Darnley Court
Care Home Service

787 Nitshill Road
Darnley
Glasgow
G53 7RR

Telephone: 01418 760 144

Type of inspection:
Unannounced

Completed on:
20 January 2022

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.

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, one unit was not operational.

At the time of the inspection, there were 71 people living in the care home.

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 vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors from the Care Inspectorate.

What people told us

During the inspection, we spoke with three people supported informally, they all expressed satisfaction with the service and said that they got on well with their staff team.

People supported, who were not able to speak directly with us, appeared to be comfortable in the company of their staff team.

We also gathered feedback from five relatives by speaking to them during the inspection by telephone. An inspection volunteer was involved in the inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The inspection volunteer helped by making calls to relatives.

Most of the relatives spoke positively about their relative's care and support during the pandemic. Communication had been good about their relative's and of any changes in guidance affecting visiting. There was a current outbreak in one of the units at the time of the inspection which meant visiting was restricted in the unit affected. One relative did express that they did not always feel involved in the care of their relative, whilst others told us they felt very involved. We were told about how the staff have planned to support one person's interest in gardening when the weather improves.

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 leadership?	3 - Adequate

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 leadership? 3 - Adequate

Our focus of this inspection was to establish if the service was being led well during the pandemic. We concluded that overall, this was adequate with some important strengths.

Care services in Scotland are required to notify the Care Inspectorate with specific information. There were several significant incidents and events that had occurred that had not been notified to the Care Inspectorate. This meant the Care Inspectorate did not have clear information about what was happening in the service (see requirement 1).

There was a lack of management oversight in ensuring that peoples care plans accurately reflected their current care and support needs. Audits were not consistently well completed therefore, we could not be confident that they informed positive change (see requirement 1).

Management oversight of staff training and development needed to improve. Staff supervision records should be improved by including the outcome of reflective practice and their training and development requirements (see requirement 1).

The management team had identified areas where they intended to make improvements. An improvement plan was in place. External management were supporting the new manager.

Requirements

1. By 3 March 2022, the provider must comply with the Care Inspectorate guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. To do this the provider must notify the Care Inspectorate of all relevant incidents. In order the provider must at a minimum, ensure:

- Ensure that incidents, accidents, causes for concern and relevant events are notified to the Care Inspectorate as per our notification guidelines -https://www.careinspectorate.com/images/documents/2609/Rcds cm services must keep and notification reporting guidance COVID-19 (100320).pdf

This is in order to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and 'I benefit from different organisations working together and sharing information about me promptly where appropriate'.

2. By 3 March 2022, the provider must ensure that the service is well led, priorities are identified and acted upon to promote positive outcomes for people living in the service. To do this the provider must, at a minimum, ensure:

- The management team implement robust auditing processes, to demonstrate all relevant care plan documentation required to guide staff, is reviewed, and provides comprehensive information in order that they can deliver a safe and quality service to people.
- Quality assurance systems and audits include direct observations of practice.
- A training needs analysis is completed to support the management team to prioritise training. Learning and knowledge should be evaluated through supervision. Training should include, but not be limited to, infection prevention and control, coronavirus update.

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19) "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment". (HSCS 5.22)

It is also necessary to comply with Regulation 4(1)(a)(d), 10(2)(b) and 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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 are supported and safeguarded during the COVID-19 pandemic. We concluded that overall, this was adequate with some important strengths.

It is important that all staff treat people with compassion, dignity, and respect. We observed kind and warm interactions. People living in the care home were being well cared for. They were supported by care staff who were familiar with their choices and preferences. Staff were considerate, caring, and attentive towards people. There were enough staff available to support people. People being supported and relatives had confidence in the staff team. This meant that they had felt safe, secure, and well-cared for during the pandemic.

It is important for people to enjoy a healthy and balanced diet and have access to plenty of drinks throughout the day. People were offered choices throughout their day. Staff supported people who needed help to eat and drink. We observed pleasant mealtime experiences and people were given a choice of food offered at each mealtime. Snacks and drinks were served between meals including, home baking. People who required help were supported by staff in an unhurried manner. People experiencing care told us how good the food was and that they had plenty of choices.

People were supported and encouraged to move around the home and remain active. Wellbeing staff were employed to support with group and individual activities. A visiting hairdresser supported people with their personal appearance. Planned activities and interactions helped give people meaningful purpose and stimulation.

Personal care plans sampled contained some good detail in how to meet people's individual needs, this included stress and distress care plans. Care staff were knowledgeable, and some had received training on certain health conditions. However, practice and attention to detail in care planning was inconsistent. This meant that information and direction for staff was not always up to date (see area for improvement 1).

Anticipatory care plans had a good level of detail about people's preferences to guide staff on how best to provide individual care and support should they become seriously unwell. This meant staff had the guidance they needed to ensure that people were very well cared for in a way that reflected their changing needs.

People could be confident that COVID-19 symptoms would be identified and appropriate escalation of any concerns to health professionals would be made. This helped ensure people received the right treatment at the right time. People received regular access to various healthcare services and specialists such as GP's, Care Home Liaison Nurse, Community Psychiatric Nurse and Speech and Language Therapists.

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

Our focus in this inspection area was to establish if infection prevention and control practices supported a safe environment for both people experiencing care and staff. Strengths in this area which outweighed weaknesses found. The performance of the service in relation to this quality indicator was good.

The home had a process in place for all visitors to the home, including, professional visits. Testing, PPE (personal protection equipment) and handwashing were all encouraged and followed up, alongside gathering contact information. Posters displayed throughout the home reminded staff and visitors of the required infection control measures. This promoted the health and safety of everyone within the home.

PPE stations were installed throughout the care home. This meant PPE was accessible for staff. Posters were displayed to remind staff of the correct procedure for effective handwashing and putting on and removing PPE . Staff used PPE appropriately and practiced good hand hygiene according to best practice guidance "bare below the elbows".

Staff had access to hand washing facilities and alcohol-based hand rub (AHRB). We asked the service to ensure ARBH was always available at all the PPE stations.
Observations of practice were carried out by senior staff to ensure effective infection control practice. However, these could be improved by detailing whose practice was observed, and any actions required to be taken.

Current guidance around the safe management of linen was being followed. The service had reviewed the management of the laundry and had a contingency plan in the event of a COVID-19 outbreak and/or the home being at fully occupied. This greatly reduced the risk of infection for people supported and staff.

People experiencing care have the right to experience an environment that is clean and tidy. The general environment, including, people's bedrooms and communal areas were clean. Housekeeping staff adhered to best practice guidance. They had the relevant knowledge and were clear about expected practice. They used appropriate cleaning materials in line with current guidance. This meant that the environment was being maintained to a good standard.

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

Our focus in this inspection was to establish if the staff had the right knowledge, skills, and competence to support people in relation to COVID-19. We found some strengths that just outweighed weaknesses resulting in an evaluation of adequate in this area of inspection. These strengths had a positive impact on people's experience and outcomes.

Staff came across as motivated and having a clear focus on people's wishes and needs. People's abilities and strengths were also appreciated, and we saw examples of people's independence being promoted by the staff. People had positive relationships with staff who knew them well and respected their wishes. Staff interactions with people were responsive when carrying out the care and support tasks to meet the individual needs of the people receiving care.

We observed some kind and respectful interactions between staff and people experiencing care and relatives mainly commented positively about the staff team.

The service used a dependency tool to assess staffing requirements. Staff absences and the challenge of recruiting and retaining staff had impacted on the availability of staff. Agency staff were being used to supplement permanent staff numbers.

Staff were knowledgeable about the signs, symptoms, and impact of COVID-19. This meant they could identify and respond to changes in people's wellbeing. They also described awareness of when not to come to work.

People experiencing care should have confidence in the staff caring for them because staff feel supported. Informal and group supervisions in the form of team meetings had taken place and staff felt they were well supported. There had been a recent change in the management of the service following the absence of the registered manager. Staff told they had good support from their unit managers and the newly appointed manager who was previously the depute manager. There was an action plan around the future supervision process. However, there was no formal process in place to observe and monitor staff competence and learning needs. (see KQ2.2 Requirement 2).

COVID-19 related training had been provided to staff at the beginning of the pandemic. However, not all staff had completed refresher training for safe infection prevention and control. Observations of practice were not always being completed to demonstrate compliance with current standards and guidance such as correct use of PPE, cleaning of the environment and good hand hygiene. The management quality assurance processes needed to be improved to ensure effective and consistent compliance with best practice standards. (see KQ 2.2 Requirement 2).

Areas for improvement

1. In order that people receive the care and support that is right for them, the quality of personal plans should be regularly evaluated and reviewed by the service. Staff practice should be directed by the content of care plans which comprehensively identify people’s needs, strengths and personal goals in an outcome focused way.

This ensures that care and support is consistent with the Health and Social Care Standards, which state, 'My personal plan (sometimes referred to as my support plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices'. (HSCS 1.15), and 'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27).

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

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).

This area for improvement was made on 26 January 2021.

This area for improvement was made on 26 January 2021.

Action taken since then

The service had taken action and reviewed the management of the laundry and had a contingency plan in the event of a COVID-19 outbreak and or the home being at fully occupied. This reduced the risk of infection for people supported and staff.

This areas for improvement had been met.

Previous area for improvement 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).

This area for improvement was made on 26 January 2021

This area for improvement was made on 26 January 2021.

Action taken since then

We assessed that this area for improvement had not been met and we have now made this part of a requirement made in KQ2, how good is our leadership.

This area for improvement has not been met.

Previous area for improvement 3

The service provider should ensure all complaints are recorded and investigated in accordance with their own policy.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 15 June 2021.

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Action taken since then

We looked at the complaints the service had received since the last inspection. These were recorded and responded to with details of investigations and outcome attached to complaints, these were assessed to be in line with the providers complaints policy.

This area for improvement had 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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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