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# Darley Dale Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We undertook an unannounced comprehensive inspection of Darley Dale Care Home on 14 February 2018.

Darley Dale Care Home 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. Darley Dale Care Home does not provide nursing care.

Darley Dale Care Home accommodates 13 people in one adapted building. At the time of our inspection visit there were 3 people using the service.

At our last comprehensive inspection 26 February 2016 we rated the service Good. At this inspection we found the service was rated Requires Improvement.

People were not fully protected against risks from receiving care for example a bath hoist had not been recently checked to ensure it was safe to use.

We made a recommendation about the maintenance of equipment and the safety of the environment.

The audit system had not identified risks to people's safety from equipment and the environment of the care home.

Darley Dale Care home had a registered manager in post. 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.

People and their representatives made positive comments about Darley Dale Care Home; they appreciated the caring approach of the staff and the atmosphere of a small care home.

We found the environment of the care home was clean. People's medicines were safely managed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. 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 support 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.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not fully safe.

People were not fully protected against risks from receiving care.

People were safeguarded from the risk of abuse.

There were safe systems in place for managing people's medicines.

### Is the service effective?

**Good** 

The service was effective.

People were cared for by staff who received appropriate training to carry out their roles.

People were protected by the use of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards.

People enjoyed a choice of home cooked meals.

People's health needs were met through on-going support and liaison with relevant healthcare professionals.

### Is the service caring?

**Good** 

The service was caring.

People were treated with respect and kindness.

People had developed positive relationships with the staff team.

People's privacy, dignity and independence was understood, promoted and respected by staff.

### Is the service responsive?

**Good** 

The service was responsive.

People received individualised care and support.

People were enabled to engage in activities.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives

**Is the service well-led?**

The service was not always well led.

Quality assurance systems had not always identified shortfalls in quality and risks in the service.

The registered manager and deputy manager were accessible and open to communication with people using the service, their representatives and staff.

**Requires Improvement** 

# Darley Dale 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 14 February 2018 and was unannounced. Our inspection was carried out by one inspector.

Prior to the inspection we looked at the information we had about the service. We contacted the commissioners of the service to obtain their views about the care provided to people.

We spoke with two people who used the service, a relative of one person, the registered manager and the deputy manager. Following the inspection we spoke with a relative of a person using the service and a member of staff on the telephone. A person's GP also gave us their views about the service. We examined documents relating to the care of people using the service and the management of their medicines. We also looked over the premises of the care home and examined records relating to management of the service.

# Is the service safe?

## Our findings

People were not fully protected from risks associated with receiving care. We found the bath hoist although in working order had not had a recent maintenance check, this was confirmed by the registered manager and there was no information available about when the last maintenance check had taken place. Hoisting equipment should have regular checks in line with the manufacturer's recommendations to ensure it was safe for people to use.

We found a commode in an empty room had some corrosion on the metal frame. We discussed this with the registered manager who took the commode out of the building for disposal. We also found there were a number of items obstructing clear passage to a fire exit at the rear of the building. We brought this to the attention of the registered manager who removed the items.

We recommend the registered provider seeks advice from a reputable source regarding the maintenance of equipment and the safety of the environment.

There were risk assessments for falls, pressure area care and nutritional risks. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed monthly. There had been no changes to the level of risk for the three people using the service since our previous inspection. People were protected from risks associated with fire and electrical and gas equipment through regular checks and management of identified risks. Risk assessments had been completed on the safety of people's individual rooms.

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 in 2013. We checked with the registered manager and there had been no safeguarding concerns relating to people living at Darley Dale. People using the service and their visitors told us Darley Dale Care Home was a safe place to be.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Information about whistleblowing was available in a whistleblowing policy. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

We carried out a tour of the premises and noted the care home was clean. A cleaning schedule was in place with records kept of cleaning carried out. People and their relatives told us the home was clean. One relative said, "It's always clean and smells nice". There had been redecoration of some of the empty rooms. Repair work was also being undertaken in the laundry after rain had entered through the roof. The latest inspection of food hygiene by the local authority in April 2017 had resulted in the highest score possible.

Adequate staffing levels were maintained. The registered manager explained how the staffing was arranged to meet the needs of people. The deputy manager provided most of the care and support for people supported by the registered manager. At times the registered provider would cook meals and an additional member of staff was deployed when the need arose. No new staff had been recruited for a number of years and there were no current plans to recruit any new staff.

People's medicines were managed safely. Medicines were stored securely and records showed correct storage temperatures had been maintained. Medicines administration records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. There were records of medicines received and of medicines disposed of. Medicines were given to people by staff who had received suitable training. One person told us they were given their medicines at the right time of day. Regular stock checks were carried out on people's medicines as well as checks on expiry dates. The registered manager reported there had been no accidents since our previous comprehensive inspection.



# Is the service effective?

## Our findings

On-going assessments were in operation using recognised assessment tools relating to areas such as nutrition and pressure sore prevention.

People were cared for and supported by staff with appropriate knowledge and skills. Staff received training in food hygiene, dementia care, nutrition, hydration and moving and handling. A member of staff told us the training they received was enough for their role. No formal staff supervision meetings were in place, the small staff team were in regular contact with the registered manager and deputy manager through working alongside them. The member of staff we spoke with confirmed they received enough support to carry out their role.

People's healthcare needs were met through regular healthcare appointments and visits from healthcare professionals such as a chiropodist. Records were kept of visits of GPs and other health care professionals and the reasons for their visit. The registered manager described a good relationship with the local GP practice. During our visit a GP telephoned the care home to discuss a person's health care.

Information was recorded about people's favourite food and drink and any known food allergies. Menus offered choices such as a choice of main course with alternatives available if people did not like the meal on offer for the day. On the day of our inspection visit people enjoyed a lunch from a local chip shop. We saw how people were offered and given drinks at times of their choosing. One person described the meals as "Quite good" another told us they ate "good meals".

People were protected by the correct use of the Mental Capacity Act (2005). The 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's care plans described if they needed any support with decision making in relation to the care and support they received.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. "People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)." An application for authorisation to deprive one person of their liberty had been made. This was undergoing renewal during our inspection visit. We discussed the condition of the previous authorisation with the registered manager and this was being met.

## Is the service caring?

### Our findings

People had developed positive relationships with the staff who cared for them. We observed people were treated in a caring way by staff who used a warm and friendly approach with people. Staff checked with people if they were happy for us to view their rooms when we looked over the home. One person told us, "they look after me", another person confirmed staff were kind to them. A relative commented the approach to caring for people was "100 per cent kind and caring". We noted staff spoke to people to check on their wellbeing and engaged with them and responded to their requests. A member of staff told us, "The deputy manager looks after the people really well". A GP told us "The manager always seems to be very caring when I visit and seems to have a good relationship with my patient".

Care plans were written following consultation with people and their representatives. Information about local advocacy services was available and on display. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Capacity Advocates (IMCAs). One person 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.

Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. This approach was reflected in people's care plans for their privacy and dignity. When supporting someone with personal care they would ensure doors were closed allowing people their own space. We observed staff knocking on doors before entering rooms during our visit. People confirmed this was normal practice. Staff also told us how they would promote people's independence in particular encouraging people to carry out tasks for themselves. Care plans reflected this such as one person's care plan for promoting their independent mobility.

## Is the service responsive?

### Our findings

People received personalised care in response to their needs. People had care plans for staff to follow which had been kept under regular monthly review. It was clear from our conversations with the managers that they knew people's individual needs. In order for staff to understand the people they were caring for, information about people's backgrounds, their interests, preferences and important relationships were recorded in a life history document. Information was also recorded about the times people liked to get up, the time they liked to go to bed, how they liked to spend their day and how they liked to be addressed. People's needs in respect of their religious beliefs were known and understood. One visitor commented on how their relative received individualised care. They appreciated the atmosphere of Darley Dale as a small care home telling us it was "more like a home".

People were supported to take part in activities in the home such as board games and music DVDs. Staff also spent time with people on a one to one basis. However due to the low numbers of people using the service musical entertainers were no longer being booked to perform in the care home. One person attended a club on a weekly basis. People went out on trips with relatives. A cat had been adopted by the care home. The registered manager described how the cat was "adored" by people using the service and this was evident in our observation and conversation with one person.

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. During our inspection one person's relative was spending time with them in their bedroom.

There were arrangements to listen to and respond to any concerns or complaints. Information about how to complain was on display. We checked and there had been no complaints since before our previous inspection February 2016. Complaints received from representatives of people using the service in 2014 and 2015 had received appropriate written responses with any areas for improvement noted. The deputy manager described an informal approach to gathering feedback from people and their representatives on a daily basis or through meeting with visitors.

## Is the service well-led?

### Our findings

Regular audits were in place on people's medicines and the environment of the kitchen including a check on cleanliness. However we found the provider's audit system had not always identified all shortfalls in quality and risks in the service. We identified shortfalls during this inspection that had not been identified by the provider's own internal audit. Their audit had not scrutinised the environment sufficiently and had not identified that the bath hoist had not had a recent service, there was a commode with a rusty frame and there were obstructions to a fire exit route and the risks this could pose to people's safety. This meant prompt action had not been taken to improve the service and keep people safe.

The registered manager described the values of the service as "to provide a nice, secure, warm, friendly, pleasant environment" and "to provide as much of a home from home service as we possibly can". The registered manager described the current challenge to the service as the situation with the current low occupancy. Developments were the continuing work to refurbish empty rooms with a view to filling these in the future.

Darley Dale Care Home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. The rating from our previous inspection was displayed at the care home.

The registered manager and deputy manager were visible and accessible to people using the service, staff and visitors. People using the service, their relatives and staff gave positive views about the registered manager and deputy manager.

Surveys of the views of people using the service and their representatives had been carried out in the past. However this had not been carried out recently due to the low numbers of occupancy. The deputy manager explained how they would rely on conversations to check the views of people and their relatives about the service provided.