single occupancy, with five larger bedrooms being able to accommodate couples. A variety of communal lounge space, as well as a communal library room and dining room are provided. At the time of our inspection, 20 people were living at Darwin House.

There was a registered manager employed at the service. 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.

Summary of findings

People who used the service, their relatives, and professionals involved with the service all gave positive feedback about Darwin House. We witnessed positive and caring interactions between staff and people. People were treated with respect and dignity. Staff demonstrated familiarity with people's preferences and wishes. Activities were available to provide and encourage stimulation for people.

Systems and processes were in place for checking medicines to ensure that they were administered safely. Checks of medicines took place at each handover as well as monthly by the registered manager. Staff undertook annual training and regular observations to assess their competency to administer medicines.

We saw that some decisions had not been made in accordance with the Mental Capacity Act 2005. In particular where people were administered medicines covertly, the principles of the Act had not been followed. Consideration needed to be given as to whether any people at the service required a deprivation of liberty safeguard authorisation to be in place where they may lack capacity to consent to their accommodation.

Individual risk assessments were in place in order to minimise and manage risks to people. Staff received training in safeguarding and knew how to identify and report abuse and unsafe practice. Incidents were assessed and monitored by the registered manager to try to prevent and reduce potential reoccurrence.

Recruitment processes ensured new staff were assessed as suitable to work at the service. New staff members completed an induction on commencement of employment at the service. Staff received regular supervisions and appraisals and told us they felt supported by the management team in their roles. Training was monitored to ensure staff had relevant skills and knowledge to support people they cared for.

Peoples' nutritional needs were accommodated and people were supported to access healthcare professionals and maintain good health. Comments from people, relatives and observations showed that staff were kind, caring and patient in their interactions with people. Staff offered choice and explanations to people whilst providing support. Care records contained information about people's backgrounds so that staff had knowledge about people with which to form positive relationships. People were treated with dignity and respect and encouraged to maintain their independence when they were able to.

People's care plans were reviewed regularly and we saw evidence of involvement of people and relatives within these. Staff demonstrated knowledge of people's personalised care requirements. People told us about, and we saw, activities which took place during our inspection including trips out of the home.

Feedback was sought by the registered manager by way of relatives and residents meetings. There was a complaints procedure in place and we saw that complaints were investigated and responded to appropriately. People spoke positively about the registered manager and the staff team. Quality assurance systems were in place which identified areas for improvement. Incidents were routinely monitored and analysed for trends and themes to prevent potential re-occurrence.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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. Individual risk assessments were in place in order to minimise and manage risks to people. Staff knew how to identify and report abuse and unsafe practice.

Systems and processes were in place for checking medicines to ensure that they were administered safely.

An effective recruitment process was in place so that people were assessed as being suitable to work at the service.

Is the service effective?

Requires improvement

Areas of the service were not effective. We saw that some decisions had not been made in accordance with the Mental Capacity Act 2005. Consideration still needed to be given as to whether any people at the service required a deprivation of liberty safeguard authorisation.

Staff received regular supervision and appraisals. Training was monitored to ensure staff had relevant skills and knowledge to support people they cared for.

Peoples' nutritional needs were accommodated and people were supported to access healthcare professionals and maintain good health.

Is the service caring?

Good

The service was caring. Comments from people, relatives and observations showed that staff were kind, caring and patient in their interactions with people.

Staff offered choice and explanations to people whilst providing support. Care records contained information about people outside of their care needs to help staff to form positive relationships and engage with people.

People were treated with dignity and respect and encouraged to maintain their independence when they were able to.

Is the service responsive?

Good

The service was responsive. People's and their relatives were included in their care plans which were reviewed regularly. Staff demonstrated knowledge of people's personalised care requirements.

People told us about, and we saw, activities which took place including trips out of the home.

Feedback was sought by the registered manager by way of relatives and residents meetings. There was a complaints procedure in place and we saw that complaints were investigated and responded to appropriately.

Summary of findings

Is the service well-led?

Good

The service was well led. People spoke positively about the registered manager and the staff team. The registered manager was knowledgeable about the needs of the people who lived there.

Quality assurance systems were in place which identified areas for improvement. Incidents were routinely monitored and analysed for trends and themes to prevent potential re-occurrence.

The service worked pro-actively in partnership with other agencies and professionals.

Darwin House Limited

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.

The inspection took place on 28 April 2015 and was unannounced which meant we did not inform anyone beforehand that we would be inspecting.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of using, or caring for someone using, this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection visit we reviewed the information included in the PIR, together with information we held about the home. We also contacted commissioners of the service, Healthwatch and other stakeholders for any relevant information they held about Darwin House. Healthwatch is an independent organisation that gathers and represents the views of the public about health and social care services in England. We received feedback from five professionals who had involvement with the service.

During our inspection we used different methods to help us understand the experiences of people living at the service. These methods included both formal and informal observation throughout our inspection. Our observations enabled us to see how staff interacted with people and see how care was provided.

We spoke with eleven people, and seven relatives of people, who lived at the home. We spoke with the registered manager, the deputy manager, two team leaders, two care workers, the administrator, the cook and the maintenance person. We reviewed the care records of three people and the personnel files of four members of staff. We looked at a range of other documents, including medication records, training records and records relating to the management of the home. This included maintenance records, audits and meeting minutes.

Good

Is the service safe?

Our findings

All the people we spoke with said that they felt safe in the home with the care provided. One person told us, "Oh yes, I feel very safe. No one here treats me badly." Other comments included, "I feel very safe as a person here" and "Definitely safe, everybody is very good." No one expressed any concerns with their safety in relation to the staff and the care they received. Relatives expressed no concerns about safety. One person told us when asked about their family member's safety, "Everything here is very, very good."

Feedback from professionals was positive in this area. Comments included, "I have always felt that the staff and management team are very aware of the service user's safety" and "They care for people safely and protect them from harm". Another told us, "Service is safe… All staff aware of potential dangers."

All staff received training in safeguarding and staff we spoke with were familiar with the different types of abuse. There were policies and procedures in place for staff to follow if they witnessed or suspected abuse. All said they would report any concerns immediately. There were no safeguarding incidents ongoing at the time of our inspection. Discussions with the registered and deputy manager showed they were aware of their requirements with regards to safeguarding people who used the service.

Care records included risk assessments for people who used the service in relation to their support and care provision. These were reviewed periodically and in response to changes. Care plans provided instructions as to how the risks were to be managed to ensure the safety of the person. We spoke with the administrator of the service who had responsibility for managing people's finances. We saw that there was a system in place to ensure people's finances were correctly managed and accounted for. We noted however there was no risk assessment in place for people who wanted to manage their own money. The registered manager agreed to implement these to ensure the system was suitably robust and to reduce the risk of potential financial abuse.

Comments from people about staffing levels were that there were enough staff in the day but response was slower at night. One person told us their call bell was answered quickly during the day, "but sometimes at night there is a delay." They said this stood to reason as the staffing levels meant if someone else needed assistance then they would take longer to respond. Relatives commented, "Always plenty of staff. Maybe less at weekends. Generally speaking they respond very quickly", "There are always staff bobbing about the place and I have never had any trouble finding a member of staff if I needed one."

Feedback from professionals expressed no concerns with staffing levels. Two professionals said in their feedback, "Staff are regularly seen sitting and talking to/ comforting residents" and "There are adequate levels of staffing at all times." Our observations throughout the day were that there were sufficient staff around to support people and respond promptly to requests for assistance.

There were no staff vacancies at the time of our inspection. People had dependency assessments in place to show what amount of support each person required. The registered manager told us if extra staffing resources were required then this would be discussed with the board of directors. For example, on Wednesday mornings an extra staff member was in place as this had been identified as a busy period due to the doctor attending at this time. The showed that staff were deployed in a way to meet the needs of the service. All care staff we spoke with felt staffing levels were suitable and told us they managed to support people safely.

People and relatives expressed no concerns with their medicines. Feedback from professionals also contained no concerns. One professional told us, "Medicine cabinets and treatment rooms are locked and supervised."

We observed a staff member administering medicines to people. We saw the staff member administered medicines in a safe way. They ensured the trolley was secured when they were not present with it and wore personal protective equipment to promote effective infection control. People were spoken with kindly and, where required, were asked if they wanted any medicines that were prescribed as PRN (medicines to be taken 'as needed'). The staff member observed that each person had taken their medicine before marking this on their medication administration record.

We looked at the treatment room at the service. We saw that medication administration records contained photographs of the people in order to reduce the risk of medicines being given to the wrong person. At each shift handover, team leaders did an audit of medicines so that any errors or gaps in medicines could be quickly identified.

Good

Is the service safe?

We observed this handover on the day of our inspection and saw evidence of the daily medication handover forms which confirmed these took place. In addition to the daily medicines audits, we saw monthly medicines audits completed by the deputy manager.

Fridge and room temperatures were regularly taken to ensure medicines were being stored at safe temperatures. Where people received PRN medicines, there was documentation in place but this was not always clear about how and when people would need their medicines. For example we saw that one person was prescribed with a laxative. There was no information recorded as to when this should be taken. Clear PRN guidance is important so that staff have consistent information to follow to ensure that people are given medicines safely. The registered manager told us she would make sure clear guidance was in place where required.

Staff responsible for administering medicines undertook annual medication training. In addition to this, regular observations were undertaken by the registered or deputy manager so that the staff member was periodically assessed as being competent to administer. Staff members we spoke with and records checked confirmed this process. This meant that processes were in place to ensure staff were suitable to administer medicines and to identify any issues with regards to administration.

We looked at the recruitment files of three members of staff and confirmed that each had relevant documentation in place. We saw that previous employment references and a satisfactory DBS (Disclosure and Barring Service) check had been obtained prior to the staff member commencing employment. The Disclosure and Barring Service helps employers make safer recruitment decisions. This demonstrated that processes were in place to ensure that staff were assessed as being suitable to work at the service.

We saw that the home was clean and well maintained. People told us they felt the home was clean. Relatives commented, “There has been a lot of redecoration in the communal rooms” and “It’s completely different from the others [homes] in terms of cleanliness and homeliness.” One community professional who was present on the day told us, “It’s a nice environment. It smells nice and fresh all the time.” The manager told us she was the lead for infection control and we saw policies and procedures in place with audits undertaken by the registered manager. All staff received annual training in infection control. This demonstrated that systems were in place help reduce and prevent the spread of infection.

There were personal emergency evacuation procedures in place for people which gave information about how they were to be supported in the event of an emergency. There was an emergency action plan in place to provide guidance to follow in the event of an emergency. During our inspection we spoke with and saw the maintenance person completing various checks of the premises such as checking water temperatures and window restrictors. We saw records they completed which evidenced regular checks of premises, equipment and fire safety checks. The registered manager completed a monthly building inspection and maintenance record audit and we saw the ones in place for 2015. One professional we received feedback from was a health and safety advisor who worked with the home. They told us, “[The registered manager] understands the health and safety issues surrounding the home and is very proactive. She will always follow issues up.” This showed that the service worked to maintain a safe environment for the people who lived there.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA 2005) is legislation designed to protect people who are unable to make decisions for themselves, and to ensure that any decisions are made in people's best interests. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Training in the MCA and DoLS was provided to staff which was incorporated with safeguarding training. All care staff we spoke with about the MCA and DoLS were able to provide an understanding of the act.

No DoLS applications had been made at the time of our inspection. The registered and deputy manager told us they were not clear as to whether some people at the home required a DoLS authorisation. They said they had sought advice from the local authority and were still in the process of awaiting further guidance. We informed the registered manager they should pursue this as a matter of priority and consider whether any applications needed to be made in line with current guidance. The service, and therefore the registered person, had responsibility as the managing authority to ensure people who may not have capacity to consent to be there were not deprived of their liberty without appropriate authorisation in place.

In two people's care records we saw that they had some medicine administered covertly. For each person there was evidence that this had been discussed with a GP who had agreed it was suitable for the person to take in this way. However there was no assessment in place to show that the person did not have capacity to make the decision to take this medicine themselves. Nor was there any evidence to show what attempts had been made to involve the person in the decision and what alternatives had been considered. We did not see evidence of any best interests discussions in place. The registered manager told us that one person was believed to have capacity to refuse but the decision to administer covert medication was for health reasons as agreed by their GP and family. We told the home that this practice should cease unless it could be evidenced in accordance with the MCA 2005 that the person did not have capacity to make this decision; in which case the requirements of the Act should be followed.

Our findings showed that the arrangements in place for obtaining consent for decisions did not follow the principles of the MCA 2005 where people lacked capacity. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the registered manager informed us that the two people in question had been seen again by their GP and appropriate capacity assessments and best interests meetings had been undertaken. She assured us that medicines were now being administered in accordance with the principles set out in the Act. We spoke with the local authority who shared guidance with the home about how such decisions should be recorded.

People and relatives had no concerns with the competence of staff to meet their needs. A professional we spoke with on the day who visited often said staff were knowledgeable and knew about people's health needs. Other professional feedback we received included, "The staff are well trained and are a pleasure to work with", "Darwin House is a residential house is a residential home of excellent practice" and "Staff are caring and proficient ensuring comfort and efficiency of care provided." Handovers with all care staff took place between each shift so that information was passed on about people's needs and that continuity of care could be provided.

Staff we spoke with told us they undertook an induction period at the start of their employment which we saw evidence of in staff files. This consisted of an introduction to the service, policies and procedures, various mandatory training and a period working with experienced staff. One relative told us, "Some young ones are learning the ropes. They work alongside a more senior person." One staff member who had completed their induction recently told us, "I can and do still go to people [other staff] for help. They're so supportive."

All staff we spoke with said they received regular supervisions and annual appraisals which are meetings designed to support, motivate and enable the development of good practice for individual staff members. This allowed them to discuss how they were performing, any support they needed and to set objectives within their

Is the service effective?

roles. We saw evidence of these in staff files we looked at. All staff told us they felt supported and could go to the registered manager or deputy manager at any time and would not have to wait for a scheduled supervision.

Staff told us they felt they had suitable training for their roles. We saw a training matrix in place which the registered manager used to identify what training staff had and when this was due to be updated. Further training was provided in a number of areas which enabled staff to gain skills to support the people they cared for. This included dementia training, end of life awareness and diabetes training which some staff members had attended and more were lined up to complete. One staff member told us, "We're always getting offered further training" and that they would be supported in this. The registered manager told us she had allocated additional responsibilities to team leaders. For example, one staff member was in charge of people's weights and monitoring these, another was in charge of continence care and two others were responsible for activities. This showed that staff had opportunities to progress and develop further skills within their roles.

We asked people about the food at the home and everyone we spoke with said the meals were very good. Comments included, "I have no real dislikes with the food. The cook is wonderful and I'll say that again twice over", "The cooking is good, it's down to the individual what they want to eat, but we eat jolly well", and "The soups and the desserts are fabulous, whatever you ask for you can have." People said that they had regular drinks and could ask for more at any time. Relatives and professionals we spoke with on the day told us that meals always looked nice when they had seen these.

We observed the meal at midday at the service. There were three courses and white and rose wine was offered as a choice along with water, juice and a hot drink to follow. Staff checked whether people had finished their meals or whether they wanted extra before their plate was taken away. Our observations showed that consideration was given to meals and ensuring that the dining experience was positive for people. One person required support from staff to eat their meals which was documented in their care plan. We observed a care worker sat with this person to prompt and support them to eat their meal in an unhurried way. Another person who was not feeling well told us, "I usually enjoy my food." The registered manager came up to the person's room with a dessert which she hoped would tempt their appetite. This showed people were encouraged to eat sufficient amounts and maintain a good level of nutrition.

We spoke with the cook who was knowledgeable about people's nutritional needs and preferences. Information was available in the kitchen showing the dietary needs of people, for example if people were diabetic or had any allergies. People were offered a choice of meals from set menus. People chose their meals each morning for the day. The cook told us that people did not have to have what was on the menu and if they wanted something different this was accommodated.

People were weighed at monthly intervals or more frequently if required and food charts were in place for people who required these. Care plans were in place for nutritional needs and staff were able to state what support people required. Where anybody's needs changed, for example, if someone experienced significant weight loss, people were referred to relevant professionals.

People had access to healthcare professionals to help promote good health and maintain their wellbeing. A doctor attended the home regularly and where requested, some people had chosen to stay with their own doctor. One person told us they had recently seen the chiropodist. District nurses were present on the day of our inspection and said they attended quite regularly. They had no concerns with regards to people's health needs at the home. Care records evidenced involvement with a variety of professionals which showed a holistic approach was taken into people's health care. Feedback we received from professionals showed they had trust in the staff to meet people's health needs. One comment was, 'They [staff] readily seek advice regarding patient's medical needs. Have good relationships with GP practices and district nurses.' Relatives told us they were kept updated about any changes to their family member's health. One relative said, "They always let me know straightaway if anything happens and always let me know when the doctor has seen her."

Good

Is the service caring?

Our findings

We asked people whether they felt staff were kind and caring. Comments included, "The staff are pretty good, I don't think you could find better", "Yes, they are very kind and caring ,"The majority of girls are really nice, but some of the young ones do not really understand what it is like to be so old", "Some of them are very caring and some of them are not so caring. It's a mixed bag." One person told us they were, "Very happy in the home." Another showed us a stuffed animal that had been bought for them following a recent visit by an animal to the home which they had enjoyed. The person told us, "The staff bought me this. That was ever so nice and caring of them."

Relatives told us, "The staff are so friendly, make you feel very welcome. They're very helpful. It's like coming home", "They are very very caring" and "Staff are very good. In terms of the care [my family member] is fine."

Feedback from professionals was also positive when asked whether the home was caring. One visiting professional told us, "I would like my parents to be cared for in the same way people here are cared for" and said Darwin House was "The nicest home" they visited. Other feedback included, "The staff treat people with respect and involve the residents in their care" and "I have never observed any of the staff being anything other than caring and compassionate. There appears to be a good level of trust between service users and staff and the atmosphere is good."

We saw that all staff at the service interacted with the people living there and showed familiarity of their likes and dislikes. A relative and visiting professional we spoke with on the day both commented that staff were long standing with "virtually no turnover." They said this meant that they developed a good understanding of people's needs and preferences. Care records contained information about people's backgrounds so that staff had knowledge about people with which to form positive relationships.

People told us they had their own choice whilst living at the home and one person commented, "If you don't want to do something you don't have to." Another person told us, "We have preferences where we sit at lunch time and you make friends you know and want to sit with them." Another said, "I try to control how things go, but this isn't your own home and it never could be but as far as is possible in a place like this, I get to do what I want."

Staff interactions were caring, friendly and respectful in approach with staff showing interest in people. On several occasions we observed people's conversations between each other and with staff were humorous and good natured. One example of this was when a member of staff passed a person and said "I have watered all your plants this morning" to which the person responded jokingly "I shall play pop if you forget them."

Explanations and choices were given to people when care staff were supporting them with their care needs. People were encouraged to be independent, supported at their own pace and staff checked that they were alright and asked people if they wanted anything before leaving. Staff communicated with people in their preferred manner and provided explanations so that they were involved in their care and able to express their views.

People told us they felt that staff respected them and maintained their dignity. One professional stated, "The residents are always kept clean and their incontinence needs met." One person said about receiving personal care, "I have got used to it now, but they are always sensitive when they do it." We observed staff respecting people's privacy by being discreet when offering personal assistance and maintaining confidentiality. During the medication round, certain interventions such as administering eye drops, were done in people's rooms to maintain privacy. Staff described ways in which they promoted people's dignity and independence. One care worker gave an example of assisting with personal care, "It's important for [people] to know we are there but you have to let them be independent and manage what they can." We saw staff maintained people's confidentiality and did not discuss personal information openly.

One professional told us of a person who had lived at the home who had received care at the end of their life. They said that every time they attended they saw a staff member sat with the person reading to them and providing company and commended the home for this. We saw that care records did not contain information about people's end of life preferences. The registered manager told us several staff had completed end of life training recently and

Good

Is the service caring?

acknowledged the lack of information saying it was an area they intended to implement in order to capture this information to ensure people were supported in accordance with their wishes.

Good

Is the service responsive?

Our findings

Staff we spoke with were able to describe the needs of the people they cared for. They told us discussions with people and involvement with families guided them as to how people liked to be supported. They said that they read care plans for new people to become knowledgeable about their needs. One new care worker told us, "We have reminiscent times in the afternoon and at quieter periods we get to speak to people in their rooms. You find out about people's pasts. I was speaking to [name] early about him being in the army. I found that out when we were chatting."

Care staff demonstrated an understanding of people's personalised tastes and preferred routines. We were told about one person who liked to get up in the early hours to put their make up on and spend time in a specific chair in a certain area of the home. We saw the person throughout our inspection who told us they were "very happy in the home" and we saw staff accommodated their preferences of where they liked to sit, eat and spend time.

Relatives told us they were involved in regular reviews of their family member's care. Care records we looked at evidenced involvement in care plans of people and their relatives by way of signatures confirming this and agreeing to information. One relative told us, "We had a care plan review last week. I went to the one before too. We went through everything, any health issues. They [staff] do listen, never been any problems we can't speak about." Another relative said, "We get invited to care plan reviews, they take things on board." Team leaders who were responsible for completing care plans also confirmed that relatives were invited, where appropriate, to be involved in their family member's care. This showed that there were opportunities for people and relatives to influence their care in a way to suit their own needs and preferences.

Feedback we received from professionals involved with the home was positive. One comment was, "I feel that if a change was required in the level and type of care a service user required then the staff and management team at Darwin House would see it very quickly and respond accordingly. Relatives are well involved in decision making and the service users best interests are always at the heart of any changes." Another comment was, "The service is responsive in that relatives are actively involved in clients care." A visiting professional we spoke with on the day of the inspection said staff "know a lot about people."

Care records we looked at showed these were regularly reviewed and amended in response to any changes. Although information was captured about people's needs, there was limited information in areas outside of their care needs. For example, people's life histories, likes and dislikes and specific interests. Such information is important to give a holistic view of the person, as well as providing information for staff to engage and interact with people in ways to stimulate them and form positive relationships and shared interests

The registered manager and staff told us they organised activities for people at the service. During the inspection we saw some staff played bingo and dominoes for small prizes with a few people in the lounge. One person we spoke with showed us a timetable for activities which identified something happening every day, and said that although they chose not to join in they thought that these did take place. Relatives told us they saw activities take place when they visited. Two people told us that although activities occurred, they were not always stimulating or suitable for their own preferences. Another person told us, "A man comes in and does 'chair-robics' with us and, of course, now the better weather is coming we will be sitting out in the garden." Another said they liked to play games occasionally. One person told us about a lamb that had visited the home the week prior to our inspection that they had really enjoyed. We also saw that the local newspaper had covered this event and saw the article from the paper.

People told us about one care worker who often organised trips out, sometimes in the care worker's own time. People thought well of the staff member and said they worked "too hard'. We spoke with this staff member who told us, "I just really love my job and want to do anything I can for the residents." Several people went on a trip to out to the local area on the day of our visit. On their return we heard one person exclaim, "That was absolutely wonderful. It's been lovely and I had a big ice cream." An upcoming gardening class was advertised where people could plant and grow their own vegetables in the home's grounds.

The registered manager told us residents and relatives meetings regularly took place every few months. We looked at minutes of three meetings that had taken place in 2014.

Good

Is the service responsive?

These covered areas such as changes to the home, preferred activities and meals. We saw minutes of discussions about new furniture where people had been asked their preferences such as colour schemes and fabrics which showed that feedback was sought to influence areas of the service. Relatives we spoke with were aware of these meetings that they could attend. Two told us, “They had a relatives meeting in February. They talk to the residents about things they like to do” and “There are regular meetings. I’ve been to one or two.” A comments book was available in reception for people and visitors as another way to provide feedback. This showed there were systems in place to obtain and act upon the views of people to shape how the service ran.

No people or relatives we spoke with had any complaints to make about the service and people indicated it was not often that this was necessary. One person told us, “The staff and manager are very accessible and they will try and tackle whatever you raise.” The service’s complaints procedure was displayed in the reception area of the home. There were no complaints at the time of our inspection. We looked at the sole complaint from the last 12 months and saw that the matter had been investigated fully with evidence of learning from the complaint. A meeting had taken place with the complainant to address the issues raised. The complainant had subsequently signed the minutes confirming that all issues had been resolved This showed that complaints were responded to accordingly and dealt with in an open transparent manner.

Good

Is the service well-led?

Our findings

There was a registered manager and a deputy manager in place at the home. During our inspection we observed both spend time around the home and interact with people who lived there. One person told us, "I think this is the best place I've stayed in." Another said they rated it as "very good." Relatives we spoke with were happy with the home and told us they were able to approach the registered manager about anything. Two relatives told us, "[The registered manager] always takes things on board. There's no question of them not listening" and "It's very easy to tackle any issues." One relative said of the home, "Can't fault it."

Staff also spoke positively of the management of the home and how it was run. One staff member said, "We can discuss things. [The registered and deputy manager] always ask my opinion and they always listen." Another staff member said about the registered and deputy manager, "You couldn't ask for two better people." All staff we spoke with told us they felt supported by management and that the team as a whole worked well and staff were supportive of each other.

Feedback from all professionals was also positive. Comments included, "The service is well led due to the high quality and suitability of management. The managers play an active role in ensuring that Darwin House is a safe, caring, responsive and effective care home. It is an excellent home." Another professional spoke about how the management had improved over the last few years and said that the current registered manager, "Understands how to manage the staff team. I am confident in her ability and she clearly has the best interests of the service users at heart." Another commented that, "There is an open friendly welcoming atmosphere."

The registered manager told us that quality assurance surveys were sent out annually to relatives, staff and stakeholders. We looked at comments on the latest returned surveys from 2014. The surveys sought information in a number of areas which included; catering and food, personal care and support, daily living, premises and management. These were positive about the service as a whole. 'Comments and suggestions for improvement' were documented with an accompanying 'action plan for improvement'. This meant it was clear to see how any issues were being acted upon to improve the service. For example, a comment noted that music was played at dinner and queried whether people had been asked whether they wanted this. The action plan stated that this had been discussed with people to ask their preferences and it was agreed it would be played at a low level in the background. It was clear to see that people were involved with and influenced decisions about how the service ran. The registered manager told us feedback from the surveys was shared and discussed at residents meetings and staff meetings.

Staff told us that team meetings took place regularly and we saw minutes of a staff meeting from March 2015 and two previous ones from 2014. Meetings covered a number of areas about how the service ran. Good practice by staff was acknowledged and highlighted with thanks given and discussed as examples for staff to follow. Areas for improvement within the service were discussed with guidance about what was required from staff. Staff told us they were kept updated regularly about any changes and confirmed that praise was given and good practice identified.

We saw various audits that were regularly completed by the registered and deputy managers. These included monthly building and maintenance audits, monthly infection control audits and medication audits. These contained a clear level of detail including any actions identified and who was responsible for completing these. The registered manager told us she received good support from a board of directors who formed the provider of the service. She told us the board of directors came periodically to undertake a 'walk round' of the service and speak with people but did not undertake any formal monitoring.

Darwin House had recently won an award for being rated as one of the top 20 homes in Yorkshire and Humberside following positive recommendations they had received on a national website. This was displayed in the reception area along with a number of thank you cards on display around the home.

The registered manager had oversight of all incidents at the service. These were monitored on a monthly basis to identify any themes and trends and to look for ways to reduce potential risks. We saw evidence of incidents that were recorded and saw that these were documented and followed up with referrals made where necessary. Statutory notifications in line with the criteria set out in the Health and Social Care Act 2008 had been made accordingly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Care and treatment of service users was not always provided with the consent of the relevant person. Where people lacked capacity to do so, the registered person did not always act in accordance with the Mental Capacity Act 2005.