

Avery Homes (Nelson) Limited

# Darwin Court Care Centre

## Inspection report

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30 August 2019

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Darwin Court Care Centre is a residential care home providing personal and nursing care to 99 people at the time of the inspection. Darwin Court accommodates up to 112 people across six separate suites, each of which has separate facilities. Each of the six suites has a different specialism including residential care, nursing care, dementia and complex dementia care.

People's experience of using this service and what we found.

Some people and relatives expressed concerns about staffing. We found some people experienced delays in their care due to staffing levels.

People told us they felt safe and staff knew how to identify and report concerns relating to people's safety. Staff were aware of people's risks, and these were assessed and managed to reduce the risk of avoidable harm. People received support to take their medicines safely and systems used for the management of medicines were safe. Staff were aware of their duty to report incidents and accidents and these were reviewed by the registered manager and actions taken to reduce the risk of future harm.

People's needs were assessed and care plans documented people's individual needs and preferences. Staff received training relevant to their role and were supported with their personal development. People received enough to eat and drink to maintain their health. There were plans to improve areas of the home to ensure the environment better met the needs of people living with dementia.

Decisions about people's care and treatment were made in line with law and guidance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by a caring staff team who respected people's diverse needs. Staff supported people to maintain their independence where possible. People's dignity was valued and staff treated people and their family members with respect.

People were supported by a staff team who knew them well and understood their needs and preferences. People and their family members were involved in the assessment and planning of their care. People were supported to take part in pastimes and personal hobbies and interests. People and their relatives knew how to raise a concern if they were unhappy about the care they received. Where people received support at the end of their lives the staff acted with sensitivity giving consideration to people's wishes and feelings.

People, relatives and staff felt the service was well managed. The registered manager had made improvements since the last inspection and these were known and understood by people, relatives and staff. Feedback provided by people and relatives was used to drive improvements. The registered and deputy manager and provider undertook regular auditing to ensure the quality of care provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 29 September 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Darwin Court Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors, a specialist nurse advisor and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Darwin Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, clinical commissioning group and professionals who work with the service. We also used feedback provided by Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service, five relatives, 13 care staff, six nurses, two members of the housekeeping team, a hostess, a customer support manager, the deputy manager, the registered manager and the regional manager. We also spoke by telephone to the provider's head of dementia care. We looked at 22 people's care records, medicines records, complaints, health and safety and quality assurance records. We also looked at four staff recruitment records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

#### After the inspection

At the end of the inspection we requested some additional information about quality audits from the registered manager. This was received without delay.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. This was because there were not always sufficient staff to support people at the times they needed it. At this inspection we found there had been some improvements to staffing, and recruitment was on-going. However, some people still experienced delays in their care and further improvements were still required. Therefore, this key question has remained the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Staffing and recruitment

- People and relatives told us they felt there were some areas of the home where there were delays in people's care due to staffing numbers. They described delays during meal times and people having to wait for support with their meals. Relatives also raised concerns about high numbers of agency staff.
- Staff told us they felt people sometimes experienced delays in their care, particularly on Friary suite. One staff member said, "If the senior carer is busy, for example with medicines, this can sometimes mean people need to wait as there are just two staff to assist with personal care." However, staff also spoke positively about the staff recruitment programme that was currently underway. One staff member said, "The manager is trying to recruit positive, experienced staff. We have seen this happening, the new staff I have met are really good."
- We observed staffing levels over two days and found on most of the suites people's needs were met in a timely way. However, in some areas of the home although people's care needs were met, the staffing levels sometimes meant that staff had little opportunity to interact with people. We saw staff did their best to talk to people and enquire about their well-being but did not always have time for anything more.
- We discussed our concerns with the registered and regional managers who told us the provider had an agreed baseline for staffing and this was reviewed according to the individual needs on each suite. They told us this allowed them to be responsive to people's changing needs. The regional manager told us they regularly reviewed staffing numbers and was receptive to our concerns.
- The registered manager explained a recruitment process was underway to recruit competent, permanent staff and reduce the use of agency staff. They told us there had been significant staffing changes since the last inspection but were confident they would soon have a full complement of staff.
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I do feel safe here. My door is left open at night, there isn't any need to close it." Another person said, "I am safe here. If I need anything I just press the buzzer and staff come pretty quickly."
- Staff told us they had received training in protecting people from harm and knew how to recognise signs of potential abuse. One staff member said, "I would report anything that concerned me. I am confident the deputy manager would address any concerns, but if I wasn't happy I would go to safeguarding."

- The registered manager had submitted notifications to CQC, as required by law and had notified the relevant local authority where there were concerns for people's safety.

#### Assessing risk, safety monitoring and management

- Risks were assessed and managed and staff followed information in people's care plans to reduce the risk of avoidable harm. Staff were clear about how to protect people's skin integrity. For example, one person had plans for repositioning in place and these were followed by staff. We saw where people had sore areas, the treatment plans had been followed and these had healed.
- Mental health support plans were in place with reaction support charts which helped staff identify situations that led to people becoming anxious or distressed. Staff understood why people may become distressed and were able to demonstrate their knowledge of supporting people in line with the plans to de-escalate behaviours.

#### Using medicines safely

- People told us they received their medicines as prescribed. One person who was able to administer their own medicines said, "They do bring medication in and they watch and wait to see you have taken them." We observed staff supporting people to take their medicines and saw this was done patiently and explanations were given about the reasons for some of the medicines.
- Where people used medicines 'as required' staff were aware and offered these to people. We observed staff checking on people's pain levels before offering them pain relieving medicines.
- Systems used for the management of medicines were safe and staff demonstrated a good knowledge of people's health needs and how their medicines were used to promote or maintain their health. Medicines were administered, stored and disposed of safely.
- The provider had recently introduced an electronic system for the administration and management of medicines. We found that although aspects of the systems were still being updated, for example 'as required' protocols and body maps used for the recording of pain-relieving patches; staff found the new system helpful.

#### Preventing and controlling infection

- People were protected from the risk of infection. We saw an example of barrier nursing being used to reduce the risk of infection. Staff understood how to prevent infection and were observed following safe practices, for example wearing gloves and aprons, and regularly hand washing. Relatives confirmed they had no concerns in relation to infection control.
- The home was free from any malodours and appeared clean and well maintained. People confirmed the home environment was regularly cleaned. One person commented, "Staff come in every day and clean. No problems there."

#### Learning lessons when things go wrong

- Staff understood their responsibility to report incidents and accidents involving people living at the home. A daily handover meeting took place to discuss any concerns and agree actions to reduce risks.
- Accidents and incidents were monitored by the registered and deputy managers. Any learning identified was put in place for individual people that require a change to their care plans. Further analysis was then undertaken to identify any patterns or trends in the timing or frequency of incidents. This analysis was shared with the regional manager who reviewed the information and requested further explanation where they identified concerns. This oversight was completed monthly and was shared with us following the inspection visit.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments were in place, this included all aspects of people's health needs and clear guidance on specific conditions. For example, there was guidance about Lewy Body Dementia in place for one person. There were clear plans in place for another person to manage when they became distressed when offered personal care.
- Information gathered during assessments had been used to assess risks which helped staff understand people's care and support needs.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any sexuality needs as well as their religious or cultural needs so these could be met. Staff we spoke with had a good knowledge of people's diverse needs.

Staff support: induction, training, skills and experience

- People told us they thought staff were well trained. One person told us, "I think staff are well trained. Sometimes two carers will come in to me and one will be explaining to the other what to do."
- Staff told us they received training relevant to their role and felt they had the skills needed to meet people's care and support needs. One staff member told us "I think the training here is very good. We've recently received some training on catheterisation." Another staff member said, "The way training is delivered has improved, it's not just passing on information, there is practical guidance on how to support people when they are in distress."
- New staff received an induction and worked alongside experienced staff, so they could get to know people and understand their role. Where staff did not have experience in caring for people they were required to undertake the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.
- Staff also received supervision where they received support and feedback about their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives told us they felt the food provided was good. However, almost everyone we spoke with commented on the temperature of the food and reported it was often cold. We saw this has been discussed at a recent resident's and relative's meeting and the registered manager told us they were looking into how this could be addressed.
- There was a relaxed atmosphere at meal times and people were given a choice of meals. Where people did not like the food they had chosen, they were offered a range of alternatives. Drinks were offered throughout the day.
- Dietary risks were understood by staff. For example, choking risks were clearly documented. Staff

understood guidance given by speech and language therapists and were observed following it. Where people were at risk of malnutrition care plans were in place and were followed by staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us staff supported them to access healthcare services when required. One person said, "The carers will call the doctor if needed although we have regular visits from advance nurse practitioners, which is good."
- A visiting social worker told us they were impressed with the way people with complex dementia were supported commenting, "Staff are really knowledgeable, Cathedral suite is excellent, they understand triggers and behaviours and how people present, they know people really well."
- Care records contained information about people's health needs and histories, which offered guidance to staff about how to identify any changes in people's health. We saw where changes had occurred advice from external healthcare professionals had been sought promptly.

Adapting service, design, decoration to meet people's needs

- The environment was well maintained. However, some improvements were required to ensure each individual suite was designed to meet the needs of people living there. The registered manager told us there were plans to improve areas of the home, starting with Cathedral suite. We discussed the plans for this suite with the head of dementia care, who explained how the planned improvements were based on evidence-based research and would reflect contemporary dementia care.
- A range of different spaces were available for people to use to socialise with others, spend time with visitors, participate in activities or spend time alone if they wished to. There was a bistro on the ground floor of the home which was occupied with residents and visitors throughout the inspection visit.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was compliant with the MCA. People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when required.
- Where people were being deprived of their liberty referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way. The deputy manager noted any conditions applied to DoLS and acted to ensure these were complied with.
- Staff completed training and understood the principles of the MCA. Staff sought people's consent before providing care and support. People and relatives confirmed this, one relative said, "Staff are respectful if [person] says they don't want a shower."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us they were treated well at Darwin Court. One person told us, "I think the staff are lovely. It's like having a large family." People and relatives spoke with fondness about specific staff members and told us they felt they knew them well.
- We observed positive interactions between people and staff and saw staff members offered people reassurance when they became distressed and talked to people about friends and family who were important to them.
- Staff were aware of people's diverse needs and tailored people's care accordingly. For example, identifying where a person's life experiences could be affecting their behaviours. Staff understood the principles of the Equality Act and were sensitive to people's individual needs in relation to their disability, race, gender, religion, sexual orientation or cultural backgrounds.

Supporting people to express their views and be involved in making decisions about their care

- People told us they made their own decisions about daily living. One person told us, "Staff do listen to what I have to say." We saw where possible people made their own decisions about where to spend their time and whether to participate in any activities or pastimes.
- People were consulted about their care and support needs and felt involved in the service. Staff were observed offering choices and these were clearly documented in people's care plans. We saw people offered a choice of meals, with plates being shown to people for example.

Respecting and promoting people's privacy, dignity and independence

- We observed staff supported people with dignity and respect. For example, where people were supported with their mobility we saw staff regularly checked their clothing to ensure their dignity was maintained. Staff were discreet when supporting people with personal care.
- Where people were able to do things for themselves staff encouraged them to do so; this helped people maintain their independence.
- Staff told us they had recently undertaken training to help improve the quality of care they provided. One staff member said, "The reconnect training was really good, the idea is to learn about the individual and then use this to provide more person-centred care. For example, understanding why people may be upset at key points in the day." We observed staff using these training principles throughout the inspection and found it to be effective.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they and their relatives were involved in planning their care. Care plans reflected people's like and dislikes, including food, activities and whether they preferred to be supported by male or female staff.
- Staff were aware of people's life histories and used people's care plans to understand their needs and preferences. One staff member said, "There is one person who will only eat in the evenings, this is due to their life history, so we know when to prompt and encourage meals."
- Staff told us information about people's needs and preferences were shared with agency staff to try and ensure people received consistent care. Relatives told us they did not feel this was always effective, although consistent agency staff were being used. The management team acknowledged that this was not ideal but were optimistic that once the recruitment process had been completed these issues would be resolved.
- Care plans were reviewed regularly, and any changes were shared with staff to ensure people received care that met their current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed when they moved in to Darwin Court. Care plans described the way people communicated and how staff should engage with people to ensure they provided responsive care.
- Information was provided in a format people could understand to help them make choices. For example, some people were shown plated meals rather than given a written menu to assist them in making choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mixed feedback about activities. Some people and relatives felt there were opportunities to take part in events, activities, hobbies or interests. Others felt more could be done to engage people and offer them meaningful occupation. We observed how people spent their time and found that it varied according to people's individual needs. Some people enjoyed taking part in group activities while others were more reliant on staff to engage with them on a one to one basis.
- We observed people taking part in a range of activities during the inspection, including reading, knitting, listening to music, quizzes, manicures, as well as daily household tasks. Staff were able to share with us how

they used people's life history information and preferences documented in their care plans to ensure they received person centred care.

- Activity co-ordinators worked throughout all areas of the home providing a mix of group and individual activities. Local community groups were also invited into the home to help people feel a sense of belonging within their community. These included a parent and baby group, local schools, local sports clubs as well as representatives from local churches and charity groups.
- People were supported to maintain relationships with people who were important to them and visitors told us they were welcome at any time.

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they were happy to raise concerns if they were unhappy with any aspect of their care. One relative told us, "I raised a concern with the manager about how the food tasted. My relative had a pureed diet and did not enjoy it. The manager advised they would eat the same meal as [person] so they knew how it tasted. I felt they understood why it needed to be improved."
- A copy of the provider's complaints procedure was displayed throughout the home. The procedure informed people how to complain and what people could expect if they raised a concern.
- The provider had a system in place to monitor complaints and identify any patterns or trends. Any complaints received were investigated and a response provided to the complainant. This response included any actions taken to improve the quality of care at the home.

#### End of life care and support

- People were supported to make decisions about the care they would like to receive at the end of their lives. Where possible, staff involved people and their relatives in developing care and treatment plans. These reflected people's cultural, religious and spiritual needs. Where people had chosen not to discuss their wishes, this was clearly documented.
- Relatives shared with us their experience of end of life care provided by the staff team. One relative described the care as "excellent." They told us the registered manager and staff team had been supportive, caring and sensitive when their relative was at the end of their life. They also shared how the support provided to them following the death of their family member had gone "above and beyond" what they had expected.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. This was because the systems in place to drive improvements were not always effective. At this inspection we found improvements had been made and this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they thought the home was well managed. A relative told us, "The leadership here is now effective. I think the registered manager is trying to bring everyone together. Things are more transparent. In my view staff seem more motivated and morale has improved."
- Staff members told us they felt there had been significant improvements made by the registered manager since the last inspection and that despite going through some widescale staffing changes, they were positive about the future. One staff member said, "The registered manager has been clear they will only recruit the right people. We've seen this with recent appointments." Another staff member said, "The appointment of the new deputy manager has been positive. They understand people well and teach us to have the right approach."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong the management team had met with people and their families and explained what action they had taken to improve the quality of care people received.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and deputy manager regularly reviewed the quality of care people received. They completed audits on care and medicines records and took action where inconsistencies were identified. Further quality audits were completed by the registered manager and regional manager, who offered support to the management team.
- The home had learning processes in place following any accidents and incidents. Improvements had been made since the last inspection and action plans were implemented when issues were identified.
- The registered manager was aware of their obligation to display their rating given by the CQC. The rating from our previous inspection was displayed in entrance to the home. This is important as it allows the people, relatives and the public to know how the service is performing.

- Staff felt there was clear direction from the registered manager and were confident in their roles. Staff had an awareness of regulatory requirements and felt supported to develop knowledge which they felt enabled them to better support people.
- Daily meetings were led by the management team and this offered an opportunity for reflective learning. Incidents were discussed and staff and managers worked as a team to address concerns and improve outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us they had an opportunity to give feedback about the home. Regular resident and relative's meetings took place and discussions at these meetings were recorded for reference. There were consistent messages about the vision from the home given to inspection team from people, relatives and staff. A relative told us, "The management are open to suggestions, they do listen."
- Staff told us they felt able to offer feedback about their experiences and did this through their line managers but were also able to approach the registered manager with any concerns. One staff member said, "If I had any concerns I'd have no issue approaching [registered manager]. Their door is always open." Another staff member told us, "The management team are responsive when you raise concerns."
- During the inspection visit recruitment interviews were taking place. We saw people who lived at Darwin Court were taking part in these interviews; to assess potential staff members and offer their views about their suitability.

Working in partnership with others

- The registered manager and staff team worked positively with visiting healthcare professionals and other partner agencies. Healthcare professionals who were present during the inspection told us they felt able to work with staff when identifying appropriate support for people.
- The customer support manager worked with local community groups and companies to develop a community support network for the benefit of people living at the home. This included hosting events for the local community including professional's breakfasts and a baby and parent group. This gave people an opportunity to engage with young children and their families. Further links were being established with local schools, sports groups and businesses to further enhance life for people living at Darwin Court.