

Ivonbrook Properties

Darley Hall Care Home

Inspection report

Park Lane
Two Dales
Matlock
Derbyshire
DE4 2FB

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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

Darley Hall Care Home is a residential care home providing accommodation and personal care to 16 people aged 65 and over at the time of the inspection. The service can support up to 22 people. The home is in a rural area and bedrooms are spread over the two upper floors with communal facilities on the ground floor. Several lifts are available to access the upper floors of the home.

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

People were safe from avoidable harm and abuse. There were a suitable number of staff available to meet people's needs who were suitably trained. Checks were completed to ensure staff were suitable for their roles prior to working at the service. People felt safe and secure within their environment and with the staff team supporting them. The service was clean and tidy.

People's care was based on a holistic assessment of their needs and preferences. People were supported to access health care services to maintain their wellbeing. People's dietary needs were met and people were given a wide variety of options at mealtimes. People enjoyed the food and drink and staff were available to support them with their meals. People were supported to make decisions and staff supported them in the least restrictive way possible and in their best interests.

People's care plans were individual to them and contained detailed histories and information on how they wished to be supported. People's privacy and dignity was respected at all times. Staff knew people well and everyone felt like they were family. People were encouraged to maintain their own schedules and to pursue activities and interests individual to them. The staff supported people to remain as independent as possible.

Leadership within the service has stabilised following changes to the management team and the communication and operations had greatly improved. Systems were in place to monitor the quality of care delivered. There was a procedure in place to address complaints or concerns. A monthly newsletter was used to communicate information important to people and their relatives. Staff felt supported and could rely on managers to assist them where required.

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 Good (published 26 April 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 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 safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Darley Hall Care 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 carried out by one Inspector.

Service and service type

Darley Hall 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.

The service did not have a registered manager in post. The acting manager had been in post since June 2019 and had applied to become the registered manager, which we were reviewing. 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.

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 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 all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the operations manager, manager, the chef, senior care workers and care workers. We spent time observing how people and staff interacted and the dining experience within the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and risk assessments. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, accidents and incidents and complaints and compliments were reviewed.

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 felt safe with their home environment and with the staff team. One person said, "I feel much more safer than I did living on my own. There are people around to help you when you need it here."
- People were protected from avoidable harm and abuse. Staff were trained in safeguarding and told us they were aware how to recognise and report any concerns to ensure people were protected.
- The provider recorded incidents, accidents and concerns and investigated these. Actions and outcomes were established and communicated with staff to improve the service offered.

Assessing risk, safety monitoring and management

- People were assessed to identify their care needs and where risks were found, care plans contained guidance for staff to provide safe care. Care plans were reviewed regularly to ensure they were up-to-date.
- The staff supported people to remain as independent as possible and understood that people had the right to take some risks. One person chose to go out to church and staff had considered how to reduce any risks to ensure they remained safe.
- Emergency plans were in place to support people and staff should there be the need for an evacuation of the building, for example in the case of a fire.
- Routine audits of equipment and the building and facilities were carried out. Areas of the home under renovation were restricted to ensure people were kept safe whilst works were carried out.

Staffing and recruitment

- People and their relatives were pleased with the professionalism of the staff at the service. One relative said, "The jewels in your crown are your wonderful dedicated and caring staff who remain cheerful, professional and endlessly patient."
- There were sufficient staff on duty to meet people's needs and to enable people to enjoy social activities. We observed that people did not have to wait for staff to respond when they needed assistance.
- Staff were recruited safely. All staff had suitable checks and references prior to working with people to ensure that they were suitable for the role.
- Staffing levels could be adjusted depending on the level of need in the home. The manager reviewed the staffing provided when new people moved into the home to ensure they could continue to support people safely.

Using medicines safely

- People felt they received their medicines safely. We observed safe practice in the administration, storage

and recording of medicines.

- Staff received training on the safe administration of medicines. Staff told us they received competency checks prior to being allowed to administer medicines.
- Where people needed medicines on an 'as required' basis there were protocols and guidance for staff on how and when to administer these.

Preventing and controlling infection

- All areas of the home were clean and hygienic which helped to minimise the risk of infection to people. One person said of their room and the communal areas, "It is nice and clean here at Darley Hall, grand this is." A relative told us, "The home is always clean and well-presented."
- Improvements to several shared bathrooms was in planning to convert them into wet rooms. The changes were being made to allow for more effective cleaning, to promote safety and to increase the independence of people using the room to shower.
- Staff were observed to be using personal protective equipment including gloves and aprons when preparing to provide personal care, when administering medicines or when preparing or serving food and drinks.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had access to a varied and balanced diet. Rotating weekly menus were planned in advance and there was an a-la-carte menu available at all times to offer additional choices. We observed drinks and snacks were available throughout the day. People were encouraged to make suggestions to plan the menus.
- Staff were available to assist people to enjoy their meals and drinks where required.
- The dining room has been refurbished with a self-service area that included different drinks, foods and fruit and a refrigerator which people can use to keep personal food items fresh. People told us they enjoyed being able to serve themselves with refreshments between meal times.
- People's nutritional needs were assessed and any special requirements such as a diabetic or vegan diet were documented in care plans and were catered for by the staff team.
- Staff monitored people's weight and their ability to eat and drink independently. Where there were concerns, referrals were made to health professionals for further assessment.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care was assessed prior to moving to the service. This ensured the service could meet the needs and preferences of the person. Personal histories were recorded in detail to give staff a better understanding of the person's life, family and cultural background.
- Care plans were complete and reflected the people we met. Care plans were easy to navigate and provided sufficient information for staff to support people.
- Care was delivered in line with best practice guidance. We observed staff interacting with a number of people during the inspection. All interactions were personalised and met the person's needs as detailed in their care plan.

Staff support: induction, training, skills and experience

- People, relatives and professionals were complimentary of the staff at the home and felt they were well-trained. One visiting professional said, "The staff are helpful and supportive with our visits. The staff take advice on board and the care appears to be good. The residents are happy."
- New staff completed an induction programme that included developing skills needed to support people, shadowing of senior care staff and competency checks.
- The management team provided additional monthly training courses for care staff on topics such as oral health, slips, trips and falls prevention and end of life care. This ensured staff continued to develop their skills to effectively care for people.
- The manager had implemented a new system of supervision and appraisals for staff. This allowed the

manager and staff to agree a development plan, to check progress and to reward staff for their progress. Retention of effective staff was supported with this process.

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

- Care plans included a 'grab file' with several key documents should a person require emergency treatment or hospitalisation. This was key to ensuring that they had enough information about the person to understand more about their preferences and care needs.
- The staff worked together with healthcare professionals to help people to remain well. Staff recognised changes in people's presentation and sought professional advice where required.
- People's oral health care needs were met. Care plans gave guidance for staff on assisting people to maintain good oral health. Records indicated people had access to dental care.
- People had access to specialist care to assist them with any health conditions. Records confirmed people were receiving visits from community health professionals.

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

- People felt the service was a comfortable and homely place to live. One person said, "The home is marvellous. For an old building it is well-maintained." Another person said, "I have a nice room, I wouldn't swap it."
- All areas of the home were accessible either by stairs, a stair lift or a main lift. The grounds of the home were accessible and contained a large marquee on the lawn used for social events during the summer months.
- Signage in the home was easy to read and each person's bedroom had a name plate that included a place for a photo or picture of choice.
- Colours and signage were consistent with good research-based practice for dementia care.
- People's rooms were well-furnished and personalised. All rooms were spacious and some were en-suite. Where bathrooms were shared, these were convenient to the bedrooms, were spacious and were equipped for all access needs.

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, and some hospitals, 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.

- People made decisions about their care and where they had capacity to consent to their care and support, their care plan was agreed with them and recorded.
- Where restrictions had been identified, the staff had applied for a DoLS for people where these were needed.
- Staff understood how people gave or withheld consent when they were unable to communicate verbally.

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

- People told us staff were friendly, were respectful and treated them as individuals. One person said, "The staff know us well. We are like one big family here."
- The manager worked closely with staff to ensure that the ethos of the service was instilled with the staff team. People and staff appreciated the hands-on approach of the manager. One person told us, "The manager is fantastic and gets things done."
- People's preferences on how they lived their daily lives were respected by staff. Information on what was important to each person was captured in their 'one-page profile.'
- Where people required support with a task or became distressed, the staff made the time to provide the support or reassurance they needed. We observed interactions where staff provided caring emotional support to people.

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

- People were involved in planning and reviewing their care plans. People told us their wishes were recorded and respected. A relative said, "I think the staff know [person's] likes and dislikes and are extremely kind and caring."
- People were confident in speaking with staff or the manager to express their views. One person said, "I feel comfortable about expressing my wishes or concerns."
- People expressed their views and wishes throughout the day and were flexible to changes in what people wanted. We observed the staff having a discussion about which crafts project a group of people wanted to work on that day and the people deciding together which one they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Some people preferred to remain in their rooms for meals or at specific times of day and these choices were respected. We observed staff knock on doors and wait for a response prior to entering a person's room.
- Staff were aware of how to take measures to protect people's privacy and to promote their dignity when supporting them with their personal care. One staff member told us that it was important to go at the person's pace and to ask for their opinions whilst assisting them.
- People were supported to be as independent as possible. A self-service area was built in the dining room to allow people who were able to access drinks and snacks. Where people could perform parts of tasks staff were happy to assist with the parts people found more difficult.
- Several people at the home were able to go out independently with minimal or no assistance for activities

such as attending church or going to a local shop.

- We observed staff treating people respectfully and providing them with dignified care and support. A relative told us, "The care the staff give to [person] is absolutely fantastic. If I needed care I would move into Darley Hall. The staff are angels."

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 now 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 received personalised care and were involved in care planning and reviews. Care records were detailed, current and reflected the care being delivered.
- People established their own routines and decided how they spent their time. One person preferred to remain in their room in the morning and liked to sleep late. Staff respected this and their family were complimentary of the service in allowing them to keep to their preferred routines.
- Staff responded to changes in people's needs, sometimes with the involvement of other professionals. Some people had lived at the home for several years and had required changes to their care plans as their needs changed. Care plans reflected the changes and how the person's needs were currently being met.

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.

- People's communication needs were identified in their care plans. Staff were provided with guidance to encourage people to use their glasses or hearing aids as required.
- Signage in the service, menus and the monthly newsletter were written in a simple and easy-to-read format with pictures and colour to make them easier for people to understand.
- All information provided was in a suitable format for people using the service. People could understand the English language in a written or verbal format. There were no people at the service with a first language other than English at the time of the inspection.

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 were supported to maintain contact with friends and family inside and outside of the service. A relative told us, "I am welcome to visit [person] at any time."
- People without visitors were supported by the staff team to feel included in social events. Over the holidays, special attention was given to people without family to ensure they had a gift from staff on Christmas morning. The gifts were individual to each person and all staff gave up some of their time to participate in the gift exchange.
- An activities coordinator working completed one-to-one activities with each person in addition to group activities and outside entertainers coming in to the service. People chose the activity they wished to do or simply have a chat. We observed one person playing a board game with the coordinator during their activity

time.

- People had developed friendships with other people who lived at the service which helped them to avoid social isolation. We observed several small groups or pairs of people sitting together throughout the day having conversation or doing an activity together.
- People were involved in activities that were culturally relevant to them. One person attended church in the local area and commented that this was very important to them.
- The staff had good links with the local community and worked with local people to improve people's opportunities and wellbeing. Local entertainers and visits from farm animals and birds were arranged for people along with events and activities in the garden during the summer.

Improving care quality in response to complaints or concerns

- People had no complaints about the service at this time. Everyone we spoke with was aware of how to make a complaint if they were unhappy. One person said, "They will act on it if I voice my concerns." A relative said, "I would feel able to make a complaint and I believe I would be listened to."
- The manager had taken information from complaints forward to promote positive change in the service. As an example, complaints from people were received about the dining room becoming crowded with visitors during mealtimes. Protected mealtimes were established to allow people to have their meals in a quiet and relaxed setting in the dining room, although visitors could still come at any time and meet with people elsewhere in the building.
- Complaints were recorded, investigated and addressed in line with the provider's policy and procedure. There were records that included all correspondence, actions and outcomes.

End of life care and support

- Staff worked with other professionals to make sure people nearing the end of their lives were comfortable and pain free. Wherever possible, the staff arranged to care for people in their familiar surroundings and staff with support from health professionals.
- The manager understood the importance of recording people's wishes and preferences for end of life care relating to protected characteristics, cultural and spiritual needs and recorded people's views in their care plan.

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 now improved to Good. 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

- People could express their views to the manager and everyone we spoke to knew the manager. One person said, "I know the manager, they are lovely."
- The manager and nominated individual were involved in the day-to-day running of the home which enabled them to know people and oversee the quality of care. A relative told us, "Since the manager has come in I am now seeing better changes in the home - both from more activities being provided to upgrading the facilities."
- The size of the home meant people and staff knew each other well. There were good relationships between everyone which created an inclusive environment. One person said, "This feels like my home now. I have good friends here I can talk to."
- Staff morale at the service was good and they felt the manager was approachable and acted on anything that needed to be addressed. Staff told us the consistency of management and organisational vision was important and had improved in recent months.
- The service was well-run and had a welcoming and calm atmosphere. The manager and staff interacted well with people and conversation between them flowed naturally.

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

- Staff were clear about their roles and responsibilities and understood when to escalate concerns to the management team. A senior member of care staff was on duty at all times. Managers were also on-call to support staff with any issues that might arise overnight.
- Governance systems such as audits and checks helped to maintain quality of services provided. There were monthly audits of things such as accidents. The service had started to track and analyse data following people having falls to identify ways to reduce these.
- The manager was clear about the regulatory requirements and made suitable notifications to CQC and to safeguarding or commissioning authorities as required.
- Daily handovers and shift assignments were conducted at the beginning of each shift. This ensured staff and the management team were able to communicate any developments with people's needs and to pass on general information.
- The management team were committed to continuous learning, sought their own development opportunities and introduced monthly staff training on different topics. Where staff asked to take on additional training, this was supported.

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

- Meetings with people, staff and relatives were held and feedback was sought by use of periodic satisfaction surveys. The surveys were completed by people, relatives, staff and by visiting health and social care professionals.
- People were involved in decisions about the home and their individual needs. Two people discussed their wish to have specific items offered on the menu and this was immediately taken forward by the management team.
- The manager was visible in the service and sought feedback from people and relatives. One relative said, "I feel that any feedback I give, negative or positive that it is being heard by the management team."
- The staff worked in partnership with other professionals including local social work teams, GPs and District Nurses to ensure people's social care and health needs were met. Records showed that both routine and issue-specific reviews were held as needed.