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Darlington Manor Care Home

Inspection report

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County Durham
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 8 February 2017. The inspection was unannounced.

Darlington Manor is a residential care home based in Darlington, County Durham. The home provides personal care for older people and people with dementia. It is situated close to the local park, amenities and transport links. On the day of our inspection there were 46 people using the service.

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

We last inspected the service in February 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

The atmosphere of the service was homely and relatives told us it was very welcoming. People who used the service and their relatives that we spoke with told us they felt the service had a family approach.

Without exception we saw staff interacting with people in a person centred and caring way. We spent time observing the support that took place in the service. We saw that people were always respected by staff and treated with kindness. We saw staff being considerate and communicating with people well.

We saw that people were encouraged to enhance their wellbeing on a daily basis to take part in activities that encouraged and maximised their independence and also contributed positively to the homely atmosphere.

We spoke with a range of different team members; care, kitchen staff, activity staff, domestics and maintenance staff who told us they all felt well supported and that the registered manager was supportive, and they were all polite, receptive, open and approachable. We also spoke with visiting professionals from the community nursing team.

Throughout the day we saw that people who used the service, relatives and staff were comfortable, relaxed and had an extremely positive rapport with the registered manager and also with each other.

From looking at people's care plans we saw they were written in plain English and in a person centred way and they also included a 'one page profile' that made use of, personal history and described individuals care, treatment and support needs. These were regularly reviewed and included family members and people in the process.

Care plans contained risk assessments. These identified risks and described the measures and interventions

to be taken to ensure people were protected from the risk of harm. The care plans we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP, community nurse or optician.

Our observations during the inspection showed us that people who used the service were supported by sufficient numbers of staff to meet their individual needs and wishes in a person centred way.

When we looked at the staff training records, they showed us staff were supported and able to maintain and develop their skills through training and development opportunities were accessible at this service. The staff we spoke with confirmed they attended a range of valuable learning opportunities. They told us they had regular supervisions and appraisals with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs. We also viewed records that showed us there were robust recruitment processes in place.

We observed how the service administered medicines and how they did this safely. We looked at how records were kept and spoke with the registered manager about how senior staff were trained to administer medicine and we found that the medicine administering process was safe.

People were actively encouraged to participate in numerous activities that were well thought out, organised, personalised and meaningful to them including regular entertainers. We saw staff spending their time positively engaging with people as a group and on a one to one basis in fun and meaningful activities. We saw evidence that people were supported to go out regularly too.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a varied selection of drinks and snacks. The daily menu that we saw was reflective of people's likes and dislikes and offered varied choices and it was not an issue if people wanted something different.

We saw a complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The compliments that we looked at were complimentary to the care staff, management and the service as a whole. People also had their rights respected and access to advocacy services if needed.

We found an effective quality assurance survey took place regularly and we looked at the results. The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views about the care and service they received at meetings and via surveys.

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 ●

This service remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

This service remains responsive.

Is the service well-led?

Good ●

This service remains well-led.

Darlington Manor Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 8 February 2017 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of one Adult Social Care inspector and one expert by experience that had a professional background in dementia and supporting older people.

At the inspection we spoke with 15 people who used the service, six relatives, the registered manager, the deputy manager, care staff, kitchen staff and activity staff. During the inspection we were able to speak with visiting professionals including; two members of the community nursing team.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including; the local authority commissioners.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.

We also reviewed records including; four staff recruitment files, medication records, safety certificates, four care plans and records, four staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings and policies.

Is the service safe?

Our findings

The people who used the service that we spoke with told us they felt safe and that there was enough staff to meet their needs safely. One person who used the service told us when they had an accident the staff made them feel safe, they said "The staff attended to me straight away and they stayed with me all night". Another person told us "The security is good and that this makes me feel safe."

We saw staff interacted with people on a one to one basis and helped people to take part in activities. Staff were not rushed and had time to talk with people and their relatives. People who used the service told us there were enough staff available to them. One person who used the service told us; "When needed, the staff come straight away and you cannot fault them really."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One staff member told us; "I would tell the senior or manager." Another told us, "I have raised things in the past when I had concerns. It was all kept confidential".

Training records showed staff had received safeguarding training. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding. This showed us that staff knew how to recognise and report abuse.

We saw from rotas that there was a consistent staff team and a low turnover of staff. The home had not used agency because there was sufficient staffing to provide cover arrangements within the existing staff team. One staff member told us, "I have been here since the beginning a lot of us have, I've worked with the manager since then too."

We looked at four staff files and saw the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

We saw that systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). This included the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse and are subject to additional legal requirements in relation to their safe management.

We saw people's individual medicines records contained their photograph, allergy information, relevant

contact numbers, medicine information and their preferences regarding how they liked to take their medicines. We watched staff administer medicines. Staff carefully explained what they were doing and asked the person's permission. They offered people water to take with their medicines. Medicines administration records were completed when medicines were administered to people; we found they had been completed correctly. We saw that staff administering medications had received training and had their ability to administer medicines assessed.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment such as hoists were checked regularly to ensure they were working safely. Any faults or maintenance issues were recorded in a maintenance book and we saw that action was taken in relation to any issues identified.

Any accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

We looked around the home and found that all areas were clean and well presented. Personal protective equipment (PPE), paper towels and liquid soap were available throughout the home. We also witnessed care staff using PPE appropriately, for example when dispensing medicines.

We saw records that showed the service undertook regular cleaning, including deep cleaning when required. When we spoke with the registered manager they explained how cleaning tasks were delegated to the domestic staff and how these were recorded and also audited. People and relatives we spoke with told us they thought the home was maintained to a high standard of cleanliness.

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team, people who used the service and their relatives felt that staff knew them and their care needs well. One person told us; "The staff know exactly what they are doing" one relative told us how, when their family member was admitted to hospital, the staff were well equipped for this and provided plenty of information and knew what was needed."

We saw records that showed us a wide range of community professionals were involved in the care and treatment of the people who used the service, such as the advanced nurse practitioner, dieticians, speech and language therapy and opticians. Evidence was also available to show people were supported to attend medical appointments.

During the inspection we spoke with two members of the community nursing team who were visiting and they told us, "The staff here know the people inside out, they know their families, they're very good." And "They also receive informal training from our team and always call us if they are not sure. Whatever I ask the staff to do I know the answer will be yes. It is what I would want for my mam or dad."

Supervision and appraisals took place with staff regularly to enable them to review their practice. From looking in the supervision files we could see the format gave staff the opportunity to raise any concerns and discuss personal development. Staff members told us; "The last training I did was diabetes awareness." And "I enjoyed the first aid training; although it changes all the time so you have to keep on top of it."

The service had made some environmental changes to make the service more accessible for people living with dementia. By making adjustments and clear signage on bathroom/toilet doors. People all had photographs of themselves on their bedroom doors to help them identify their room. The registered manager told us; "We have started to make some memory boards to go up, also tactile objects like locks and bolts so that people can fiddle. We have had donations from local people to help us with this." However the hallways and handrails were not in contrasting colours. The registered manager told us they were aware of this and improvements would be made.

For any new employee, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed the 'Care Certificate' induction training to gain the relevant skills and knowledge to perform their role. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. We saw evidence of how this was monitored in the staff supervision files.

We saw the training matrix and this showed us the range of training opportunities taken up by the staff team to reflect the needs of the people who used the service. The courses included; diabetes, dementia awareness and focus on food.

We saw people enjoying their lunch in both dining rooms. We could see that there were enough staff

available to support people and staff were encouraging and supporting people who needed assistance. People could have their lunch in their room if they wished. The atmosphere in the dining area was relaxed and not rushed.

Throughout the inspection we observed people being offered a selection of drinks and snacks and support to have them if needed. Drinks were also available in communal areas for people to access. The menu that we looked at was balanced and offered two choices at every meal. We could see that if a person didn't want what was on the menu or even changed their mind, this wasn't a problem and other options could be arranged. One person who used the service told us; "They went and got us Taylor's pork pies one time." One relative who often stayed for meals told us; "There is always choice and when [name] was unwell, the staff prepared them a pureed meal and drinks that would build them up."

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. There were a number of people who used the service with a DoLS in place and these were applied for and monitored by the registered manager.

Where possible, people were asked to give their consent to care, before any treatment or support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. The registered manager was able to provide us evidence of this and we were able to discuss a recent example.

Is the service caring?

Our findings

When we spoke with the people who used the service and their relatives they told us about the staff and that the staff were; caring, supportive and professional at all times. One person who used the service told us; "I cannot praise staff enough, they go out of their way to help" and "Even if I lived in Buckingham Palace I would not be getting the care I am getting here" and "I wish I had come here sooner". One relative told us; "The girls are good and the care is better than I expected and they are always polite and understanding."

We spent time observing people throughout the inspection and there was a consistent relaxed, warm homely atmosphere. Relatives we spoke with told us they were always made to feel welcome. They told us; "It's not like visiting a residential home, I'm visiting [name] at their home."

Staff we spoke with were able to clearly demonstrate how they promoted people's independence, we observed staff offering support to people and encouraging people to be independent for example when we observed the medicines, staff put them in people's hands so they could take them. One staff member told us; "It's all about knowing when to step back. We have people who have been poorly and needed support to eat and then when they were feeling better we encouraged them to do it themselves again. Little things like letting people brush their own hair if they can all helps people to gain that independence."

People who used the service and their relatives told us how they were encouraged to make choices for themselves and be more independent. They told us; "What more independence do you need. I feel independent but I know the staff are always there if needed to help me with my mobility." Another told us; "If I want to be on my own I can go to other parts of the home." One relative told us "The staff did everything they could to make my mother independent."

We saw staff interacting with people in a positive, encouraging, caring way. We spent time observing the support that took place in the service. We saw that people were respected at all times by staff and treated with kindness.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining important relationships. People who used the service told us they had been supported to maintain relationships that were important to them. They told us family and friends were able to visit, at any time. One person who used the service told us; "We are always made to feel welcome, we visit the home most days."

We observed that the staff respected people's dignity and the people who used the service we spoke with told us how the staff maintained their privacy and dignity. One person told us; "I have a good level of privacy and I am treated with respect", another told us; "The staff always ask if it is all right to come into my room" and "I absolutely get privacy and the staff always knock before entering my room".

People who used the service had access to advocacy services and when we spoke with staff and the registered manager they were knowledgeable and knew who to contact if anyone needed advocacy.

People who used the service, who wanted, had end of life care plans in place and when we spoke with the visiting community nurse they were complimentary about the service and how they could support people at the end of their life. They told us; "For a residential home they are very good with end of life care, from care planning to being proactive by ordering equipment and by just caring." This meant that the service had supported people to make advanced plans if they wished.

Is the service responsive?

Our findings

The service had three activities co-ordinators and a programme of planned events and activities. During our inspection there was a darts game going on in the games area. There was also a dancing activity in the lounge. People who used the service told us that they took part in the activities arranged when they wanted to and some were aware of what was planned. They told us; "The darts activity was enjoyable" and "There is always something going on."

We saw that people were involved in planning the activities. We could see that there was a range of activities planned for people to choose from including; weekly outings to the cinema, music and movement, coffee mornings, crafts, singers, musicians, musical bingo, quizzes and a visiting panto.

When the activities workers were not working there were plans in place for care staff to step in. When we discussed the activities with the activity staff they told us; "At first we had people coming in to do reminiscence activities and then we decided we could do it ourselves just as well and we could get the residents involved. So we created our own boxes with things in like; old coins, photos, tins of spam, because people can remember it. We also have managed to get ration kits that the army use today and we talk about the differences," and "Some people just prefer one to one, group activities aren't for them so we can go for a walk around the park or have a chat and a cuppa in their room." This meant that activities were well planned and took into account what people liked to do and respected people who didn't like group activities.

The care plans that we looked at were person centred and gave in depth details of the person's likes and dislikes, risk assessments and daily routines. These care plans gave an insight into the individual's personality, preferences and choices. People's histories were also recorded in the care plans and included documents that were easy to follow and included photographs.

People who used the service had a keyworker who was assigned to them and could help with their care plan and make connections with their family. One relative told us; "[Name] had a keyworker assigned from day one" and "she is lovely and spends time with [name]".

When we asked the people who used the service and their relatives if they knew how to make a complaint or raise issues everyone we spoke with us was aware how to raise concerns or make a complaint if they needed to. One relative told us; "I have never had to," another told us; "I am not proud, I would go to see the deputy manager in the first instance and then I would go to the manager."

This showed us that the complaints procedure was well embedded in the service and staff and visitors were confident to use it when needed. When we looked at the complaints and compliments file we found that there were a number of compliments. Where the service had received complaints we saw they had been addressed by the registered manager appropriately and outcomes were recorded.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. We saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have.

We asked people's relatives for their views on the management of the service and they told us; "The manager is very approachable and her door is always open and I can approach her about anything," and "The care home was the friendliest, well run care home they had experienced."

We spoke with the staff team and they gave positive feedback about the management of the service. One member of staff told us; "From the manager the support is brilliant," and "The managers are good, I can come in and do training when I can fit it in."

We asked the registered manager if they did any partnership working with other organisations and they gave us a most recent example of how they had signed up to a local police community safety initiative called 'The Herbert Protocol' which is a scheme that brings, local people, family, friends and care providers together to prevent people going missing and to improve responses for locating them if they do. The registered manager showed us how they were making a profile of each person with their photograph on to be used if the person ever went missing.

The registered manager explained to us how they maintained links with the local community and they told us; "We regularly have the brownies coming in to see us and local schools, we also attended the local school's panto."

The registered manager ran a programme of audits throughout the service and these were carried out regularly. We saw there were clear lines of accountability within the service and external management arrangements with the registered provider. We saw quality monitoring visits were also carried out by the registered provider and these visits included the ; staffing, health and safety and facilities. The manager also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the registered provider.

The registered manager showed us examples of how the domestic staff carried out audits in people's rooms and then feedback their findings to the registered manager to action for example when furniture or mattresses needed replacing.

The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in, harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

During the inspection we saw the most recent quality assurance survey results. Relatives and people who

used the service could attend meetings to raise issues.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. All records observed were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.