Northamptonshire Association for the Blind

Darsdale 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

We carried out this inspection under Section 60 of the Health and Social Care Act 2012 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 2012 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection.

At the last inspection in October 2013, we found there were no breaches in the legal requirements for the areas we looked at.

Darsdale Home provides accommodation for up to 30 people who live with sensory impairment and may be blind or partially sighted. There were 27 people using the service when we visited.

Summary of findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLs) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLs to ensure that people who could make decisions for themselves were protected. From the records we looked at, we found that where people lacked the capacity to make decisions about something, that best interest meetings were held.

People told us that their health care needs were assessed, and care planned and delivered in a consistent way. From the eight care records we looked at, we found that the information and guidance provided to staff was detailed and clear, and presented in an appropriate format.

During our observations throughout the day we saw that staff clearly knew how to support people in a way that each person wanted to be supported. People at risk of malnutrition or dehydration were effectively supported to have a sufficient quantity to eat and drink.

Staff respected people's privacy and dignity. Before entering people's rooms or providing care, staff would knock on the person's door and seek permission before providing any personal care to people. One relative told us, "They do ask my wife's permission before they do things for her." Another person said, "They always ask my permission before doing anything."

Staff we spoke with confirmed that people were supported to maintain their independence and social skills where possible. One person we spoke with said, "I am off out now to the pub for lunch, it's great here." The people we spoke with demonstrated to us that the social and daily activities that were provided had been decided upon by each person. We found that people could change their minds if they did not want to engage in an activity.

The provider had a robust recruitment process in place. Records we looked at confirmed that staff were only employed with the home after all essential safety checks had been satisfactorily completed. Staff we spoke with told us that they had not been offered employment until these checks had been confirmed. Records viewed confirmed this to be the case.

We found that there were systems in place to ensure people received their medicines as prescribed.

Other records we looked at evidenced that people were supported to complain or raise any concerns if they needed to. There had not been any recent complaints and we were provided with positive comments about the service from healthcare professionals. The complaints procedure was available to people in a format they could understand and if required, people could be supported through the process by a social worker or an advocate. Our observations confirmed to us that staff responded appropriately if people were not happy, or communicated that they were anxious about something.

The provider used a variety of ways to assess the quality of service that it provided. This was by involving families, advocates, social workers, health care professionals and others on a regular basis. We saw that a variety of audits were in place to assess the quality of the service that was provided.

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.

Staff knew how to protect people from the risk of abuse and there were enough of them to keep people safe.

The service understood the requirements of the MCA and was meeting the requirements of DoLs, which meant that people who lacked capacity had their rights protected.

People's medicines were managed safely and there were robust systems in place to ensure safe administration and storage of medicines.

Staff told us that there were enough staff available to keep people safe and the records we saw confirmed this.

Good

Is the service effective?
We found that the service was effective.

Staff were trained to meet the needs of people who lived at Darsdale Home and had a good understanding of their needs and preferences.

People chose what they ate and staff assisted those who required help with their meals.

People's health care needs were met and they had access to a wide range of health and social care professionals.

Good

Is the service caring?
The service was caring.

People engaged well with the staff that were kind, empathetic, and showed interest in the people they supported.

Staff ensured that people's dignity and privacy was respected through their actions.

People and their relatives were actively involved in making decisions about their care, treatment and support.

Good

Is the service responsive?
The service was responsive.

Relatives we spoke with confirmed that they were kept informed about anything affecting their family member.

Regular reviews of people's care were completed according to each person's assessed needs.

People knew how to make a concern if they had one. There was a clear procedure on what action would be taken if people made a complaint.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People told us the manager was approachable, and supportive. The people who used the service and staff told us they would go to her if they had a problem.

People told us staff listened to them and acted on their ideas and suggestions to improve the service.

The home used audits to monitor whether people were getting good care and to make sure records were in place to demonstrate this.

Darsdale Home

Detailed findings

Background to this inspection

This inspection was conducted by an 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. Our expert had experience in caring for people with sensory and visual impairments.

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. We reviewed data that we held about safeguarding and other incidents happening in the service that the provider is required to tell us about. We contacted the local authority and reviewed the information we asked the provider to send to us.

During the inspection, we spoke with eight people who used the service, two visitors, one visiting professional, seven staff, and the deputy manager. We looked at eight people's care plans and other documentation about how the service was managed. We also observed the care and support provided to people throughout the day in various communal areas.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people. We looked at other records related to people's care and the running of the service, including a service user quality assurance survey questionnaire, staff recruitment and supervision records.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

We spoke with people who used the service and asked them how they let staff know if they were worried or unhappy. One person said, "I would tell the staff or manager and they would see to it." Another person told us, "I cannot recall a time when I have felt unhappy but I know I could tell anyone if I was and it would be dealt with." This meant that people were confident that their support was provided safely and that they felt safe and secure within the environment.

The people we spoke with told us they felt safe in the home. One person said, "Yes I feel quite safe, I like it here." Another person told us they had not wanted to engage with staff on the morning of our inspection and had wanted to remain in their room for a while. They told us that staff had wanted to support them with manual handling to make sure they were kept safe until they chose to come into the communal areas. They said they had discussed this with the deputy manager and understood the carer's reasons for asking them to do it and had no further concerns as they understood that the carers wanted to keep them safe. They said, "I feel I can speak my mind."

Risks to people's safety had been assessed. These included risks associated with malnutrition, pressure damage and falls. Where actions were needed to keep people safe, we saw that these had been taken.

Staff told us they had received recent training in safeguarding adults and records confirmed this. We spoke with six staff members and they were able to tell us how they would respond to allegations or incidents of abuse and they knew the lines of reporting in the organisation. We saw that the safeguarding policy and procedure containing contact details for the local authority were easily accessible for staff. There had been no recent safeguarding concerns at the service. The provider had taken reasonable steps to identify abuse and prevent this from happening within the home.

As well as a service user guide, information was displayed in the home so that visitors and staff had access to other organisations they could report abuse to if this was required. Relatives we spoke with told us that they felt very confident about their family member's safety at Darsdale Home.

During our visit we saw a person who used the service displaying behaviours that challenge others. We found that staff supported the person appropriately in line with their care plan, which detailed ways of reducing triggers for behaviour. This meant that staff knew how to respond to incidents when they arose.

We saw that where incidents regarding behaviour that challenged others, occurred in the home, these were clearly documented by staff. They were checked by the manager who assessed if any investigation was required. Any learning from incidents and accidents was discussed at team meetings and shared with staff through the communication book and staff supervisions. This meant incidents were responded to appropriately and that the registered manager supported people with behaviour that challenged to keep themselves, staff and others safe.

Staff were able to explain how they made decisions in line with the Mental Capacity Act (MCA) 2005. This is an act introduced to protect people who lack capacity to make certain decisions because of illness or disability. They had a good understanding of the MCA and described how they supported people to make decisions that were in their best interests and ensured their safety. We saw examples of where people's capacity to manage their own finances had been assessed and found that appropriate documentation was in place.

The registered manager and care staff were following the MCA for people who lacked capacity to make a decision. For example, the provider had made an application under the MCA DoLs for one person as they considered that their liberty may have been restricted. The provider was found to be not depriving this person of their liberty. Staff told us they had completed training on the MCA and DoLs and were able to tell us the action they would take if a person's capacity to make decisions changed, or if they suspected this. One staff member said, "We have the ability to make decisions, so why shouldn't the people who live here. It is up to us to make sure that we follow the correct process and use our training." Following recent legal judgements the provider was reviewing each person's care needs to confirm that appropriate safeguards were in place to ensure that people were not unlawfully deprived of their liberties.

The number of staff on duty for each shift was clearly detailed on the rota. Staff reported that mornings could be busy, but manageable. Our observations confirmed that

Good

Is the service safe?

there was sufficient staff on duty, with appropriate skills to meet the needs of people, based upon their dependency levels. This was also confirmed to us by relatives and healthcare professionals we spoke with. The deputy manager confirmed that additional staff would be provided when necessary, for example if a person's needs changed. They told us that they and the registered manager would provide cover when required to ensure that people received safe and effective care.

We looked at three recruitment files for staff most recently recruited by the service. The files contained all relevant information and the service was carrying out all appropriate checks before a staff member started work. This meant that the service followed safe recruitment practices.

Prior to this inspection, we noted that the service had identified a high number of medication errors made by staff. We therefore reviewed this area to ensure that the systems in place were robust. We found that medication arrangements were safe. The service had worked hard to ensure that staff learnt from previous mistakes. Staff had been trained in the safe handling, administration and disposal of medicines. Medicines were stored safely and securely, and records showed staff were administering medicines to people as prescribed. We observed staff administering medication and this was carried out correctly. Medicines were checked daily to ensure staff were managing people's medicines safely. The service had taken action to address the issues they had identified and worked to ensure safer systems and processes were in place.

People told us that they thought the home environment was tired in some areas, with evidence that some areas needed a more thorough clean. We discussed this with the deputy manager and were told that a project was planned which involved the re-decoration of bedrooms and communal areas, with a deep clean of these areas. Since this inspection, the home has confirmed that a senior housekeeper has been recruited to ensure that the cleaning of the home is monitored more efficiently.

Good

Is the service effective?

Our findings

We spoke with people about the staff who supported them and their ability to undertake their roles effectively. One person said, "Staff always know what to do, I never have to tell them." Another person told us, "Staff are really good at their jobs." We found that people received effective care and support from staff which took account of their wishes and preferences and was delivered by staff that understood what people wanted.

People supported by the service had varying levels of health support needs, in respect of sensory impairments and dementia. We found that staff were knowledgeable about dementia and how to meet the needs of people with visual or sensory impairment. The deputy manager told us about training they had organised around these subjects, and the staff we spoke with confirmed this. It was evident that staff were effectively supported to achieve additional health care related qualifications. One example of this was for people who had developed dementia care needs with behaviour which may challenge. The deputy manager told us that the service changed in response to people's care and support needs rather than the person having to move to an alternative service. We were told, "It is better to offer additional training rather than have to have people move to another place."

We saw that staff received supervisions and an appraisal each year and that where appropriate action was taken in supervisions to address concerns. Where appropriate it was evident that disciplinary action was taken and performance monitoring given.

Our observations throughout the day provided evidence that people being supported trusted the staff. We found that people's demeanour was positive around staff and one person, living with a certain condition, spoke about how staff had explained healthy choices in their diet. They told us, "I really feel that the staff want what is best for me and they are always so supportive with my illness." All relatives we spoke with were very happy with the care provided. One said, "The staff are great here, they really care."

We were told and saw that menus were planned in advance over a four week period. The kitchen staff told us that a different meal was available for people every day. People were supported to choose their meal option by staff and we were told by staff that if a person did not want what was on offer, that a range of alternatives were available. We saw evidence during our inspection that one person had changed their mind about what they wanted and found that staff reacted positively to this and ensured that an alternative meal of the person's choice was obtained.

People told us that they were regularly offered drinks and [where needed] supported to drink them to ensure they remained hydrated. People also told us that if they were hungry that they could always get extra snacks in between meal times. Staff told us they understood that people often became hungry, and that it was important to ensure that they received adequate nutritional intake. We saw that people were supported to eat snacks throughout the day if they wanted them.

One person preferred to eat in a specific lounge within the home. This was their choice and helped reduce their anxieties. We saw that if people didn't want to eat at the set meal time, or changed their mind about what was offered then staff offered an alternative choice. The meal time was relaxed and staff maintained social interaction with people to ensure that they were supported effectively.

People told us that they received the correct support according to their needs. One person said, "If I need to see a doctor, staff are always really good at calling them out." We looked at the care records of eight people who lived at Darsdale Home. We saw that each person was supported to see or be seen by their GP, chiropodist, optician or dentist. One person was being supported by the district nursing team to ensure that the wound care they received met their needs as effectively as possible. Another person was reviewed by the local hospital to ensure that their needs in relation to a long standing condition were met appropriately.

We looked at one person's plan which showed that their health condition was well monitored and gave staff information about things to look out for if their health deteriorated and when to seek further assistance from other health professionals. The health care professional we talked with told us that the care provided was appropriate to meet people's needs. This meant that people could be confident that their health care needs would be reliably and consistently met.

Due to the visual impairments that many of the people who lived at Darsdale Home lived with, we inspected the external and internal areas of the home to ensure that they

Good

Is the service effective?

were suitable to meet people's needs. The external garden areas offered a hard standing area for eating outside and easy access to the plants, trees and shrubs for people who used a wheelchair. People told us that they enjoyed going into the garden and staff said that for people with a visual impairment, it was important that they could experience the outdoors, by touching plants and flowers. The deputy manager told us that the garden had been designed so that everyone who used the service could access sensory stimulation and enjoy the garden, flowers and facilities.

Signage used throughout the home was appropriate for people with a visual impairment. This included escape routes, emergency exits and bathrooms and toilets. We saw that some people had their name on their room and this helped them identify their own room, whilst some people knew which was their room because of the time they had been living in the home. Staff told us it was vital for people to be able to identify important areas within the home to ensure their on-going independence.

Good

Is the service caring?

Our findings

One member of staff told us that when they first started their employment at the service they did not know sign language or how to communicate effectively with people who lived with a sensory impairment. They went on to tell us that they had tried to learn these skills which were essential to maintain effective support for people living with these support needs. They said that they had also been supported by the manager to learn the sign language required to communicate with people. During our observations we saw that staff used these skills to good effect with some people. Staff were able to tell us how they communicated with people and that there were different methods available including pictorial information. Staff were able to communicate with people effectively.

One person told us, "I might not be able to see very well and can be forgetful, but staff are so kind. They treat me well and always listen." We observed that one person who was living with dementia was reminiscing about past events in their life. Whilst they were doing this, they spoke very quietly and it was not easy to understand them. Staff were focused on them completely, listening carefully and responding to what the person was saying. We observed that staff made sure that they understood what the person was communicating, and did not just make neutral responses. People told us that the way in which staff communicated with them, made them feel that they were respected and ensured their dignity was maintained.

The people who lived at Darsdale Home had differing levels of need, and we observed that staff offered varying levels of support to each person, depending upon their assessed needs. We saw that support was provided in a kind, calm and relaxed way and that people were at ease in the presence of staff. Our observations demonstrated that staff had really positive relationships with the people they supported. The demeanour of the people who were being supported, was seen to be open and trusting of the staff. One person said, "They really are very good here."

People moved around the home and it was evident that they had the opportunity to choose where they wanted to be. Staff provided support gently and at a level acceptable for the person. One person we saw was regularly walking around the home and staff were seen to offer support by checking they were alright and opening doors to other communal areas they wished to visit. Care and support was based on individual preferences and it was evident through our observations, that staff were caring and knowledgeable about each person and how each person liked to be supported.

The people that we spoke with knew that they had a care plan. One person said, "I've seen my care plan, a member of staff showed it to me." Another relative said, "When my wife moved in here we went through the details of my wife's care with the manager." We saw that some people had signed their own care plans. This meant that people could express their views about how they wanted to be cared for.

We spoke with staff about the needs and preferences of these people and what staff told us matched the information we had seen recorded in the care plans. We saw that a wide range of risk assessments and care plans were in place and reviewed regularly. From the care plans we viewed, we saw that people's preferences and wishes about how they were cared for were documented to ensure staff knew how people wanted to be cared for. We saw that one person had an advocate [an independent person able to speak on their behalf] available to help them in making decisions about their care and support. Relatives we spoke to, told us they felt very involved in the care and support of their loved one. Staff therefore had the information and knowledge to be able to care for people effectively and in their preferred way.

We spoke with two staff members about how they ensured people's privacy and dignity was respected. Both had a clear understanding of the role they played to make sure this was respected. One member of staff explained how they knocked on people's doors before entering their bedrooms and always administered medication in a private area. We observed this happening in practice. We found that the service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

We saw from records that staff supported people to be independent. People moved around the home during our visit and staff told us people did not have unnecessary restrictions placed on them. This meant people were supported with their independence, for example one person was supported to set the table for lunch and for other people staff ensured they had their walking frames available to mobilise with.

Good

Is the service responsive?

Our findings

One person told us, "Staff assessed my needs before I came in here. They told me that this meant I would get the right care." We discussed this person's care needs with them and found that they were documented within the care records. We spoke with staff about the needs and preferences for the people they provided care and support to. What staff told us matched the information we gathered from the care records and meant staff had the information and knowledge to be able to care for people in their preferred way. People's needs were assessed and their support and care was planned and delivered in line with people's individual care plans.

Plans of care we looked at showed us that where people had suffered a fall, or their health condition had changed that appropriate steps had been taken to put measures in place to reduce the potential for recurrence. Examples of this included regular weight checks to identify if anyone was at risk of not maintaining a healthy weight and sensory mats to identify when a person got out of bed.

Care records indicated that people's weights were monitored and action taken if needed. This included referrals through the GP to the dietician department. We saw that where people were required to be weighed more frequently this had occurred. This meant people's health and wellbeing was monitored and action had been taken when required.

We saw from the care plan of one person that they had specific needs around their nutrition due to their health condition. We observed the needs detailed in the person's care plan and guidance was also available in the kitchen for staff. The person was aware of the foods that they should and shouldn't eat and we saw that other health professionals had been involved in assessing the risk to this person. This meant there were processes in place to monitor and manage nutritional risks and that people received appropriate food and drink.

Staff were observed treating people as individuals. This support included using signing to one person who used sign language to communicate and talking about whatever interested that person. We observed a carer who used sign language and pictorial communication methods to discuss what was for dinner on the day of our visit.

The manager told us that a best interest meeting had been held under the Mental Capacity Act (MCA) 2005, which involved relevant people, including an independent mental capacity assessor (IMCA). The information for this person included the minutes for the best interest meetings that had been held, and detailed the decision that had been made. A further date for review had been put in the diary.

People told us that they had chosen the colours in their bedrooms and one person said they had bought in their own bed linen from home. Other people we spoke with showed us how they had been able to decorate their room with personal items.

When we arrived at the service some people were in their room, others were in the lounge areas and some people were preparing to go out. People were able to spend time on their own, with families and friends or engage with other people who lived at the home. Where people did not want to partake in their chosen activity staff respected people's wishes.

Activities that people took part in varied from gardening, to a music person visiting the home, trips to the local pub and shops and hair dressing services. People told us that they took part in activities or past times that were important to them and linked into things they enjoyed before they came to the home. We spoke with the activities person, who told us they provided a variety of activities. There was a board in the home full of photographs of the activities that had taken place. One person pointed themselves out on the board and spoke of the good time they had on a trip out. Another told us, "There is always so much to do, it is great here." Another person told us, "I love to read and although it is not always easy, the staff help me, which is a great comfort."

We looked at the complaints records and we saw there was a clear procedure for staff to follow should a concern be raised. There had not been any complaints raised by people living in the home or by their relatives but we heard staff encouraging people to make comments if they had an issue. For example, one person told a member of staff they were not happy about an issue that had taken place. The staff member supported them through discussing their concerns and encouraged them to speak with the deputy manager to ensure action was taken. We spoke with the

Good

Is the service responsive?

person later in our inspection and found that they were happy with how they had been dealt with. They said, “We always get listened to, no matter how small our complaint is.”

People told us that their care and support was managed well by staff when they accessed other services, such as the local hospital, optician or dentist. One person said, “The staff make sure I have full control of when I visit and where possible who I see. This gives me great piece of mind.”

Good

Is the service well-led?

Our findings

People we spoke with were positive about the staff, the management and the way in which the home was run. Some of the people we spoke with told us that the registered manager was "wonderful, so helpful." Others said that all staff were, "committed to looking after them." One person told us, "Things are always acted on; there are no concerns about that." Another said, "I am so pleased about my care, the food and the staff's approach towards me." They also said that they were consulted about any changes within the home before they took place.

Relatives told us they had regular conversations with the manager and that any issues raised, were dealt with quickly. We looked at the processes in place for responding to incidents, accidents and complaints. The provider analysed this information and used it for discussion within team meetings and individual staff supervision so that lessons could be learned.

People who used the service, their representatives and health and social care professionals were asked for their views about their care and treatment and we saw records to confirm these were acted on. An annual questionnaire was sent out by the manager and staff told us they supported people to complete their questionnaire when required.

There were regular meetings held between staff and people living in the home. These were used to discuss activities, raise concerns and any issues people may have. Annual questionnaires were also completed by people using the service. This meant people were supported to make their views known about the service.

Staff we spoke with were clear about the process to follow if they had any concerns about the care being provided and knew about the whistleblowing policy. They told us that they would have no hesitation to use it if the need arose. We were told by staff and relatives that the manager had an open door policy and they were able to speak with her at any time.

We looked at the provider's records for accidents and incidents. Where incidents, or other untoward events had occurred, the provider had analysed patterns to prevent future occurrences. Where necessary, the home worked in conjunction with the local authority for safeguarding matters and the community nursing team for wound care needs. From speaking with these organisations, it was clear that the service worked in partnership for the benefit of the people who lived at Darsdale Home.

Staff we spoke with recognised the visions and values of the home and their role within that. We found that staff regularly had the opportunity to express their views during staff meetings and through regular supervisions with the manager at the home. Staff also told us they had the opportunity to give their comments on service delivery and ideas for improvement, based upon lessons they had learned.

We saw the deputy manager worked well with staff and was available to support them when needed. The rota detailed the availability of the manager and the deputy and all the staff we spoke with told us that both the manager and deputy manager were very supportive. They were clear about their responsibilities and knew what the manager's expectations of them were. One member of staff said, "We all work well as a team, we deal with any issues and can talk about issues that concern us. We think of ourselves as an extended family, with the residents." Another said, "Even when I started here, it was made clear what our roles were, we all know what to do and how to progress something if we need to."

Care staff we spoke with told us they were happy in their roles and worked hard to ensure that people received the care they needed. One said, "We work really hard as a team, we all pull together and are here for the people." Our observations throughout the day demonstrated that staff provided the people who used the service with kind and compassionate care.

Staff told us that frequent audits had been completed in areas such as infection prevention and control, medicines administration, health and safety, fire safety and environmental audits. They told us these were important as part of making sure that the service given to people was of good quality. We saw that maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given.

Good

Is the service well-led?

We saw there were plans in place for emergency situations such as an outbreak of fire. Staff understood their role in relation to these plans and had been trained to deal with them. A member of staff explained to us where the fire exits were and what we should do if the fire alarm sounded.

We spoke with the deputy manager and they explained their role in relation to safeguarding, disciplinary action and notifying CQC of any statutory notifications. We found policies and procedures in place to provide further guidance for the processes required. Staff told us they understood that they had varying levels of accountability for their actions and those of others. One said, “I take my job very seriously, it is really important that we work on everything so we offer a really good service.”