Darnley Court
Care Home Service

787 Nitshill Road
Darnley
Glasgow
G53 7RR

Telephone: 0141 876 0144

Type of inspection:
Unannounced

Completed on:
26 January 2021

Service provided by:
HC - One Oval 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. Its Mission Statement is "We are the Kind Care Company Supporting those in care to lead their best life. Our Mission: Be the 1st Choice for Families, our colleagues and our Commissioners, serving at the heart of each community"(DRAFT)

The home is located in 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.

At the time of the inspection there were 52 people using the service.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

We carried out an unannounced inspection of the care home on 26 January 2021 with Healthcare Improvement Scotland and the findings of which were outlined in the report laid before parliament on 3rd February 2021.

What people told us

Due to COVID-19 restrictions there were no visitors within the service during the inspection. However, appointment-based essential visits were taking place. We contacted four relatives by telephone.

The overall feedback from people who used the service, and their families was very positive.

Comments included:

"I have nothing but high praise for how Darnley Court are looking after my relative. Staff are all fantastic, from carers to nursing staff to domestics."

"Communication has been absolutely amazing."

"Darnley Court meets my relatives needs and she is safe."

"Excellent communication throughout the pandemic, giving me a better understanding of what was happening in the home".

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 good is our care and support during the COVID-19 pandemic?	3 - Adequate

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

How good is our care and support during the COVID-19 pandemic? 3 - Adequate

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

Our focus of this inspection was to establish if people's health and wellbeing was being supported during the COVID-19 pandemic. We found that there were important strengths evident in the service having a positive impact on people's experiences and outcomes.

We observed staff having time to be attentive to individual needs. Interactions were warm and compassionate, and showed that staff were aware of people's day to day care needs and preferences.

Those who live in the home benefitted from being supported to maintain contact with their loved ones mainly through telephone calls. Social media platforms were available for those families who preferred this method. It was good to hear that essential visiting had taken place to support people's wellbeing and this had been particularly commented on and appreciated by relatives. Feedback included "excellent experience, PPE worn, tested at door, distance kept" "very happy at yesterday's visit".

People reported feeling safe and confident in staff's knowledge. Staff demonstrate an understanding of their responsibilities to protect people from harm and measures were in place to prevent harm. Staff were confident that if they identify concerns or improvement, that they are responded to appropriately. Personal plans showed people's needs were assessed including sensitive management of stress and distress situations, and when support was needed. Staff were able to discuss support to people as reflected in personal plans. This meant that personal plans were being used to safely guide staff practice and promote good outcomes. We also saw specific COVID-19 plans in place to support all residents, those who had tested positive, how best to support them whilst self-isolating and post COVID-19.

People should be involved in making decisions about their care and support through anticipatory care plans. This plan anticipates significant changes in someone's care and support needs, and describes action, which could be taken to manage the anticipated problem in the best way. We found consistent use of these, enhanced by the providers own End of Life tools and COVID-19 specific care and support plans.

Having meaningful things to do is important for wellbeing. We observed commitment to prioritising wellbeing and involvement with initiatives such as Sunshine Scale Assessment involving people in developing their bedroom environment and Remember Me folders. Wellbeing Coordinators provided regular activities supporting socialising opportunities. Staff promoted people's independence and enabled them to move freely around the home, whilst socially distancing.

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

Our focus in this inspection area was to check if infection prevention and control practices supported a safe environment for both people experiencing care and staff. We found the strengths just outweighed the weaknesses in this area.

The service had recently experienced a signification outbreak. It was good to hear about the external management support provided to the service during the height of the outbreak, and that this has continued.

The standard of cleanliness throughout the home was acceptable. We highlighted to the management team that some areas throughout the home would benefit from redecoration.

We found that some staff were clear regarding how essential visitors should enter the service in line with current guidance. However, this was not consistently practiced across the service.

We saw that staff had received training on infection prevention and control (IPC) practice and the use of Personal Protective Equipment (PPE), however we observed that staff were not always following the current guidance.

The service had enhanced its cleaning schedule, and new audit tools had been implemented. This included a twice daily walk round of the home to check that the environment was clean. We found some mattresses and chair cushions to be in need of replacement, as they had not been maintained or cleaned to an acceptable standard. Whilst the manager started to replace this equipment during our visit, this should have been identified and actioned as part of quality checks. The system for deep cleaning, including fixtures and fittings also required attention. Audits of care equipment and the system for deep cleaning, require to be improved in line with current infection and prevention control guidance. This is important to keep people safe and protected from any possible risk of infection. (See Requirement 1)

The management of laundry reflected good practice. However, if the volume of laundry increased in line with occupancy this may be compromised. This is because it would present challenges in maintaining adequate space due to the size and layout of the laundry room. (See Area for Improvement 1)

Handwashing facilities were available for staff and essential visitors. However, there was limited availability throughout the service of accessible clinical waste bins. This was highlighted to the manager and rectified immediately.

It was good to see that communal areas were set up to provide safe space for people. Staff were proactive in recognising and responding to challenges people may have in following guidance on social distancing.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

Our focus in this inspection area was to establish if the staffing arrangements were responsive to the changing needs of people experiencing care. We found strengths just outweighed weaknesses in this area.

People who use services should feel confident those providing their care and support have the right skills and knowledge. COVID-19 awareness training has been made available to staff. However, we observed inconsistencies in some staff's practices in relation to infection, prevention and control. This highlighted the need to revisit some staff knowledge of COVID-19, and to observe the impact from training on practice.

Staff would benefit from opportunities to reflect on learning and test out a better understanding of the principles. (See Area for improvement 2).

Staffing arrangements are regularly assessed and include consideration of the number of people requiring one-to-one support, or additional support. Staff have time to provide care and support and engage in meaningful conversations and interactions with people.

Some team meetings had taken place, but regular staff supervision opportunities had been limited. There were missed opportunities to share learning and good practice in these staff forums.

Staff told us they had sufficient breaks during their time on shift. Staff described an awareness of when not to come to work if feeling unwell regarding symptoms of COVID-19. Weekly testing of staff was well established within the home. This meant that the risk of infection was reduced for staff and people living in the home.

Staff benefit from visible and supportive leadership and professional wellbeing support. The recent introduction of McMillan Nurse support weekly helped them explore feelings regarding recent outbreak and deaths in the home. This initiative will be supported and offered to wider staff team. This will impact positively on staff practice and their ability to support the people living in the service appropriately.

Requirements

1. By 23 February 2021, provider must ensure that all service users experience a safe, clean and well maintained environment. In order to demonstrate this:

- The system used to check care equipment, particularly mattresses and chair cushions must provide clear detail of expected standards.
- The management team must observe staff practice when they are checking care equipment and cleaning fixtures and fittings to confirm that practice is acceptable.
- Records of feedback by management to staff must be kept of when practice is observed that relates to checking of care equipment and cleaning of fixtures and fittings.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (HSCS 5.22) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

This order is to comply with:
Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011 " A provider must make proper provision for health, welfare and safety of users".

Areas for improvement

1. To minimise the risk of infection within the service by managing laundry effectively the provider should:

- Review through the service development plan the current limitations of the laundry environment and set up.

- Review potential challenges in managing laundry safely and effectively should number of residents increase or reach capacity.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

2. To ensure residents are supported to stay well and always receive care and support in line with best available guidance, the service provider should ensure:

- All care staff undertake refresher training in infection prevention and control and the use of personal protective equipment, with the emphasis on underpinning knowledge.

- Learning and knowledge should be evaluated through supervision, observations of practice and quality assurance processes.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

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

In order that people spend their day doing what they enjoy and want to do, the manager should ensure that staff have the relevant information and support to deliver more meaningful activities for people living in the home.

This ensures care and support is consistent with the Health and Social Care Standards, which state that 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25); 'I take part in daily routines, such as setting up activities and mealtimes, if this is what I want' (HSCS 2.21) and 'I can maintain and develop interests, activities and what matters to me in a way that I like' (HSCS 2.22).

This area for improvement was made on 6 December 2019.

Action taken since then

The home employs four wellbeing advisors and offers a wide range of meaningful activities utilising best practice and initiatives designed to support participation and stimulation. Therefore having a positive impact on people's wellbeing.

Area for Improvement has been met.

Previous area for improvement 2

In order to ensure that people are protected from risk of infection, staff must always follow the correct procedures for disposal of used continence aids and also for moving used linen from one place to another.

This ensures care and support is consistent with the Health and Social Care Standards, which state 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 3.4).

This area for improvement was made on 6 December 2019.

Action taken since then

Staff have received support to reinforce procedures for safe disposal of aids. Linen management has been reviewed in line with best practice and amended as necessary to ensure safe and effective practices.

Area for Improvement has been met.

Previous area for improvement 3

In order to ensure that resident care needs are met in Beaton and Seaton Houses, staffing levels should be reviewed during the night to support the higher dependencies of their current residents.

This ensures care and support is consistent with the Health and Social Care Standards, which state that, 'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 6 December 2019.

Action taken since then

From observations in most of the units, we concluded that staffing levels were right in order to meet people's needs. The service carries out dependency levels monthly, staff are deployed in areas where they are needed the most.

Area for Improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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