

Darsdale Carehome Limited

Darsdale Home

Inspection report

Chelveston Road
Raunds
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14 January 2020

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04 March 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Darsdale is a care home, it provides personal care to older people, people with mental health conditions, physical disability, dementia and learning disabilities or autistic spectrum disorder. At the time of the inspection there were 27 people using the service. The service can support up to 30 people.

Darsdale provides accommodation across 2 floors, with a lift to the second floor. People with higher dependency needs are accommodated on the ground floor. There is an enclosed courtyard and communal gardens.

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

The provider had taken steps to improve the service and ensured people received safer care. The provider had implemented robust systems to ensure they maintained effective oversight of the quality and safety of the service.

Environmental risks had been addressed. Infection control measures had been reviewed and cleaning hours increased. Floor coverings with strong odour had been replaced. Management of safety in the kitchen had improved and risks around falls from height were mitigated.

Fire door repairs had been completed and were checked regularly. Personal emergency evacuation plans had been updated to ensure effective evacuation of the building in the event of a fire.

Robust processes were in place to ensure the safe recruitment of staff and staff numbers had been reviewed and increased to ensure people's needs were met.

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

Rating at last inspection

The last rating for this service was requires improvement (published 04 January 2020) when there was a breach of regulation.

Following our last inspection, we served a warning notice on the provider. We required them to be compliant with Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 31 December 2019.

Why we inspected

This was a targeted inspection based on the warning notice we served on the provider following our last inspection. CQC are conducting trials of targeted inspections to measure their effectiveness in services where we served a warning notice.

We undertook this targeted inspection to check they now met legal requirements. This report only covers our findings in relation to the governance of the service. The overall rating for the service has not changed following this targeted inspection and remains requires improvement. This is because we have not assessed all areas of the key questions.

Follow up

We will continue to monitor information we receive about the service until we 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Darsdale 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

The inspection was conducted by one inspector.

Service and service type

Darsdale is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with nine members of staff including, the registered manager, a director, a housekeeper, four care workers, the chef and the nominated individual.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included one recruitment file, fire safety records, dietary requirement charts, a variety of records relating to the environment, maintenance and the management of the service were reviewed.

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. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key question at the next comprehensive inspection of the service.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice, enough timely action had been taken and the provider was no longer in breach of regulation 17 in this key question.

At our last inspection the provider had failed to demonstrate good governance. Action had been taken to make improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider had improved auditing processes to include increased managerial checks and had introduced a weekly walk around as part of the auditing schedule. For example, a walk-through of the courtyard took place to identify any tripping hazards. Areas identified as needing attention were recorded and put on an action plan to ensure tasks were completed in a timely manner.
- Repairs to fire exits had been completed with regular checks now in place from the registered manager.
- Personalised emergency evacuation plans (PEEP's) had been reviewed and now corroborated with people's room numbers and support needs. This meant in the event of an emergency evacuation staff would have the information needed to support people to leave the building. Staff were able to demonstrate their understanding of PEEP's and where to locate them in an emergency.
- Risks of people falling from height had been mitigated as tamper proof window restrictors had been fitted to all windows. An alarm had been fitted to a fire exit that opened onto a stair case, staff attended immediately on activation.
- The provider had reviewed their recruitment procedures to ensure staff were recruited safely. We checked a recruitment file for a new staff member during the inspection and found it to be in line with current best practice and legislation.
- Dependency information had been collated to determine care staff numbers required to ensure people's needs were met. The provider had increased staffing where a need was identified. For example, night staffing levels had been increased to ensure people's needs could be met.
- The home was clean and free of odours, cleaning records were completed and audited regularly by the registered manager. Cleaning staff hours had been increased to ensure that deep cleans were completed. Floor coverings had been replaced where necessary.
- Kitchen records had been updated to alert staff to any specialist dietary requirements or allergies. The kitchen was clean and tidy with food appropriately stored and labelled. Kitchen assistant hours had been increased to ensure that care staff were not redeployed to assist in the kitchen at meal times.

