Care Quality Commission

Fisherbell Limited

Darnall View Residential Home

Inspection report

37 Halsall Avenue
Darnall
Sheffield
South Yorkshire
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Tel: 01142433323

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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

Darnall View is a care home that provides residential care to a maximum of 24 older people. At this inspection Darnall View were providing services for 21 people some of whom were living with dementia. 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. This inspection took place on 9 October 2018 and was unannounced. This meant the staff working at the home and the people living at the home did not know we were visiting.

There was a registered manager at the service. 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.

At the last inspection, the service was rated Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

People who lived at Darnall View told us they felt safe and staff provided them with the support they needed.

Staff were aware of their responsibilities in keeping people safe.

Medicines were managed safely at the service.

There were robust recruitment procedures in place so people were cared for by suitably qualified staff who had been assessed as safe to work with people.

Individual risk assessments were completed for people so that identifiable risks were managed effectively.

Staff underwent an induction and shadowing period prior to commencing work, and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles.

Staff were well supported and received supervisions and appraisals regularly.

People receiving support felt staff had the right skills to do their job. They said staff were respectful and caring in their approach.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

Care plans were detailed and person centred. Care plans were reviewed regularly and changed to reflect current needs.

People were treated with dignity and respect, and their privacy was protected.

People's nutritional needs were monitored and actions taken where required.

People and relatives spoken with were confident in reporting concerns to the registered manager and staff, and felt they would be listened to.

We saw the service promoted people's wellbeing by taking account of their needs including activities within the service and in the community.

The service has a quality assurance system, and records showed that identified problems and opportunities to change things for the better were addressed promptly.

The feedback we received showed the service was consistently well managed and well led.

The leadership and culture of the service promoted the delivery of high quality person centred care.

Further information is in the detailed findings below.

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 remains good.	**Good** ●
Is the service effective? The service remains good.	**Good** ●
Is the service caring? The service remains good.	**Good** ●
Is the service responsive? The service remains good.	**Good** ●
Is the service well-led? The service remains good.	**Good** ●

CareQuality Commission

Darnall View Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

This inspection took place on 9 October 2018 and was unannounced. This meant the staff working at the home and the people living at the home did not know we were visiting. The inspection was carried out by two adult social care inspectors.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who lived in the service. We were not able to speak with some of the people using the service because they were unable to communicate verbally with us in a meaningful way. Therefore we observed a group of people who used the service for a period of half an hour and recorded their experiences at regular intervals. This included people's mood, and how they interacted with staff members, other people who use services, and the environment. This method of observation is called the Short Observational Framework for Inspection (SOFI). Our observations showed that people were treated with respect by the staff and they were involved in the decisions about their daily activities.

We spoke with six people living at the service, two relatives, the registered manager, the nominated

individual (a director), the deputy manager, three care assistants, one domestic worker and senior care assistant who was covering the cook's annual leave. We also spoke with two visiting health professionals.

We looked around different areas of the service; the communal areas, the kitchen, bathroom, toilets and where people were able to give us permission, some people's rooms. We examined a range of records including the following, three people's care records, people's nutritional and fluid monitoring records, six people's medication administration records, three staff files and records relating to the management of the service

Good

Is the service safe?

Our findings

People we spoke with told us they felt "safe" and had no worries or concerns. Relatives we spoke with did not express any concerns or worries about their family member.

The registered provider had a process in place to respond to and record safeguarding concerns. Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety.

We found there were satisfactory arrangements in place for people who had monies managed by the service.

We looked at three people's care records and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments were relevant to the individual and promoted their safety and independence.

Care plans held information and gave guidance to staff for people who displayed behaviour that was challenging to staff or others. For example, the guidance in place to support one person was to provide one to one support in a quiet area and hold the person's hand and stroke it. If the person did not respond staff were told to leave them alone for a short time and then return.

We found medicines were managed safely at the service. We observed part of the morning medicines administration. We found that safe procedures were followed. We saw the morning medication administration records (MAR) had been completed. The MAR held photographs of the person, any known allergies and protocols for administering medicines prescribed on an 'as needed' basis (PRN.) We saw regular audits of people's MAR's were undertaken to look for gaps or errors and we saw records of monthly medicines audits which had been undertaken to make sure full and safe procedures had been adhered to.

We did not receive any concerns from relatives or people about the staffing levels at the service. We observed staff were visible around the home and responded to people's needs as required. We checked a sample of staff rotas and saw there were robust systems in place to cover for staff annual leave or unexpected absence. We noted that care staff scheduled to work nights at the service had not always received training to administer medication. We spoke with the registered manager, they told us the night staff would receive this training to enable them to respond to people who had medicines prescribed on an 'as needed' basis. For example, people prescribed paracetamol to take when they needed it. Shortly after the inspection, the registered manager sent us confirmation that night staff training had been arranged with the local pharmacist.

The registered manager had recently recruited a new member of staff and a person living at the service had

been actively involved in the recruitment process. The registered manager told us the person had decided on what questions they would like to ask the applicant. We saw evidence that the person had fully participated in the interview.

We reviewed staff recruitment records for three staff members. The records contained a range of information including the following: application, references, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

During the inspection we did not find any concerns regarding infection control. We observed that staff wore gloves and aprons where required and we saw these were readily accessible throughout the service. Hand gel was available in communal corridors.

We looked at the safety of the building. We found the registered provider had up to date certificates for all aspects of the building, including fire equipment and the servicing and safety of all equipment which was in use in the service.

We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

Systems were in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduces the risks to people and helps the service to continually improve.

Good

Is the service effective?

Our findings

All the people we spoke with told us they were very satisfied with the quality of care they had received and saw the doctor when they were not feeling well. Relatives we spoke with made positive comments about the care their family member had received and told us they would recommend the service. One relative said, "I've no worries at all. It was a big decision to make, but we haven't got any regrets. It's worked out great. My [family member] is happy and I know the staff love him. He sees the doctor when he needs to and the staff always let me know things. I would definitely recommend it. I can come when I want and I am always made to feel welcome."

In people's records we found evidence of involvement from other professionals such as doctors, optician, tissue viability nurses and speech and language therapists. Care staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported. This meant people were supported by staff that knew them well.

All the people spoken with complimented the food that was provided at the service. One person said, "The food is great." The service employed two cooks at the service, one worked during the week and one at the weekend. At the time of the inspection one of the cooks was on annual leave so one of the senior carers was covering their absence. Some of the people we spoke with told us about the lovely chocolate cake the senior carer had made for them. A food diary and fluid balance chart was kept for people who required their nutritional needs to be monitored. We saw some people were prescribed fortified diets. Enriched food and snacks can increase nutritional intake in older people.

There was specialised cutlery available for people to use and a pictorial menu for people to look at. The director and registered manager showed us the new dementia friendly cups and plates they had obtained for the service. We saw the cups included a discreet way to monitor how much a person had drunk if required.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person. The registered provider was complying with any conditions applied to an authorisation.

People told us they were consulted and staff always asked for consent. We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff we spoke with told us they felt supported. One staff member said, "I think we get enough training to do our job. I get regular supervisions. I can go to the manager if I'm worried about anything." We saw staff received appropriate support to enable them to carry out their duties. We found staff received regular supervision and an annual appraisal. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

We checked the staff training matrix which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. We looked at the matrix and saw other training subjects were also undertaken, to provide staff with further relevant skills. For example, dementia awareness and skin care training.

The registered manager had completed dementia care mapping training. Dementia Care Mapping is an established approach to achieving and embedding person-centred care for people with dementia, recognised by the National Institute for Health and Clinical Excellence. They were due to attend virtual dementia training with the deputy manager. This training gives people the experience of what living with dementia might be like.

Throughout the inspection there was a calm atmosphere within the service. There was dementia friendly signage. People were able to navigate through the service independently or by using a walker. Equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently.

Good

Is the service caring?

Our findings

People we spoke with were happy with the care that was being provided and made positive comments about the staff. Comments included, "Its beautiful here," "They [staff] are lovely. They are so good," "They [staff] help you when it's needed. Can't do enough for you" and "I can't fault the place. I am happy here. I've made friends here." One person pointed to a member of staff and said "I've adopted him." People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual preferences.

Relatives we spoke with made positive comments about the staff and the care provided. One relative said, "I wouldn't hesitate in recommending this place. Staff are brilliant. They always give 100 percent. I visit every day and [family member] is well cared for and happy."

We saw that people responded well to staff and they looked at ease and were confident talking with staff. Staff were respectful and treated people in a caring and supportive way. For example, we saw a staff member kneel down by the side of one person who was worried they had not received their medication. The staff member quietly and discreetly confirmed to them they had been given their morning medicines, and when they were next due. We saw the person was reassured.

It was clear from our discussions with staff that they enjoyed caring for people living at the service. One staff member said, "I love working here. It's a good team and we look after our residents. I would definitely be happy for my family to live here." Staff spoken with were able to describe people's individual needs, hobbies and interests, life history, people's likes and dislikes.

We saw that people's care plans contained information about the type of decisions people were able to make and how best to support people to make these decisions. People could choose where they like to spend their time and what they would like to do. One person said, "I can choose when to get up and go to bed."

People's confidentiality was respected and all personal information was kept in a locked room. Staff were aware of issues of confidentiality and did not speak about people in front of other people.

Staff had received equality, diversity and human rights training. The registered manager told us they carried out regular observations of staff interactions with people, spoke with people living at the service, their relatives and relative to find out their perception of staff.

Good

Is the service responsive?

Our findings

People's care records showed that people had a written plan in place. We found people's care planning was person centred. An account of the person, their personality and life experience, their religious and spiritual beliefs had been recorded in their records. We found there was a record of the relatives and representatives who had been involved in the planning of people's care. Relatives we spoke with told us they were kept fully informed about their family member's wellbeing.

We spoke with two visiting healthcare professionals. They told us the service was proactive in managing falls and sending referrals when required. Care records were always up to date.

A communication care plan was completed for each person. This helped to identify how to provide information to the person so it was accessible and tailored to meet their needs. For example, one person was provided with picture cards and word cards to help them communicate. The registered manager described how this had assisted the person to communicate their needs and interact with staff, other people living at the service and visiting relatives.

At the time of the inspection no one was being cared for at the end of their life. The registered manager was committed to supporting people and their relatives before and after death. Do Not Attempt Resuscitation (DNAR) forms were completed and where people lacked capacity to make this decision a mental capacity assessment, best interest decision, had been made by the appropriate people. We saw the registered manager kept a range of information they could provide to people and their relatives. This included bereavement guides.

The service had a written and verbal process in place for the staff handover between shifts. The written documentation gave an overview of the care provided on the previous shift and people's health needs and wellbeing. This helped staff to identify and respond effectively to people's changing needs.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. We saw there was a range of activities available for people to participate in such as arts and crafts, music and films. The registered manager described one of the group activities at the home was to read the local newspapers to keep informed of local events and hold a discussion. The performance of the two local football clubs could result in a lively debate. The registered manager told us individuals were supported regularly attend activities offsite in the community to maintain the wellbeing of the individual.

The service produced a quarterly newsletter which included details of any events being held at the service. The activities worker provided activities during the afternoon at the service. We saw a group of people actively engaging in a ball game.

The service had received one complaint in the last 12 months. We saw there was a robust process in place to respond to concerns or complaints by people who used the service and their representative. People and relatives spoken with were confident in reporting concerns to the registered manager and staff, and felt they

would be listened to.

Good

Is the service well-led?

Our findings

The registered manager told us they had been working at the service for approximately six months. They told us they managed the service Monday to Thursday and one of the provider's directors managed the service each Friday. This enabled the director to review the management of the service, get to know the people living at the service and staff well. The registered manager told us the director had managed the service when they were on annual leave. The service also employed a deputy manager who worked alongside staff. A senior member of staff oversaw the service at the weekends, but they could call a manager for advice or assistance. The nominated individual also visited the service regularly and was focussed on continuous improvement and best practice. For example, they had obtained new dementia friendly table ware for people to use. They had obtained a new pharmacist supplier for the service to improve the management of medicines at the service.

The feedback we received showed the service was consistently well managed and well led. The leadership and culture of the service promoted the delivery of high quality person centred care. We saw there was a strong focus on continuous learning at all levels within the service. The registered manager was a registered nurse and had ensured positive relationships had been made with other healthcare agencies involved with people's care, to ensure they received effective care, support and treatment. We received positive comments from two healthcare professionals who visited the service during the inspection.

In the short time the registered manager had started working at the service; we saw their aim was to integrate the service into the wider community. We saw links had been established with the local primary school and the local Sheffield college. For example, two students were due to attend work experience at the service. There were planned events in place for people and children at the primary school to attend.

There registered manager actively sought the views from people using the service and their representatives. Senior staff carried out regular observations of staff interactions with people and speaking with people, relatives and visitors to obtain feedback. External visiting healthcare professionals were given a survey to complete. We saw the service had recently received positive feedback from a visiting mental health consultant in September 2018.

The registered manager told us the service held regular open sessions at the service for people living at the service and their relatives. We saw the date for the next session was displayed in the reception area. The registered manager told us open session had different themes. At the session in June 2018 we saw there had been a review of the activities provided at the service. This included feedback on activities that had taken place and suggestions for future activities. The session in July 2018 discussed nutrition and hydration and the menu. This included a discussion about the drinks menu that had been introduced at the service to encourage people to drink more. People said they had enjoyed the different drinks that had been provided. We saw everybody had agreed that no one liked liver and onions and this should be taken off the menu. We saw people had suggested additional menu choices. The outcome of the meeting was that the menu would be reviewed, additional items added and provided. The menu would be reviewed at the next session to see if further improvements could be made. At the end of the meeting everyone had afternoon tea.

We saw the service produced a newsletter for people, relatives and visitors. The summer newsletter contained information about open session about activities in June 2018. It also invited people to make further suggestions. It also provided information about the introduction of protected mealtimes and to contact the senior or the manager if they wanted to discuss this. The autumn letter included a thank you to relatives and staff who had completed the survey and that the results were on display for people to look at.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw regular checks and audits were undertaken as part of the quality assurance process. For example, the manager completed a daily report sheet. We found quality assurance procedures were in place to cover all aspects of the running of the service. We saw the registered provider has robust systems in place to monitor the quality and safety of the service.

Staff meetings took place to review the quality of service provided and to identify where improvements could be made. For example, a cook's meeting, domestic staff meeting. Senior staff also carried out observations at the service to see where improvements could be made to the care provided. For example, moving and handling observations and meal time observations.

Staff we spoke with made positive comments about the staff team working at the service and the new manager. One staff member said, "The new manager is approachable and friendly and you can have a laugh with her. She works with the team and if you need anything she will get it. She has time for you. The residents are well looked after and we give good care. If we have any concerns we do something about it. We have a low staff turnover. We are happy team and we have happy clients."

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.