Darnley Court
Care Home Service

787 Nitshill Road
Darnley
Glasgow
G53 7RR

Telephone: 01418 760 144

Type of inspection:
Unannounced

Completed on:
9 February 2023

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. The provider is HC-One No. 1 Limited. The home is 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 82 people living in the care home at the time of the inspection.

About the inspection

This was a follow up inspection which took place on 8 February 2023 to assess required improvements. Feedback was provided on 9 February 2023. The inspection was carried out by one inspector 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 five people using the service and two family members
- spoke with nine staff and management
- observed staff practice
- reviewed documents relating to quality assurance processes and personal plans.

Key messages

- Areas for refurbishment had been identified, and consultation on the refurbishment with residents, families and staff was planned.
- Improved application of the quality assurance processes was noted.
- Personal planning was person centred and directed staff in people's care needs.

How well do we support people's wellbeing?

We completed a follow up inspection to measure the action taken in response to the outstanding requirement relating to this key question. The requirement was reflected in the report (dated 1 November 2022) from our previous inspection visits on 25 and 26 October 2022.

The requirement related to environmental improvements to parts of the service to meet people's needs.

The provider had taken some actions to address these needs, however, there remained significant works still to be carried out. Please see What the service has done to meet any requirements we made at or since the last inspection in this report.

We have restated this requirement with a new timescale of 14 May 2023 (see requirement 1).

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) 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 that: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.24).

An extension to this timescale has been agreed to 14 May 2023.

How good is our leadership?

We completed a follow up inspection to measure the action taken in response to an area for improvement (AFI) relating to this key question. The AFI was carried forward from a complaints investigation visit on 27 July and 1 August 2022.

The AFI related to the provider's response to complaints.

Please see What the service has done to meet any areas for improvement we made at or since the last inspection in this report.

We have restated this AFI (see area for improvement 1).

Areas 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 that 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).

How good is our staff team?

We completed a follow up inspection to measure the action taken in response to an area for improvement (AFI) relating to this key question. The AFI was reflected in the report (dated 1 November 2022) from our previous inspection visits on 25 and 26 October 2022.

The AFI related to staff supervision and reflective practice to support care staff.

Please see What the service has done to meet any areas for improvement we made at or since the last inspection in this report.

We have restated this AFI (see area for improvement 1).

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 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 3.14).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 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) 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 that: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.24).

This requirement was made on 5 December 2022.

Action taken on previous requirement
The provider had completed an environmental audit which had highlighted and prioritised areas across the site requiring refurbishment. A refresh plan had been agreed for the site with a target completion date of end of March 2023.

A consultation process was planned to ensure residents, families and staff were supported to input their views and preferences on the proposed refurbishment.

To allow consultation with the relevant stakeholders and the work to be undertaken, we have restated this requirement with a new timescale of 14 May 2023.

Not met

Requirement 2

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 is 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 that: "I experience high quality care and support based on relevant evidence, guidance, and best practice" (HSCS 4.11).

This requirement was made on 5 December 2022.

Action taken on previous requirement

Ongoing support and coaching from peers and external management continued to support the management team in the home. Quality audits were in date with action plans identified where needed. Actions identified were populated into the Home Improvement Plan (HIP).

This supported people using the service to be confident that their care and support was reviewed on a regular basis and the service was well led and managed.

Based on our findings, we concluded this requirement was met.

Met - within timescales

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 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 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 3.14).

This area for improvement was made on 5 December 2022.

Action taken since then

Staff supervision and appraisals were ongoing. However, the review of the process and paperwork to support staff to use reflective discussion and learning outcomes in their day-to-day practice had not taken place yet. We were advised the new paperwork and proposed changes to staff supervision were imminent. We will review their progress in this area at our next inspection.

Previous area for improvement 2

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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" (HSCS 1.15).

This area for improvement was made on 5 December 2022.

Action taken since then

Training and group supervisions on writing person centred support plans had taken place. A programme for all personal plans to be reviewed and rewritten was well under way in each unit. Personal plans sampled during the inspection showed good detail on how people liked to be supported and directed staff on how best to support people in keeping with best practice guidance. New one-page profiles had been trialled in one unit and was being rolled out across the other two units. This ensured that people could be confident that all staff knew their current care and support needs.

We assessed this area for improvement as overall being met.

Previous area for improvement 3

This area for improvement was made following a complaints investigation.

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 that 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 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 to the next inspection.

Complaints

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

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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