Darnley Court
Care Home Service

787 Nitshill Road
Darnley
Glasgow
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Type of inspection:
Unannounced

Completed on:
21 June 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 the 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 enclosed garden areas and a car park to the front. At the time of the inspection one unit was not operational.

The services aims and objectives statement is: 'Darnley Court to be one of the kindest homes that will strive to be a true advocate of person-centred care and support whilst adopting a "what matters to you" to that care and delivery. Residents of Darnley Court will feel they matter. The staff at the home will make a difference to lives of those who live here".

There were 80 people living in the care home at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 19 to 21 June 2023. The inspection was carried out by three inspectors from the Care Inspectorate and support from an inspection volunteer who contacted relatives by telephone.

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 20 people using the service and 18 family members.
- spoke with 23 staff and management.
- spoke with one visiting professional.
- observed staff practice.
- reviewed documentation.

Key messages

People supported are very happy with the care and support they receive and speak highly of the staff who support them.

Staff knew each person well and were good at building positive relationships with residents and families.

Leaders were very knowledgeable about what aspects of the service needed to be improved.

Significant improvements to the environment were made and further refurbishment was planned.

Management team need time to establish and implement formal action plans and to work on sustained improvements across the service.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing? 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

People were supported by care staff who were familiar with their choices and preferences. Staff were kind, caring and attentive towards people and there were enough staff available to support people.

People being supported and relatives had confidence in the staff team, and this meant that they felt safe, secure, and well-cared for. Some of the comments received from people supported included:

'It's good here, and I am happy here'.
'I like the food here'.
'It's okay here, I like it sometimes.
'I like the staff here they are good'.

Comments from relatives received included:
'The staff are very attentive and have got to know my relative well and respect her individuality and encourage to express herself'.
'I have nothing but positive to say. They look after mum well and meet her needs'.

Meaningful activity promotes wellbeing. Planned events and activities had taken place including, resident birthday celebrations, VE Day, Kings Coronation, local nursery and afterschool children visits, and facilitating connections with families through visits to family home. However, the service needed to develop the meaningful activities programme further to ensure it meets the needs of all people living within the service (see area for improvement 1).

People could be confident their health benefited for their support arrangements. A range of assessments meant staff detected changes in each person's health. Staff made appropriate referrals for support from external professionals when a specific need had been identified. This helped people keep well.

People who had been identified as being at risk of not eating and drinking enough, were being appropriately monitored with staff providing encouragement and good support.

Mealtimes were overall well managed with people offered choice. Staff provided support in an unhurried way at mealtimes and throughout the day. Management should continue to review the mealtime experiences to promote good nutrition.

People could be confident that medication was appropriately managed meaning they received the right medication at the right time. When medication had been prescribed on an "as required" basis staff followed protocols which promoted the rights of people. Staff should consistently record the effect of any as required medication.

Areas for improvement

1. To ensure that people can engage in meaningful activity that is clearly evidenced and regularly evaluated to maintain their health and wellbeing. The provider should review activity provision to ensure residents have access to activity in line with their preferences and choices.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

How good is our leadership? 4 - Good

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

Daily meetings with representatives from each department of the service took place. This supported effective communication and helped identify priorities and actions needed to promote positive outcomes for people.

The service used a wide range of audits which include monitoring key clinical areas relating to the health and wellbeing of people who use the service. These were being regularly evaluated. The management team had begun to implement changes to the documentation to improve the recording, assessment and outcomes for people supported.

Quality assurance would be strengthened further by the provision of opportunities and encouragement for residents, relatives, and stakeholders to be involved in evaluating the quality of the service provided.

The service used a "lessons learned" approach following unexpected events. This learning shaped future assessments, staff training & development to help keep people safe and well.

Complaints received have been recorded and written responses made by the management team.

The management team ensured that there were appropriate staff numbers and skill mix to meet the needs of people using the service.

The new manager had identified several priority areas for immediate improvement work and had implemented effective actions. The services improvement plan had been regularly evaluated; more time was needed for the actions required to be embedded.

The manager had a detailed improvement plan in place which reflected our findings throughout the inspection. This form of self-evaluation gave us confidence the management team were proactive in making necessary improvements to systems to monitor the quality of the service being provided.

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.

People should have confidence in the staff who support them. We received many positive comments in relation to the staff who provided support:

'The staff are amazing; they are always happy and smiling. They take care of her and keep her safe'.
'The staff know my relative very well. They know that it is important to keep her busy and they work hard to keep her occupied'.

Staff consistently told us the management team were approachable and available to support them where needed. This supported a positive working relationship between management and staff teams.

Staff should have the opportunity to reflect on their practice. Some staff members advised that they had received recent supervision, however a number of staff reported they had not had supervision for a long time. Annual appraisals were of a similar frequency. We made a previous area for improvement about supervision and appraisals, and this will be continued.

Having a well trained, appropriately skilled and competent staff group is important for keeping people safe and well. A blended approach of online and face to face was used for staff training and development. Records showed staff had undertaken key training such as an induction, dementia excellence, food textures, stress and distress and manual handling.

Staff feedback was positive about the face to face training. However, some comments were made about more clinical training, which the senior management team were aware of and organising.

People could be confident that new staff had been recruited safely and the recruitment process reflected the safe recruitment guidance.

Regular checks were also completed to ensure that staff employed professional registrations were up to date.

How good is our setting? 3 - Adequate

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

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

We found that people benefitted from the provider's ongoing work to improve the environment. The provider planned to refurbish most areas of the service. Parts of the refurbishment plan had been completed to a good standard (see area for improvement 1).

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

The management team and maintenance team had used audits to check that the environment was safe and being maintained. Areas which needed to be addressed had been included in an action plan.

A range of contracts were in place with external companies which meant equipment had been serviced and maintained aligned to manufacturer and legal guidance.

Areas for improvement

1. The service should continue to develop the environment improvement programme to maintain the care home to ensure that the premises, equipment and furnishings are well maintained, and able to be effectively cleaned.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells" (HSCS 5.18) and "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment. (HSCS 5.22).

How well is our care and support planned? 4 - Good

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

Personal plans help to direct staff about peoples' support needs and their choices and wishes. Individuals care needs were supported by a range of health assessments. This meant that individuals could be assured that staff monitored their health needs. We could see that the new manager had identified areas to improve and develop these, and included baseline of resident's weights, clinical risk registers to be checked for accuracy and updated accordingly. This should help ensure peoples health needs are as accurately recorded and evaluated.

Overall, sampled care plans were mainly legible, however, some of the writing was difficult to read. Plans contained clear and appropriate information including referral to appropriate agencies. They were reviewed and updated regularly. This meant that individuals could be assured that they were being supported by a staff team who were aware of their needs.

The management team had begun to introduce an electronic recording system across the service.

People using the service and families could be better involved with the production of care plans and care reviews. Care plans could be more meaningfully evaluated and reflect what outcomes had been achieved as a result of good standards of care and support and activities provided. Management team should monitor that this is being progressed.

The service had begun to implement a recognised assessment tool (Behaviour Document Assessment) to support staff to help understand a behaviour and inform the person's care and support plan. This should be embedded into routine practice.

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 1 November 2022.

On 8 Feb 2023, an extension to this timescale was agreed to 14 May 2023.

This requirement was made on 1 November 2022.

Action taken on previous requirement
This requirement was mainly about the Fleming unit. We could see that there had been an environmental audit completed and decoration had taken place throughout the Fleming unit. This included walls, doors and new furniture purchased.

Feedback was positive from the people supported, relatives and staff to the positive difference this has made.

We could see within the service improvement plan that there are ongoing plans to develop the unit and other parts of the service further.

This requirement was assessed as being met.

Met - outwith 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

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 area for improvement was made on 1 August 2022.

Action taken since then

We reviewed the concerns the service had received and investigated. We could see that these has been handled and responded to in line with the providers complaints procedures.

This area for improvement has been met.

Previous area for improvement 2

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 area for improvement was made on 1 November 2022.

Action taken since then

We reviewed records and spoke with a number of staff who have had supervision, but a large number who had not had supervision for a long time. Appraisals were not taking place as per the providers policy recommends.

We could see that group supervisions had been recently completed, whilst this is positive, individual supervision on a regular basis is important to enable staff opportunities to reflect and develop their skills and knowledge.

It was acknowledged by the management team that more progress in this area was required.

This area for improvement was assessed as not being met and will be continued.

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 well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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