

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 

Overall summary

Didsbury Court is a care home without nursing situated in Torquay and is operated by Ark Care Homes Ltd. The home is registered to provide accommodation for up to 17 people who require personal care. There were 16 people living there at the time of our inspection.

The service 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.

This inspection took place on 4 March 2015 and was unannounced. This was the home's first inspection since change of ownership to Ark Care Homes Ltd.

People told us they were very happy living at Didsbury Court: comments included, "it's absolutely perfect", "I can't imagine living anywhere else" and "I am very impressed". During the inspection, people and staff were relaxed; there was a calm and pleasant atmosphere. We saw people enjoying a quiz in the morning with staff.

People were involved in planning their care and making decisions about how and when they wished to be

Summary of findings

supported. Staff used the principles of assessment within the Mental Capacity Act to support them in doing this and to manage risks. This helped ensure people's rights were protected.

Care plans were drawn up and regularly reviewed through discussion and agreement with the person. These plans provided information on how to support people and keep them safe. For example, how people should be assisted with their mobility. Risks were managed in a way that kept people safe, whilst supporting their right to freedom, for example being free to leave the home as and when they chose. Some people's freedom was being restricted in order to keep them safe and the registered manager had made applications to have this authorised through legal procedures, as is good practice.

Staff were appropriately trained and skilled. This enabled them to meet the needs of people living at Didsbury Court. These needs included assistance with mobility and skin care, and nutrition. Regular training was provided covering health and safety topics and also topics relevant to people's health and personal care needs. People told us there was always enough staff on duty and assistance was provided promptly whenever they asked. People were treated with care and respect. Staff understood how to recognise signs of harm or abuse and how it should be reported.

People received their medicines as prescribed, when needed and on time. Medicines were stored and administered safely. People were supported to maintain good health and had access to healthcare support.

Menus were balanced and varied. People told us they enjoyed the meals, saying the "the food is lovely" and "there is always a choice with the food." Menus were planned to suit individual preferences and nutritional needs.

Staff told us the home was well managed and there were good communication systems in place. These included handover sessions between each shift, regular supervision and appraisals, staff meetings, and plenty of opportunity to request advice, support, or express views or concerns. Their comments included "I love working here" and "I'm very happy here."

There were effective systems in place to monitor the quality of care and the registered manager was constantly seeking ways of improving the service. For example, after consultation with people the lighting in the communal areas and one bedroom were upgraded and some of the heavier fire doors changed to ones less heavy for people to open. People told us they knew how to make a complaint and were confident they could raise any concerns and these would be listened to and acted upon. The home had received one complaint in the past year, which we had also received, relating to declining standards since the change in ownership, and the home dealt with this appropriately and promptly: we found no evidence at this inspection to support the concerns.

All areas of the home were clean and fresh, with no unpleasant odours, and the building and equipment were well maintained.

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.

People lived in a safe environment. There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks.

Safe recruitment procedures were followed and there were enough staff to meet people's individual needs.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it.

Medicines were stored and administered safely.

Good



Is the service effective?

The service was effective.

Staff were well trained, supported and supervised to carry out their roles effectively.

Staff recognised changes in people's health and made sure other health and social care professionals were involved when necessary.

Staff understood the Mental Capacity Act (2005) and how it applied to their practice. People's rights were protected.

People told us they enjoyed the meals and were offered a good variety and choice of appetising meals.

Good



Is the service caring?

The service was caring.

People told us the staff were always caring. People received support from staff who had the knowledge and skills to meet their needs.

People's privacy was respected and independence promoted.

Good



Is the service responsive?

The service was responsive.

People received a service that responded promptly to their needs. Their individual preferences and wishes were respected at all times. Care needs were regularly reviewed and care plans were updated.

Activities were offered to suit people's preferences and interests.

People told us they were confident they could speak out and raise any complaints or concerns. Their views and opinions were regularly sought.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People living in the home and the staff told us the home was well-led.

People's views are listened to and staff confirmed there were good communication systems in place.
Staff told us the home was well managed and they enjoyed their jobs.

There were systems in place to assess the quality and safety of the service people received.

Didsbury Court

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 was 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 4 March 2015 and was unannounced. The inspection was carried out by two inspectors. Before the inspection we reviewed information we held about the service. This included previous contact about the home and notifications we had received. A notification is information about important events which the service is required to send us by law. Before the inspection, the provider completed a provider information return (PIR). This was a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make.

We spoke with eight people who used the service, the registered manager, three members of care staff, the cook, the housekeeper, one visiting professional and one visitor. Prior to the inspection we had contacted local community teams who supported people at Didsbury Court for their views on the service.

We looked around the premises, spent time with people in the communal areas and observed how staff interacted with people throughout the day. We also looked at three sets of records related to people's individual care needs. We looked at staff recruitment and training files as well as records associated with the management of the home, including quality audits and policies and procedures. We observed the lunchtime meal. We looked at the way in which medication was recorded, stored and administered to people.

Is the service safe?

Our findings

People told us they felt comfortable and safe. One person said, “I have had no regrets since the day I moved in” and another, “I can’t imagine being anywhere else.”

Staff had received training in safeguarding adults and there was clear information available on what to do in case of a concern. Staff understood about people’s rights to make decisions and felt confident that if they had any concerns these would be acted upon. One staff member said; “If I saw anything I was worried about I would go straight to the manager.” Staff understood how and to whom concerns should be reported, including what action to take when the registered manager was not on duty. They were confident any abuse or poor care practice would be quickly spotted and addressed. There had been no safeguarding incidents at the home.

Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Assessments included the risk of falls due to reduced mobility, skin damage, nutritional risks and those associated with healthcare conditions such as diabetes. Where risks were identified there were detailed measures in place to reduce the risks where possible. For example, one person was at risk from developing pressure ulcers due to their reduced mobility and this had been discussed with them and the use of pressure relieving equipment and more frequently changing position agreed.

People said there were enough staff on duty to meet their needs: the duty rota indicated there were sufficient care staff as well as catering and housekeeping staff. The registered manager told us staffing levels had recently been increased in the mornings and evenings in response to people’s changing care needs. Staff gave people the time they needed throughout the day, for example when accompanying them to the toilet, and helping them to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace.

Robust recruitment procedures were in place to ensure suitable staff supported people. Each prospective member of staff underwent a number of checks including a police

check, and obtaining references from previous employers. The registered manager ensured they obtained copies of training certificates as proof staff had undergone the training they said they had received.

At lunchtime medicines were administered and stored safely. People said they got their medicines on time and didn’t have to wait. One person told us they required medicine half an hour before meals and this was given at the right time. Another person said their health had improved since they had moved into the home in part because they now received their medication regularly, they said “I always forgot at home and the girls never forget here.” Information about the medicine people were taking was recorded in each care file and this provided staff with information about why the medication was being given and any special precautions necessary. There were safe systems in place for ordering repeat prescriptions and medicines were stored securely and safe recording procedures were followed.

Only senior staff administered medicines and all had received training in managing medicines. An additional member of staff had also received this training, so they could administer medicines in the unlikely event that no other staff were available.

All areas of the home were safe and well maintained: a lift provided access to all floors. There was a secure front door that was not designed to restrict people from leaving the home, but to ensure visitors were unable to enter without staff’s knowledge.

All areas were clean and fresh, with no unpleasant odours. Handrails were provided in areas such as toilets and bathrooms to help people use these rooms safely. The bathrooms had been recently upgraded to provide more easily accessible shower areas, with seating if required, and the bath was fitted with a hoist for use by people with restricted mobility.

One person said “the surroundings are wonderful.” People told us they were very happy with the way the home was kept clean and said the housekeeper helped them keep their ornaments dusted and rooms clean. People told us that their belongings were safe and respected in their rooms. Bedroom doors were fitted with locks and people had their own keys. Many people chose to leave the key in their lock when they were in their room allowing staff access without having to answer the door: one person said

Is the service safe?

“the girls can get in without bothering me”. The registered manager confirmed that duplicate keys were available should a key be lost or in the case of an emergency if the key was not in the lock.

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. People told us they felt confidence in the staff to support them, and spoke positively about the care they received. They told us the staff understood their needs and supported them well. People were able to make their own decisions about how and when they wanted to be supported, with many people requiring minimal support from staff with their personal care. One person said “I am very well looked after” and another “I am happy with everything here.”

Research and training was used to promote best practice in issues relating to tissue viability, moving and handling, personal hygiene care. For example, seven members of staff had received training in end of life care. People had been asked whether they consented to have their health and care needs shared with other health care professionals and whether they wished to have the home manage their medicines: records of these decisions were held in each person’s care file.

People were supported to make decisions about what they would like to eat and drink and to maintain a healthy, balanced diet. People told us they had a good choice of food available to them and we saw this at lunchtime. People said the food was plentiful, home cooked and of a good quality. Comments included, “the food is lovely” and “the food is very good.” The cook confirmed menus were planned around people’s likes, dislikes and dietary needs and a list of these was displayed in the kitchen for ease of reference. We saw people enjoying their lunchtime meal: people were offered choices and the mealtime was pleasant and unhurried. People were seen in conversation with staff and each other.

A record of how well each person had eaten at every mealtime was included in their daily records for ease of access and review. Care plans included nutritional risk assessments and monthly recording of weights to monitor any changes in care needs. One person said they had recently been unable to eat as well as they normally did and the registered manager had sought advice from the person’s GP. Enhanced nutritional drinks were prescribed and the person’s intake monitored and their care plan had been amended to include these additional needs.

People said they had access to healthcare services, including their GP, the community nurse and a chiropodist, in a timely way. There were records of these visits as well as the outcome.

People said staff accompanied them to hospital appointments if a family member was not able to attend and the home paid for transport by taxi. Staff worked closely with other professionals to make sure any changes in people’s health or care needs were addressed promptly. For example, one person had recently fallen and they and the registered manager had reviewed the circumstances that led to the fall. Advice had been sought from the Community Falls Team to reduce the likelihood of falls in the future.

New staff were inducted to the home’s routines policies and procedures. They received training relating to care, which included safeguarding, infection control, food hygiene, management of diabetes, moving and transferring and first aid. The training related to people’s needs and was carried out at a pace that suited each member of staff. New staff shadowed experienced members of staff until it was considered they were competent to work unsupervised. Refresher training was delivered annually. Staff confirmed that training in caring for people with dementia had been planned and included a talk from a person who had been diagnosed with dementia to share their experiences. Staff were confident that this would provide them with insight into the care needs of people with dementia should someone in the home develop the condition.

Care staff had either achieved or were studying towards a National Vocational Qualification (NVQ) in care to at least level 3. Staff said they were “always” having training and described working in the home as “lovely” and “very rewarding”: one staff said “were lucky, we’ve got a good team”.

Staff received one to one supervision from the registered manager every two months. Staff were encouraged at these meetings to share any issues they needed support with, and there was evidence this was managed sensitively. Each member of staff also received an annual appraisal, and from these staff developed a personal development plan. Records showed one person who had been supported and developed had received a promotion within the home.

People where appropriate were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the

Is the service effective?

Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at certain times. Training in the Mental Capacity Act (MCA) was covered in NVQ training, which all care staff had completed, or were working towards. Assessment forms had been completed to determine each person's capacity to make decisions about their care needs and health management, and the registered manager confirmed that these assessments would be reviewed in response to people's changing needs.

The registered manager had submitted requests for two people to the local authority to authorise a deprivation of liberty in response to the increased security of the front door: these two people would not be able to activate the unlock device to leave the home without staff assistance. This was in line with recent guidance which extended the meaning of deprivation of liberty to include people who were always supervised and lived in a care home setting.

Is the service caring?

Our findings

People spoke highly of the care they received. They told us the staff were always caring and friendly: comments included “it’s lovely here”, “I’ve lived here for years and it’s very nice” and “It’s absolutely perfect.”

The atmosphere was warm, welcoming and caring and there was pleasant conversations and laughter between staff and people. We saw staff giving people time to talk and express their needs. Staff were patient and encouraging when supporting people to move around the home.

Staff told us about their caring role. They told us it was about “treating people with respect”, “providing care that protects people’s dignity and independence” and how they wanted “to make people happy”.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way. One staff member said, “I love to know I am doing something good”, another, “we can make a difference to people and provide them with a good quality of life.”

The registered manager told us that during the first few days of a person’s admission to the home, they spent time with them to discuss sensitive issues regarding their end of life care: people were given the opportunity to talk about any special wishes they had, including funeral arrangements. Staff worked with the local GP service to ensure that any official advanced decisions were well documented. Staff were made aware of people’s wishes not to be resuscitated and this information was held in their care files. The registered manager told us they worked closely with the local community nursing team to make sure people had the right equipment, care and treatment at the end of their lives. The registered manager and staff said that they always ensured there were enough staff on duty to care for someone at the end of their lives to ensure they were never left alone: they said they were “proud” to be able to support people well at this time.

People’s privacy was respected and all personal care was provided in private. When people received care in their rooms, doors were closed to respect their privacy. We saw staff knocking on people’s doors and waiting for a reply before entering. All rooms were for single occupancy with en-suite facilities.

Is the service responsive?

Our findings

People told us they were supported to live their lives the way they chose, and their preferences and choices were respected.

People were able to discuss their care needs with staff each day and decide how they wished to be supported. People told us they were involved and consulted about their care plans and this was recorded care files. Staff said they supported people to remain as independent as possible.

Care files included a summary of people's care needs and more detailed information where specific care needs had been identified, such as with mobility or nutrition. Files contained daily records completed by staff showing the care each person had received that day. People met with staff regularly to discuss their care needs and review what assistance they would like from staff: changes to their care plan were made if necessary to ensure consistency in care giving.

One person described how their health had deteriorated recently and how well they were supported by the staff and the registered manager with this. Another person said that the registered manager had responded promptly to their request for a ground floor room to allow them to move more freely around the home. People described the staff as "lovely" and "friendly" and they confirmed their needs were met in the manner they preferred.

One visiting professional described the home as very supportive to people and said they found the staff to be very kind and caring.

People confirmed they were able to continue with their interests and hobbies and were free to come and go from the home as they pleased. People described visits to the local shops and said the home paid for a taxi service. They said their friends and family were able to visit at any time and were always offered refreshments.

The staff explained they tried to make sure planned activities were meaningful and designed around what people wanted. Recent changes had been made in response to suggestions and included 'Themed Days' when staff dressed in costumes, and the involvement of paid professional activity organisers from outside the home including arts and craft sessions, music and movement and animal petting sessions. Staff also organised activities throughout the week including a film afternoon, quizzes, crafts and board games, and confirmed they were organising a week of activities to commemorate VE Day in May. People were seen enjoying a quiz during the morning of the inspection. People were encouraged to use the garden in the warmer weather and pleasant seating areas were provided. People said they could attend religious services if they wished and the home would provide transport.

People were able to bring furniture and personal effects to make their rooms feel homely and they were consulted about decorations in their rooms. People said they were very happy with their bedrooms: one person said they had "the best room in the home" as they had a private conservatory area that opened on to the garden. Another person described their room as "lovely" as they had a private lounge area adjoining the bedroom.

There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families. People said they would speak with the registered manager if they had any concerns or make a complaint but they had not needed to as they were happy with the care and support they received. One person said the registered manager was "here all the time and you can chat to her about anything." The home had received one complaint last year from a visitor and this had been recorded and acted upon appropriately and promptly.

Is the service well-led?

Our findings

People told us the home was well managed and they had confidence in the registered manager. One person said the home was “absolutely perfect” and another said “I couldn’t fault it.” One person who had lived at the home for many years said “I can’t imagine being anywhere else.”

The registered manager demonstrated a good understanding of what a good service looked like. They spoke of their staff with positive regard, and of people with warmth and respect. They were up to date with current developments, including the Care Certificate, which will replace the induction process for newly employed staff in April 2015.

There were systems in place for managing information relating to the running of the home. These were well organised and supported the registered manager to run the home efficiently. The registered manager was able to easily find all the information we asked for. Records were kept securely, and where it was necessary in the interests of confidentiality, access to records was limited to the management team.

Staff confirmed there were clear lines of responsibility within the management structure and they knew who they needed to go to, to get the help and support they required. They said they had a very good relationship with the registered manager and that they were always available if needed. They felt the home was well managed and they were confident people received the best care possible: they said their job was to “help make people happy” and for people to know “we are there for them.” They told us the registered manager would do all they could to meet a person’s need or request. Staff said they had been given the telephone numbers for the owner and senior managers of Ark Care Homes Ltd, the registered provider, should they need to contact them.

People were supported to express their views and told us they could speak to the staff, the registered manager or the registered providers when they visited the home at any time about anything. One person said the registered manager “is always here, you can always chat with her.”

The registered manager explained meetings for people were held periodically. They also met regularly with people individually to discuss their needs or whether they had any suggestions to improve the home. As a result of these meetings the lighting in the communal areas and one bedroom had been improved and some of the doors had been changed for less heavy doors to enable people to move more freely around the home. The registered manager said a staff meeting was held after each meeting for people, to discuss issues and share ideas for improvement. Staff confirmed they were encouraged to contribute ideas not only at these meetings but at any time, with their views being sought through conversation with the registered manager as well as questionnaires.

A representative from Ark Care Homes Ltd visited the home every two months to meet with people, the registered manager and staff to review issues related to the quality and management of the home. There was a quality assurance system in place to drive continuous improvement within the service. The registered manager told us the registered providers were committed to ensuring the home was well resourced, and that if something was needed for people it was provided. Audits were carried out in line with policies and procedures. Areas for improvement had been identified and changes made so that quality of care was not compromised: for example with the upgrading of the bathroom and laundry facilities.

Health and safety audits were carried out by external consultants who also provided advice, support, policies and procedures for ensuring people’s health and safety. Equipment such as the lift was serviced regularly and a maintenance contract was in place so that any issues could be remedied quickly.

The home had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.