

Ark Care Homes Limited

Didsbury Court

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 ●

Summary of findings

Overall summary

About the service

Didsbury Court is a residential care home providing personal care to 16 people aged 65 and over at the time of the inspection. The service can accommodate up to 17 people in one adapted building. Some people were living with dementia. Didsbury Court does not provide nursing care. Where needed this is provided by the community nursing team.

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

People told us they felt safe living at Didsbury Court. People were protected from the risk of harm. Risks were managed safely, and safe processes were in place.

There was a relaxed atmosphere between people and staff. Staff were kind, caring and attentive. People told us, "They're very helpful and kind", "You're treated as an individual, anything you want they'll get", and "We have quite a laugh."

Staff had enough time to meet people's needs and spend time with them in conversation. Staff had the skills and knowledge to meet people's needs effectively. Staff told us they were well supported in their role.

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 were involved in making decisions about their care and supported to maintain their independence. Care plans contained detailed up-to-date information about each person's needs and preferences. People received personalised care from staff who knew them well.

People enjoyed taking part in social activities, going out in the local community, and spending time with family and friends. People were supported to attend their local church.

The service was well managed. When speaking about the registered manager, people said, "Wonderful manager" and "So well organised." Quality assurance processes ensured people received high quality care.

Rating at last inspection

The last rating for this service was good (published 21 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our

reinspection programme. If we receive any concerning information we may inspect sooner.

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

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?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Didsbury Court

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

This inspection was carried out by one inspector.

Service and service type

Didsbury Court 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 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. We used all of this information to plan our inspection.

During the inspection

We met and spoke with 11 people who used the service and two relatives about their experience of the care

provided. We spoke with five members of staff including the registered manager, team leader, care workers, and cook. We reviewed a range of records. This included three people's care records and multiple 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 were reviewed.

After the inspection

We spoke with one healthcare professional.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and comfortable living at the service.
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety.
- Staff told us they felt confident the registered manager would respond and take appropriate action if they raised any concerns. Where an issue had been identified, the registered manager worked with the local authority safeguarding team to make sure the person was kept safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments had been completed for each person which considered personal care, risk of falls and the environment in which care was to be provided. Records gave staff guidance on how to reduce risks and were up to date.
- Environmental risk assessments ensured the building was safe. Where the fire service had made recommendations, these were being actioned.
- The environment and equipment were well maintained. For example, the bath lift, hoists, electrics and fire extinguishers had been serviced.
- Accidents and incidents were reviewed monthly to identify themes or increased risks. This reduced the risk of reoccurrence.

Staffing and recruitment

- There were enough staff on duty to meet people's needs and keep them safe. People told us staff were available when they needed them. Since the previous inspection, the provider had improved the staffing levels overnight. This meant there was more flexibility in the times people chose to go to bed and get up.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check, had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely

- People received their medicines when they should.
- Systems in place ensured medicines were received, administered, stored and returned safely. The registered manager identified one storage area was getting too warm for the storage of medicines. They re-located the medicines to another area.
- Only staff who were trained and assessed as competent, administered medicines.

Preventing and controlling infection

- The environment was very clean, tidy and free from unpleasant odours.
- Staff used protective clothing such as aprons and gloves to reduce the risk of spread of infection.

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 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

- Care assessments were carried out before people began to use the service. Staff received information on how best to meet each person's needs in line with best practice guidance and people's preferences.
- People were involved in their care planning and their wishes were respected.
- When people's needs changed, care reviews were carried out.

Staff support: induction, training, skills and experience

- People told us staff knew how to meet their needs.
- Staff told us they had the skills and knowledge to meet people's needs effectively. All staff told us the training was good. New staff were supported to complete the care certificate. The care certificate is a nationally recognised induction for staff. Team leaders had completed 'train the trainer' courses so they could deliver practical moving and handling training.
- Staff had opportunities for regular supervision and appraisal. Staff told us they were well supported in their role. They said the registered manager was always there to give help and support if needed.

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

- People told us they enjoyed the food and had a choice of dishes. People said if they didn't like something they were offered an alternative.
- At lunchtime, staff chatted with people and created a more sociable experience for them. Staff had matched people together, so they enjoyed the mealtime experience. Staff offered people a glass of sherry to accompany their meal.
- Where people required food to be prepared to meet their medical needs, this was catered for. Staff supported people who needed assistance to eat their meals. Staff showed patience and encouraged people to eat a suitable amount of food.
- Staff monitored people who were at risk of not eating and drinking enough. Nutritionally enhanced food and drinks were provided. Professional guidance was sought where necessary.

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

- Staff were able to quickly identify when people were unwell.
- People were supported to see health care professionals to ensure their healthcare needs were met. For example, people had seen GPs, dentists, opticians, district nurses, specialists, and chiropodists. A healthcare professional told us staff phoned them to discuss people's healthcare needs, to work towards a better

outcome for them.

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

- The environment was very homely. People's bedrooms were personalised, and people had items that were important to them.
- There was a lounge, conservatory and a dining room on the ground floor. Since the previous inspection, a new lift had been installed. This provided access to the upper floors. All bedrooms had en-suite facilities. There were also wet rooms and a bathroom with a bath lift.
- Equipment was used effectively to meet people's needs. For example, coloured plates were used to support people with poor sight.

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, 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.

- Staff had a good understanding of the MCA and knew to always ask for people's consent.
- Most people had capacity to make decisions about their daily care needs. Mental capacity assessments had been completed where appropriate. Following this assessment staff had also completed best interests' decisions.
- DoLS applications had been made appropriately.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

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

- Without exception, people and their relatives told us staff were kind and caring. Comments included, "They're very helpful and kind", "You're treated as an individual, anything you want they'll get" and "We have quite a laugh."
- Interactions between people and staff were relaxed. People knew staff well and we saw them chatting, smiling and showing open affection. Staff showed an interest in what people were doing. When people showed signs of anxiety, staff were patient and reassured them.
- Staff told us they enjoyed supporting people. One staff member said, "This is their home, we strive to make it about the residents."
- The provider had received compliments from people and their families. Comments included, "Mum is very lucky to be in such a great home, you and your staff are amazing" and "Thank you for looking after her so beautifully and with such kindness."
- Staff were keen to ensure people's rights were respected and were aware of their cultural and spiritual needs.

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

- People told us they felt involved and were able to express their views. People were encouraged to make decisions about their day to day routines and express their personal preferences.
- People and their relatives were involved in their care planning.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was considered and upheld by staff. Staff knocked on doors and waited for a response before entering.
- People's independence was respected and promoted. Some people attended to their own personal care. People said the staff respected their independence but provided support when needed.
- People were supported to maintain relationships with those close to them. Relatives were made to feel welcome.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's needs were assessed before they moved into the service. The assessment checked people's needs could be met, their preferences were known, and they would fit in with other people living in the service. One relative told us, "They've been so helpful, phenomenal."
- People received care and support that was flexible and responsive to their needs. Care plans were detailed and contained information which was specific to people's individual needs and preferences. Staff were able to tell us about people's preferences.
- Care plans contained information about people's life history. Staff used this to understand each person as an individual.

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.

- The registered manager was aware of the Accessible Information Standard (AIS).
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- We saw evidence that identified information and communication needs were met for individuals. For example, one person had poor sight. Information was available in large print and the person had a magnifier.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were happy with the social activities at the service. During our inspection, some people had their nails painted. In the afternoon, a musical entertainer visited, and people enjoyed listening to music. A weekly activities planner with photos was displayed around the service so people knew what was happening. Other arranged activities included games, art, cooking, and film afternoons.
- Staff had arranged for local school children to visit the service and this was an ongoing relationship. People and children spent time reading together, doing quizzes, and chatting. The registered manager told us these visits had a lasting effect on several people. They said one person, in particular, responded really well, came alive and was beaming.
- Events and special days were celebrated in the service. For example, people had enjoyed celebrating their birthdays. Several families had thanked the service. One family thanked the service for the age '100'

decorations, cake, buffet, and musical entertainment. The service had also catered for extended family. On Valentines Day, people enjoyed a three-course meal with decorations. Staff had made a card for each person. One relative said, "Thank you for the outstanding reception given today in respect of Valentines Day. Loved every bit."

- Some people liked to go out in the local community. People went out with relatives and representatives. Staff supported some people to go for a walk and shopping. Some people had visits from church representatives or attended their local church.
- Staff regularly supported people who were being cared for in their bedrooms, so they didn't become isolated.

Improving care quality in response to complaints or concerns

- People told us they had no complaints. They knew how to make a complaint and felt able to raise concerns if they were unhappy. They felt confident the provider would act to address any concerns.
- Where the service had received a complaint, this had been investigated and responded to appropriately.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- Staff supported people to stay at the service and ensured their needs and preferences were met.
- Staff worked with professionals and stored appropriate medicines to ensure people remained pain free.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to providing high quality care for people in an environment where people could feel at home.
- People and their relatives told us the service was well managed. The registered manager was well liked and respected. They were very well known to people and were visible around the service. Comments included, "Wonderful manager" and "So well organised." A health professional told us the registered manager had been 'on board' and receptive to what they suggested.
- Staff told us they felt listened to and enjoyed working at the service. When speaking about the registered manager, they said, "The best manager", "Always there for us" and "So supportive."

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 their responsibilities to provide CQC with important information and had done so in a timely way.
- The registered manager knew their responsibility to communicate with people when things went wrong or when someone had had an accident. When something had gone wrong, the service had reviewed their systems and made improvements to prevent reoccurrence. They apologised to the complainant and offered to meet with them. The complainant was satisfied with the outcome.

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

- The registered manager was supported by team leaders and care staff. There was a stable staff team. Each staff member knew their responsibilities and there were clear lines of accountability. One staff member said, "We work really well together."
- Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. The provider visited the service every month to carry out checks, observations, and speak with people. Actions were taken to make improvements.

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

- People were involved in the running of the service through 'residents' meetings. For example, people had been involved in making decisions about food, activities, and improvements to the environment.

- People were encouraged to share their views. Questionnaires were used to gain feedback from people about the quality of care. Recent questionnaires showed a positive response.
- Staff felt able to contribute their thoughts and experiences informally and through handovers, supervisions, and staff meetings.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to improving care where possible. They kept up-to-date with national developments in the care sector.
- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. We heard the registered manager speaking on the phone with healthcare professionals to ensure people got what they needed.