

Darnley Court Care Home Service

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Type of inspection:
Unannounced

Completed on:
1 November 2022

Service provided by:
HC-One No. 1 Limited

Service provider number:
SP2016012770

Service no:
CS2016349791

About the service

Darnley Court is registered to provide a care service to a maximum of 120 people, of whom 60 will be older people with mental health problems. Inclusive in the total numbers are three places for specifically named people under 65, who were resident in the home on 12 February 2020.

The provider is HC-One. The home is located in south of Glasgow and is near to public transport facilities.

The building is purpose-built with accommodation over two levels. There are four separate units which have access to their own enclosed garden areas and a car park to the front. One of the units was not operational.

There were 81 people living in the care home at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 25 and 26 October 2022. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with 15 people using the service and 11 of their family and friends.
- Spoke with staff and management.
- Spoke with visiting professionals.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- People were cared for with dignity and respect.
- Staff were kind and caring and wanted to provide good care.
- Residents and relatives were positive about the care and support received.
- More opportunities are needed for residents to participate in meaningful activities.
- Environmental improvements are required to parts of the service to meet people's needs.
- Management oversight of the care service needs to be improved.
- Care plans need to be up to date and reflect people's individual needs, intended outcomes and associated risks.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question overall as adequate. While the strengths had a positive impact, key areas needed to improve.

People told us that they felt safe and well cared for and that they had good relationships with staff. Interactions between staff and residents were kind, warm and supportive.

Some of the residents told us 'I like living in the care home', 'the staff are lovely and look after me well'. The warm and supportive atmosphere helped people to develop a sense of home and belonging.

The home provided people with healthy nutritious food. People were encouraged to eat independently whilst ensuring that gentle support was at hand when needed. Drinks and snacks were available between mealtimes. A resident told us, "The food was good" and another told us "'the food served is good', 'there is always a choice at mealtimes'. Staff were monitoring people's food and fluid intake when required.

We spoke to family and friends who told us they experienced a welcoming and friendly atmosphere when they visited the home. Some of the comments included, 'my relative is being kept safe' 'we are communicated with regarding any changes in my relative's health and wellbeing' and 'I was able to watch my relatives favourite film with them in the small lounge, which was lovely to do'.

People should be supported to have an active life every day to support their wellbeing. Hairdressers visited regularly and there were very positive comments made about this. People were offered a variety of meaningful activities on a planned basis. However, this was sometimes dependant on staff availability. Some of the residents told us 'There is not always a lot to do', 'it can be a long day at times'. The management team advised us they planned to improve meaningful activities in the service.

Visiting was in line with 'Open with Care' guidelines. People saw their loved ones on a regular basis and some visitors commented that, 'there are no restrictions with visiting'.

There was a stable staff team who knew peoples' needs and preferences well. That meant staff were able to recognise and respond to changes in peoples' wellbeing. There were good links with external health professionals. This helped to keep people well.

Medication was managed well. There was guidance and protocols in place available for staff on the administration of "as required" medication. This helped ensure individuals were supported to take the right medication at the right time. In discussion with one visiting professional, we were told of improvements made to peoples care and support following changes made in a person's skin integrity and another's palliative care.

Although standard of cleanliness were satisfactory, environmental improvements were required. This included individual bedrooms, equipment, internal doors and the hallway of Fleming Unit (see requirement 1).

Overall, staff practice followed infection prevention control guidance (IPC). However, there were missed opportunities to promote good hygiene practice to minimise infection risks for people supported, staff and visitors.

Current guidance displayed throughout the service directed staff in good IPC practice. PPE was available, work was underway to ensure this was accessible for staff.

Housekeeping staff were knowledgeable about expected IPC practice. Cleaning products and schedules used were in line with the NIPCM (National Infection Prevention and Control Manual) guidance from PHS (Public Health Scotland).

Laundry was being well managed.

Requirements

1. By 24 January 2023, the provider must ensure people experience high quality facilities that are well maintained, furnished and decorated to a good standard. This should include but not be limited to:

- a. Identify areas in need for immediate improvement.
- b. Improvements to the décor to create a warm and friendly living environment for people.
- c. Ensure the décor is of an appropriate standard that supports effective cleaning to support the management of infection prevention and control measures.
- d. Any repairs and redecoration are carried out within timescales ensuring there is no compromise to people's safety.

This is to comply with Regulation 10 fitness of premises. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (HSCS 5.22).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People who use care services should benefit from a culture of continuous improvement with robust and transparent quality assurance processes.

Daily flash meetings with representation of staff who worked throughout the service had been used to identify changing needs and supports required for people.

The service continued to use a multi-disciplinary team approach with external agencies with the placement of people within the service. Feedback from a visiting health professional was positive about the staff, and service responding to any advice given and appropriate referrals being made. This helped to provide a holistic assessment of the needs of people and identified how they could be best met.

The service used a wide range of audits which included, monitoring key clinical areas relating the health and wellbeing of people who use the service. These were regularly audited. However, audits were not being used to their full effect. Action plans from audits to address specific areas were not always being completed and this required improvement. The manager required further support in implementing the quality assurance systems in use by the provider (see requirement 1).

A dependency tool was used to review residents needs and identify staffing levels needed. Based upon observations, we concluded that staff skill mix and levels were appropriate for meeting people's needs.

There was inconsistency in the recording of care reviews and agreed actions points from the reviews held. The management team need to have an overview of this to ensure consistency across the service.

Staff meetings took place, however, there was inconsistency across the service to how these were organised and documented.

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment". New staff had been interviewed with employment references, protection of vulnerable group checks and registration of professional bodies checks being undertaken.

Requirements

1. By 24 January 2023, the provider, must ensure quality management and assurance systems are consistently used, to improve the continuous management of people's care and support and the environment. This must include:

- a) Developing and implementing regular audits with action plans on findings to support improvements.
- b) Outcomes of audits and action plans should be included in a service development plan.
- c) Training and support for the service manager on the use of the quality management and assurance systems in place.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience high quality care and support based on relevant evidence, guidance, and best practice.' (HSCS 4.11).

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff had good values and were resident focused, respectful of the residents in trying to meet their needs.

Staffing arrangements were determined by regular assessment of peoples' nursing and care needs. Staff absences and the challenge of recruiting and retaining staff had impacted at times on the availability of

staff. Agency staff were being used to supplement permanent staff numbers.

We found that there were sufficient staff to respond to peoples' needs, particularly where people experienced stress and distress. Interactions between staff and residents were warm and caring.

We received many positive comments in relation to the staff who provide support, these included: 'staff are caring and kind' and 'staff are nice and helpful'.

The manager and deputy manager were visible within the care home and available to support staff where required.

Staff supervision was planned for on regular basis. However, there is a need for the formal supervision to improve to ensure the format is standardised and captures reflective discussions and learning outcomes to allow staff dedicated time to reflect on their own development and practices (see area for improvement 1).

Staff benefitted from a blended approach to training using online and face to face training. Training provided included, dementia awareness, moving and assisting, adult protection, supporting people with stress and distress and COVID-19. The training undertaken meant staff had been helped to obtain necessary knowledge and skills to support people.

Areas for improvement

1. To ensure people are confident that staff are competent and skilled to undertake their designated roles, the provider should ensure and improve the effectiveness of staff supervision and appraisals by planning their structure and format, and using them to identify how staff can reflect and develop their skills.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes". (HSCS 3.14).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should expect that their environment is well looked after with clean, tidy, and well-maintained premises, furnishings, and equipment. Although, communal lounges and dining areas were nicely decorated, clean and odour free. Not all parts of the environment were being well maintained and in good state of repair, in particular the Fleming unit. Wallpaper was peeled off corridor walls and parts of the wall was damaged. We found internal doors were not clean to a standard to minimise the risk of infection. (see requirement 1 in KQ 2.2)

People's rooms were personalised to their own style and taste, with some people bringing specific items of furniture from their homes to make their room more personal.

People who use the service could access the communal lounges, small lounges and enclosed garden.

The service had external contracts in place for the servicing of equipment.

There was regular maintenance staff overseeing and completing any repairs required.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Staff understood the relationship between areas of care and how this may link to other areas such as, wound care, nutrition, hydration, and pain management.

Personal plans helped to direct staff about peoples' support needs and their choices and wishes. We found that some of the personal plans had some good and detailed information about the individual's life history, likes and dislikes and personal care support needed. However, this was inconsistent across the units. Some evaluations of the plans contained generic terms such as 'no changes made' and the persons care need had not always being fully evaluated.

We could see personal care plans were being audited, but there was not always evidence of the recommendations from the audits being actioned in the personal plans sampled. We are aware the service has been undertaking a large piece of work to improve the quality of people's personal plans which were being reviewed and when necessary re-written. (see area for improvement 1)

People using the service and relatives could be better involved with the production of personal plans and care reviews. One-page profiles could also be better utilised to help care staff have important key information about a person's care and support needs, in a more accessible format.

Areas for improvement

1. The provider should ensure peoples personal care plans should continue to improve, to provide consistent information and guidance to staff in how to meet the persons' needs.

This is to comply with Health and Social Care Standards 1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should ensure that complaints are handled in line with the company Complaints, Concerns and Compliments Policy. Any person who makes a complaint should be kept up to date with progress and receive a formal, comprehensive response to their complaint.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 1 August 2022.

Action taken since then

No complaints had been received by the service, so we were unable to assess this area for improvement and this will be continued.

Previous area for improvement 2

Staff should follow the current PPE and IPC guidance particularly with regard to mask etiquette and hand hygiene. Visitors should be asked for proof of a clear LFT and there should be PPE available for staff at points of need for their protection and the protection of people living in the home.

This is to ensure care and support is consistent with Health and Social Care Standard 4.27: I experience high quality care and support because people have the necessary information and resources.

This area for improvement was made on 1 August 2022.

Action taken since then

Since the area for improvement was made, there has been changes to the PPE and IPC guidance in care home settings. Face masks and LFT's are no longer routinely required.

We could see PPE was available for staff, mainly in peoples own bedrooms for staff to access and different points to dispose of. We did observe some missed moments with staff to encourage and promote good hand hygiene practices, during the inspection and this should be encouraged more. Recent HSCP assurance visit recommended some actions were needed to improve and service had taken action to address these.

We assessed this area for improvement as overall being met.

Previous area for improvement 3

When an antibiotic is prescribed by a health professional, it should be dispensed as soon as possible and administered to the recipient. If pain is expressed by the person, then a pain assessment tool should be put in place to monitor the pain and assess the effectiveness of any medication given.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 1 August 2022.

Action taken since then

A new protocol and guidance for responsible staff for administering prescribed medications was now in place, for accessing any prescribed antibiotics for responsible staff to follow. We could see from care plans sampled, appropriate pain assessment plans in place for some individual residents.

We have assessed that this area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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