

Making Space

# Darlington Extra Care Services

## Inspection report

Rosemary Court  
Blackton Grove  
Darlington  
DL1 4UB

Tel: 01325354193  
Website: [www.makingspace.co.uk](http://www.makingspace.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Darlington Extra Care Services is an extra care agency providing care and support to older people in their own flats across 4 different sites. Some people who receive support may be living with dementia or have physical disabilities. The service supported 138 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Overall people shared positive feedback with us about their experience of Darlington Extra Care Services. They felt the staff enabled them to keep safe. Healthcare professionals also shared feedback regarding partnership working and positive working relationships.

Accidents and incidents were managed and recorded effectively. Recruitment was carried out effectively with the right safety checks and records in place.

Staff training was up to date and staff also received regular supervision and appraisals to ensure their development and practice was meeting people's needs.

Risk assessments and relevant care plans were improved to ensure all the details needed to manage risk and support people safely was current. Care plans were person-centred and ensured people's preferences were clear to guide staff on how to meet people's individual needs.

Audits carried out by the registered manager and provider were addressing concerns to manage risk and improve the quality of care provided.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 19 February 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service and due to the length of time since the previous inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Darlington Extra Care Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Darlington Extra Care Services

## **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 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.

#### Service and service type

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. The service had a manager registered with the Care Quality Commission.

#### Notice of inspection

The inspection was announced. We gave a short period notice of the inspection to ensure the manager was on site and so people could consent to phone calls.

Inspection activity started on 14 December with calls to relatives and people who use the service and ended on 18 December 2023. We visited the office location on 18 December 2023.

#### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service and 9 relatives about their experience of the care provided. We spoke with and received feedback from 16 members of staff including the registered manager, office administrator, care workers and 4 healthcare professionals.

We reviewed a range of records. This included people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and audits were reviewed.

#### After the inspection

Following our visit we continued to seek clarification from the provider to validate evidence found. We also looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

### Using medicines safely

- Medicines were managed, recorded and administered safely.
- People received their medicines as prescribed, at the right time. One person told us, "They do the medication and everything is fine".
- Where people were prescribed 'as and when required' medicines. Specific guidance for staff to follow was in place.
- Recorded medication errors were investigated by the provider as per their policy to ensure risks to people were managed and reduced.

Assessing risk, safety monitoring and management; systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong.

- Potential risks to people were assessed, monitored, or mitigated.
- People and their relatives told us the service kept them safe. One person told us, "They (staff) keep us safe, they are like family and friends and support us. They will sit and chat with me, it keeps me going".
- The provider had an effective system in place to record and monitor accidents, incidents, and safeguarding concerns.
- Records of incidents and accidents were effective, and any outcomes or lessons learnt from them were shared with staff and the appropriate bodies.
- Staff knew how to recognise and report abuse and they knew how to handle any allegation of abuse appropriately and were able to report them.

### Preventing and controlling infection

- Staff were trained in infection prevention and control.
- Procedures were in place for staff to follow to ensure safe practices were carried out by staff helping to reduce the risk of infections.
- The provider made sure staff had supplies of PPE (personal protection equipment).

### Staffing and recruitment

- The provider ensured recruitment safety checks were completed to help make sure suitable staff were employed. One person told us, "There are lots of different staff but I know them all after such a long time. I have 5 calls a day."
- The registered manager had effective records in place for staff that were detailed. These held appropriate information regarding the recruitment process, identification, annual performance reviews and qualifications.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.



# 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 our last inspection we rated this key question good. At this inspection the rating remains the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; continuous learning and improving care.

- The provider had systems in place to check the safety and quality of the service provided.
- Audits were carried out regularly by the registered manager and were able to identify and address issues effectively.
- Staff documented care given on the electronic system provided and this was robust, and the registered manager audited this regularly.

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

- The registered manager encouraged people and staff to be open with each other.
- Staff felt supported by their colleagues and the registered manager. Staff could approach the registered manager for support at any time. One staff member told us, "Yes the manager is brilliant, I could call her at 9 pm and she would pick up the phone."

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 provider understood their responsibilities around duty of candour. Evidence was recorded as to how concerns were dealt with by the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider regularly sent out questionnaires to people and their families. Responses were reviewed to identify actions needed to improve the service. One relative told us, "We would recommend this service and if we ever need care we would be very happy to be there."
- The service worked in partnership with district nurses, GPs and other healthcare professionals and we received positive feedback.
- The registered manager held well attended meetings for the staff team to discuss relevant information. One staff member told us, "The team meetings are always open and honest. We always respect each other's views and have a discussion about them."