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# Darley Hall Care Home

## Inspection report

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### Ratings

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

### Overall summary

This inspection took place 3 September 2015 and was unannounced.

Darley Hall Care Home provides accommodation and personal care for up to 22 people. This included people living with dementia. At our visit, 20 people were receiving care.

At our last inspection on 14 January 2014, we found that the provider's arrangements for the management of

medicines were not safe. We also found the provider did not ensure suitable arrangements were in place for obtaining, and acting in accordance with the consent of people, in relation to the care and treatment provided. These were breaches of Regulations 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found the required improvements had been made.

# Summary of findings

There was no registered manager as they had recently left and a new manager had been appointed and intended to register with CQC. 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.

Medicines were stored, managed and administered safely. Staff received training in relation to safe handling of medicines and to ensure staff practices remained safe.

Staff had received training to carry out their role. The manager understood their role in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

We saw people being supported and assisted by staff who clearly knew people well and staff were knowledgeable about people and their needs. There were sufficient staff on duty to meet people's needs. Staff told us they had completed training needed for their roles.

People were treated with dignity, respect and compassion. People told us they felt safe. There were policies and procedures in place to maintain people's safety.

People were supported and assisted by staff who had been recruited through a safe and thorough process. Pre-employment checks had been carried out and included written references and evidence of identity. Checks were also carried out to ensure new staff were suitable to work in the care sector.

People were supported to access health and social care professionals when needed.

Procedures were in place with regards to emergencies and untoward incidents, such as falls.

Drinks were freely available as well as being offered periodically throughout the day. People were provided with a healthy, nutritional and varied menu.

Systems and auditing procedures were in place to assess, monitor and evaluate the quality of services.

People were supported to maintain relationships with family and friends. Activities were under review and being developed.

# 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?

The service was safe.

People felt safe. They were protected from risks of harm, abuse and unsafe care and treatment.

Recruitment processes was thorough and the provider ensured pre-employment checks were carried out.

Emergency plans were in place.

People had their needs met in a timely manner.

Good



### Is the service effective?

The service was effective.

People were supported and encouraged to eat a healthy and balanced diet that was suitable for their individual needs and personal tastes. Drinks were freely available for people.

Staff received training to meet people's needs.

People had access to health and social care professionals.

Staff had an understanding of the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring.

People's dignity was respected.

Staff knew people well; staff understood people and promoted their individuality and self-esteem.

We saw staff interacting with people in an engaging and positive way. The staff we spoke with clearly knew the people they cared for and understood their needs.

Good



### Is the service responsive?

The service was responsive.

Activities were under review and although limited, they were in the process of developing and being improved.

There was a complaints procedure in place and people knew how to complain.

Care plans and associated documentation were in place to assist staff in caring for the people.

People were supported to maintain contact with their family and friends.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

The service had a number of audits to review the quality of care and ensure it reflects people's wishes and needs.

Staff were supported and listened to by the provider and the manager.

The manager was motivated and committed to implementing changes to improve and develop the service.

# Darley Hall Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 3 September 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. For example, experience of services that support people with dementia and services for older people.

Before this inspection we looked at key information we held about the service. This included notifications the

provider had sent us about the service. A notification is information about important events which the provider is required by law to send to us. We also spoke with local authority commissioners responsible for the contracting and monitoring of people's care at the home.

During our inspection we spoke with eleven people living at the service and three relatives. We also spoke with three staff, a senior carer, a cook, the manager and the provider. We observed how care and support was provided by staff in communal areas and we looked at three people's care plans and other records associated with the management of the service. For example, risk assessments, medicines records and checks of quality and safety.

As some people at Darley Hall were living with dementia, we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people who could not talk to us.

# Is the service safe?

## Our findings

At our last inspection on 14 January 2014, people's medicines were not being safely managed. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found the required improvements had been made.

One person told us they were very happy that staff dealt with their medicines and they said, "It saves any mistakes and me forgetting." We saw staff assisting people with their medicines and heard them explain to each person what their medicines was and what it was for.

Staff responsible for the administration of medicines had completed online training in the safe handling of medicines and all staff was due to complete a more detailed medicines awareness training course. Information and assessments were in place along with details of how best to support each person with their medicines. We saw information and protocols regarding the use of 'as required' medicines. Medicine was stored safely and securely and records showed that current legislation and guidance was followed. This showed medicines management was taken seriously and people received their medicines safely and as prescribed.

People told us they felt safe at Darley Hall. They were able to tell us what being safe meant to them and one person said, "Yes, I feel safe they seem quite capable of looking after us." Another person said, "I feel safe, they wouldn't dare do anything to upset me, I'd soon tell them." A relative told us they were content their family members were safe and well cared for at the home.

People told us their care was delivered in a timely manner and there was enough staff on duty. One person said, "They (the staff) are pretty fast and very helpful." Another person told us, "The staff are very good to us, it's a lovely place." During the day we saw and heard call bells being promptly responded to. Staff we spoke with felt staffing levels were appropriate for the needs of people living at the home. They told us they were able to meet people's individual needs without delay. One staff member told us staffing levels met people's needs, and they should be maintained to ensure people's needs were met safely and in a timely manner. We saw staffing arrangements were sufficient to meet people's needs. Staff were available when people

requested assistance and we saw staff helping people to safely move and transfer. We saw and heard staff talking to people and explain to each person how they were going to assist them safely. Duty rotas confirmed staffing numbers were maintained to meet the needs of people.

Staff told us they had attended training in safeguarding vulnerable people and understood what signs to look for should they suspect something was wrong. Staff knew how to recognise abuse and understood their role should they suspect or witness someone being subjected to abuse. We saw from records that staff attended training and policy and procedures were available for staff to follow, and this included local safeguarding procedures. Information was available for people, relatives and visitors should they have any concerns relating to abuse. This assisted in protecting people from potential risks of harm and abuse. Staff understood their role in protecting people from abuse and they reassured us they would report any concerns without apprehension.

Staff records showed pre-employment checks were carried out before staff began working at the home. Checks included obtaining references, proof of identity and undertaking criminal record checks with the Disclosure and Barring Service (DBS). This meant people and relatives could be confident that staff had been screened as to their suitability to care for the people who lived there.

We saw the home was generally well maintained and any repairs were dealt with very quickly as there was always a maintenance person on hand. We spoke with the provider who told us they recognised there were areas of the building that needed some refurbishment, however they said there were limits to what they could do due to the age and restrictions of the building. They also told us there had been plans to update some areas; however some people had made them aware they did not want the upset. The provider had respected their views and postponed work in that area.

Equipment servicing records were kept up to date and showed that equipment, such as fire extinguishers and emergency lighting were checked and serviced. We saw comprehensive risk assessments had been completed and were on display for the safe use of the specialist equipment. Equipment used to assist people to move safely was periodically checked according to current health

## Is the service safe?

and safety guidance. There were procedures in place to deal with unforeseen incidents and emergencies. Personal evacuation plans had been completed and available in the event of an emergency, such as a fire.

We also saw systems were in place should someone fall and require assistance and treatment. The manager had

taken advantage of a local charity that provided a falls prevention service as well as a response service should someone fall. This demonstrated to us the manager was aware of putting measures in place to benefit people's health, safety and welfare.

# Is the service effective?

## Our findings

At our last inspection on 14 January 2014, the provider did not ensure suitable arrangements were in place for obtaining, and acting in accordance with the consent of people, in relation to the care and treatment being provided. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found the required improvements had been made.

People were happy with their care. One person told us, "I'm very comfortable, well looked after and well fed and that's what matters." Another person said, "I'm an independent person." They went on to tell us the staff understood this and said, "I don't think you could get better, they're helpful, friendly and they don't overwhelm you." Relatives told us they were content with the care on offer at the home. They told us their family members are well looked after.

People said they were happy with the home. One person told us they had chosen the home as they had been there before and, "It felt like home very quickly." A relative told us they helped their relative choose the home and they thought it was, "Very homely, without being too clinical." A health care professional told us they thought the home had a homely atmosphere.

People told us they saw the doctor when it was necessary. On the day of the visit we heard a staff member arrange for the GP to come in and see one individual who had woken up not feeling well.

The staff member ensured relevant details were passed on to the doctor to ensure the person was visited and received the best treatment.

A relative said, "Staff quickly recognised my father was not well and did everything necessary." They told us the staff ensured their father was quickly seen by a health professional and they thanked the staff for their quick action. This showed there was an effective working relationship with the home and health professionals, which ensured people received prompt care.

A number of people told us they saw the optician as necessary. A person told us they had a number of health problems and had to go to the hospital for several

appointments. They told us they would be taken and accompanied at the hospital by a staff member and felt very reassured by this and told us the staff member was, "Very kind."

Staff we spoke with were familiar with people and their specific health needs. A health professional told us they had confidence in the staff's abilities to support and assist people. They said that any requests they made regarding someone's treatment and care was always followed by the staff. An example they gave was regarding people's pressure care. They told us that staff asked for interventions in a timely manner and that any directions they gave staff were followed. For example, the re-positioning of people who had a pressure area had resulted in an improvement in their condition.

The service had a web camera link for quick and easy access to a health professional to provide a quick and efficient service to people whose health had deteriorated. The implementation of this system demonstrated the manager and staff team were open to ways to respond to the changing needs of the people.

A member of the district nursing team visited the home on a daily basis. Arrangements were in place to see people in private. The staff assisted each person to move to an alternative and private room for their consultation and treatment with the nurse. After, the member of the nursing team would ensure a member of staff knew what treatment had been carried out and any specific instruction for the person or the staff. This showed us the health needs and continuous evaluation of individuals was promoted.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Staff had some knowledge and understanding of the MCA and the importance of acting in people's best interests. The manager was aware of their responsibilities under the MCA and had acted accordingly. They had systems in place to ensure their knowledge was up to date.

Records showed that people's capacity and understanding in relation to specific decisions had been considered. For example decisions relating to people's end of life care and treatment. We saw that people had been consulted throughout the decision making process and any specific requests were supported.



## Is the service effective?

The Deprivation of Liberty Safeguards (DoLS) process had been applied appropriately. DoLS are legal protections which require independent assessment and authorisation when a person lacks mental capacity and understanding and need to have their freedom restricted to keep them safe. The manager was familiar with the process and understood the conditions which may require them to make an application to deprive a person of their liberty to protect them from potential harm.

Staff told us they felt supported and that they received sufficient training in key areas for delivering safe and effective care. One staff member told us the provider and manager ensured training was provided to meet the needs of people. Another member of staff told us about the induction they had received prior to supporting people within the service. This had included a period of time with the manager so they could learn about people's individual needs and the policy and procedures. This staff member was confident the induction had given them the required skills to be able to care for people. Records we looked at confirmed that staff had access to a variety of training courses felt necessary by the provider and the local

authority. The manager confirmed supervisions and appraisals were taking place, but recognised some were outstanding and had made them a priority to complete. We saw a team meeting had taken place since the change in manager and a senior meeting was planned. This meant that staff had been supported to deliver effective care to meet people's needs.

People told us the food was good. One person said, "We're well fed." They went on to tell us they were always asked what they would like to eat and it was always good. One person told us, "I like my food and it's always perfect." Another person told they chose to eat a vegan diet and they preferred to eat in their room.

People had access to drinks and snacks. Lunch was served in the dining room, although some people chose to eat in the lounge or their room. Food was served in a manner that suited people's needs. This included a choice of courses, a soft diet and pureed food. People were supported and encouraged to eat a healthy and balanced diet that was suitable for their individual needs and personal tastes.

# Is the service caring?

## Our findings

People told us staff knew them and their needs well. One person told us, “The staff are very good to us.” Another person told us, “They (the staff) know me and what I like.” One person told us how the staff had made them feel, “Very special,” when it was their birthday. They told us the staff had provided a birthday cake and made their day memorable.

A relative told us, “Staff are caring, my only niggles are small.” They went on to say ‘their niggles’ were about an odd mark on their family members clothes and their cleanliness. Staff promoted people’s dignity and independence. For example people who had attended to their own personal care were encouraged to do so. If people had dressed inappropriately staff addressed this in a discreet manner. The provider had up to date information on people’s preferences and wishes

The home had a relaxed atmosphere and staff were approachable and friendly. We saw staff delivering care in a respectful and dignified manner. Staff were gentle and caring in their approach. Staff ensured people were

comfortable and took time to tell people what was happening. We saw staff offering people choices and opportunities to sit where they wanted, how they wanted to be assisted and whether they wanted to join in an activity.

Staff were aware of people’s needs and responded to them in a timely manner that met their needs or wishes and that left them reassured.

A health professional told us staff were extremely caring and compassionate when someone’s health had deteriorated and they were at the end of their life.

People told us they had space to spend time alone with family members and friends. We spoke with staff who gave us examples of how they respected and supported people’s dignity and privacy. For example, staff understood the need to offer choices about who assisted people with personal care. A health professional told us that people’s dignity and privacy was always maintained and ensured when they visited. Staff said they had started to collate evidence to support their application for towards the Derbyshire Dignity Award. This showed us the staff understood the importance and awareness of upholding people’s dignity.

# Is the service responsive?

## Our findings

Some people told us they were unhappy with the lack of purposeful activity at the home. One person told us, "I'd like to do something. It would be nice if there were some group activities." Another person told us, "There's nothing to do, I get fed up." Relatives also mentioned the lack of activity, one telling us, "Activity has taken a dip."

The service was addressing the lack of activities and had recently appointed an activity organiser. They were in the process of consulting with people to draw up an activities programme. The activity organiser was heard talking with people to find out what activities people would like arranging. We also saw a timetable of activities had begun to be formulated and included chair based exercise and hand massage. At our inspection we heard the activity organiser arranging a specific activity and outing with one person. Staff understood the need to know about people's background and history to ensure their care was individualised.

Most people said they knew how to raise a concern and who to speak to. One person told us if they were worried about something they would, "Go and see who I thought was the gaffer, but I'm not sure who that is." Another person said, "I'd talk to the first one that came along." Another person told us they would, "Speak to the senior carer." Relatives we spoke with were confident they were always kept informed of anything happening to their family member. None of the relatives we spoke with had ever raised a concern or complaint with the provider, although they told us should it be necessary they would have no problem speaking with the staff or the provider.

People were very complimentary about the staff and the manner in which they were supported and assisted. One person told us the staff were always, "Helpful and never rude." Another person told us, "The big boss (the provider) comes and asks me how I am." They went on to tell us they knew they could speak up, but had never had any cause to. People told us their friends and families were always made welcome when they visited. People's friends and relatives were free to visit the home at reasonable times. There was a steady stream of visitors throughout the day. Visitors told us they were always warmly welcomed. Staff were helpful when requests for assistance were made and they responded in a timely and prompt manner. People told us they were well looked after and our observations supported this.

We saw that people's care plans had recently been reviewed and updated and were detailed and informative. Care plans included personalised information, extensive risk assessments, capacity assessments and specific health care assessments. The plans were easy to follow and were updated as and when each person's needs changed. This included a daily record and a hand over sheet. The handover sheet provided a short summary of essential information and was handed over at the start of each shift. This meant that any changes to people's care and treatment were easily communicated to the staff and continuity of care was maintained.

The manager was aware that relatives had not always been invited to input into care plans and had arrangements in place to address this.

# Is the service well-led?

## Our findings

One person told us the home was, “Run pretty well.” Another person told us, “As far as I can tell, everything is perfect.” A relative told us they were, “Not told about service changes.” They continued by saying they knew there had been a change in the manager, but they had not yet been formally introduced. The manager while new in role had not yet arranged a relatives meeting. They recognised that this was important and were in the process of planning one for the near future. In the meantime they had an open door policy for people and relatives to discuss any issues

A staff member told us the manager was, “Easy to talk to.” Another staff member informed us the manager was, “Very supportive and approachable.” They went on to say they understood the new manager was trying to make changes at the home to develop and improve it for the people living there. An example given was the intention of trying to increase and improve the activities being provided for people. The staff member felt the changes were positive and told us staff were kept informed and felt included.

Staff told us the manager was involved in the day-to-day running of the home. They said they took an active role in ensuring people were happy and their needs were being met. They said they were confident in raising any issues or concerns they had to the manager. One staff member said, “I can speak with the manager about anything. They are very supportive”. Another staff member told us the manager was, “Approachable and listens to us.”

We saw the provider knew and spoke with each person. The provider took time to listen to people and referred to each person by their preferred name.

We found the manager had improved and implemented a number of quality assurance and audit systems. Although in its infancy, the auditing systems were effective, as the risks to people were being assessed, evaluated and responded to. The audits in place included reviews of risk assessments, care plans and associated records. In addition health and safety audits had been improved and included environmental audits, hand hygiene, infection control and medicines audits. By implementing the auditing systems it demonstrated an awareness of assessing and mitigating risks.

Where audits had identified problems or issue, action had been taken to resolve or reduce any potential for harm or inconsistency in service delivery. This meant that people and their families could have confidence that the quality of the service being provided was being monitored and any known risks recognised and where possible reduced.

Supervision and appraisals systems had been improved and implemented. Staff clearly understood their roles and responsibilities and felt supported and listened to by the provider and the manager. Staff said they felt supported and appreciated by the management team.

The manager had recognised the need to update the complaints policy and this had been done. They had also recognised people needed information on how to access an advocacy service. This information was now available to people.

Records required for the running and management of the homes were maintained and stored safely. The manager ensured they sent us written notifications to inform us of important events that had taken place at the home. For example, the death of someone in receipt of care at the home.

Staff we spoke with understood their roles and responsibilities. One staff member told us, “I love working here and love spending time with the people.” They went on to tell us the manager was supportive and had had a positive impact on the running of the home. Staff felt the manager listened to suggestions and was always looking at ways to improve and develop the home.

Our observations and conversations with staff demonstrated to us the manager had clear a vision for the home and the people living there. This meant that people could be confident the manager recognised the need for continuous improvement.

There were clear arrangements in place for the day-to-day running and management of the home. The manager was supported by a team of carers and senior carer as well as being supported by the provider. The manager told us they felt they had a really good and supportive network of people working together to provide a good service to the people. The manager told us they were mindful that changes had been made, but also recognised the need to continue moving forward.