

Mrs Mary Rebekah O`Connor

Darley Dale Care Home

Inspection report

35 Libertus Road
Cheltenham
Gloucestershire
GL51 7EN

Tel: 01242513389

Date of inspection visit:
31 December 2019

Date of publication:
11 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Darley Dale is a residential care home providing personal care to 2 people aged 65 and over at the time of the inspection. The service can support up to 13 people in one adapted building.

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

Notifications relating to a serious injury to a person and an allegation of abuse had not been submitted to us as legally required.

We found improvements to people's risk assessments relating to pressure area risk which had had been kept under review, however the quality assurance systems used to monitor the service had failed to identify one person did not have a care plan for their personal needs to support pressure ulcer healing. Accurate records of the care provided to one person had not always been kept.

People's medicines were generally safely managed although some stored domestic medicines were out of date and this had not been identified.

Regular checks were made to ensure the environment of the care home was safe and maintained.

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

People's individual needs and wishes were known to staff who had achieved positive relationships with them. People and their representatives were involved in the planning and review of their care. Visitors were welcomed into the care home.

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

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (report published 6 June 2019) where we found a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. This service has been rated requires improvement for the last three consecutive inspections.

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

regulations.

Why we inspected

The inspection was prompted due to information which indicated we had not received a required notification from the service relating to a serious injury. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Responsive and Well-led sections of this full report.

Enforcement

We have identified breaches in relation to notifications about events affecting people using the service and quality assurance systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below

Darley Dale Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Darley Dale Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. Before the inspection, we requested and received information regarding the failure to submit notifications, information about a person's pressure ulcer and any accidents or incidents. We used all of this information to plan our inspection.

During the inspection

People at the service were unable to speak with us so we sought feedback from their relatives. We spoke with a relative of a person using the service about their experience of the care provided. We spoke with the registered manager and the deputy manager. We reviewed a range of records. This included two people's

care records and their medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to a relative of one person on the telephone to gain their views.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has improved to Good: This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our previous inspection we found assessments relating to people's risk of developing pressure ulcers had not been kept under review. One person's risk had increased, and this had not been identified in their assessment. This placed the person at risk of potential harm. At this inspection we found people's risk assessments relating to pressure area risk had been kept under review.
- Equipment and furniture had been inspected and continued to be safe to use.
- People were protected from risks associated with fire and electrical and gas equipment through regular checks and management of identified risks. The registered manager reported that there had been a recent visit from a fire safety officer who had been satisfied with the fire safety arrangements.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people.
- Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and contact details for reporting a safeguarding concern were available.
- The registered manager had completed additional safeguarding training provided by the local authority.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. People benefitted from a longstanding stable staff team that knew them well. On the day of our inspection we saw there were enough staff to ensure people received support in line with their assessed needs.
- No staff had been recruited for a number of years and there were no current plans to recruit any new staff.

Using medicines safely

- Staff were trained to handle medicines in a safe way and completed training every year to keep their knowledge up to date.
- Medicines were stored, administered and disposed of safely. Each person had a medication administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
- Regular stock checks were carried out on people's medicines however we found two boxes of non-prescribed medicines were stored past their expiry date. These were not in current use and the deputy manager disposed of them when we brought the issue to their attention.

Preventing and controlling infection

- The latest inspection of food hygiene by the local authority in April 2017 had resulted in the highest score possible. Staff had received training in food hygiene and infection control.

Learning lessons when things go wrong

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

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

Staff support: induction, training, skills and experience

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

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

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

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

- When we visited the care home was decorated for the festive season. People's rooms were decorated according to their preferences.
- People had access to an outside space and used the garden especially in the summer months.

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

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

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

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

People 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

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

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated in a caring way by staff who used a warm and friendly approach with them.
- People's relatives commented, "Really happy with the care" and "well looked-after".
- People's needs in respect of their religious beliefs were known and understood.

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

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

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's dignity and privacy was preserved. Doors and curtains were closed when carrying out personal care. This approach was highlighted in people's care plans.
- People were able to keep in touch with family and friends, receiving visitors with no unnecessary restrictions. Visitors told us they were made to feel welcome, given drinks and there were no restrictions on visiting times.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- One person was receiving care in response to having pressure ulcers. Treatment had been provided by health care professionals and it was reported the ulcers had started healing. However, the person did not have a care plan specifying the action staff needed to take to support the healing process. In addition, although there were records of the actions staff had taken, such as turning the person on a regular basis, recording had ceased five days before our inspection visit. This meant there was not a complete record of the care provided to meet the person's individual needs.

Meeting people's communication needs

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

- Staff were aware of people's individual communication needs and how to support people to express their wishes and be involved in their care. For one person, staff used simple short sentences to aid their understanding.
- The registered manager was aware of the AIS and information about this had been posted on the care home's notice board.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Due to low occupancy levels, Staff spent time with people on a one to one basis as opposed to organised group activities.

Improving care quality in response to complaints or concerns

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

End of life care and support

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

from the relative of a person who had spent their final days at Darley Dale.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At our previous inspection we found quality monitoring systems were not always effective in identifying shortfalls in the service provided. When shortfalls had been identified, prompt action had not always been taken to address the risks these shortfalls might pose to people. At this inspection we found the systems in place to monitor compliance with regulatory requirements were still not effective as we found shortfalls in the service provided which had not been identified.
- Systems had not identified one person was lacking a care plan for their specific needs, accurate records had not always been maintained, required notifications had not been submitted and out of date domestic medicines had not been disposed of.

This was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found a notification relating to a serious injury (grade 3 pressure sore) had not been submitted to us. Although the registered manager was not initially informed by health professionals the person's pressure ulcer was assessed as a grade three, when this information was known to the registered manager, we still did not receive a notification as required. We also did not receive a notification about a telephone enquiry from the local authority safeguarding team regarding an allegation of abuse. The allegation was found not to be substantiated by the local authority. CQC monitors important events affecting the welfare, health and safety of people living in the home through the notifications sent to us by providers.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

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

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

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

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Commission of events which occurred whilst services were being provided in the carrying on of a regulated activity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems to assess, monitor and improve the quality and safety of the services provided had not been established and operated. Accurate records of the care provided to people had not always been kept.