

Darnley Court Care Home Service

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Type of inspection:
Unannounced

Completed on:
5 December 2024

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 110 older people. Inclusive of the total maximum numbers are six places for adults under the age of 65 years. Also, inclusive of the total maximum numbers, the Specialist Dementia Care Community (SDCC) in the Carmichael unit will support a maximum of 20 people. 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.

About the inspection

This was an unannounced inspection that took place on 3, 4 and 5 December 2024. The inspection was carried out by two inspectors 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 10 people using the service and five of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- obtained feedback from stakeholders.

Key messages

- The staff knew people well and treated them with kindness and respect.
- People's wellbeing benefited from regular activity.
- Families reported being happy with the care and support their loved ones received.
- The service was well led with the management team being approachable and supportive.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We saw warm and compassionate care. Engagement between staff and the people they supported was friendly and kind. The choices and preferences of people living in the home were supported very well by staff who were familiar with individuals' needs.

Staff understood the importance of involving people in meaningful activity to enhance their wellbeing and support good mental health. There was a good range of meaningful activities for people to take part in. People told us they enjoyed taking part in the activities available and having the company of other people. Activities were not seen as specific events or solely the role of wellbeing staff, but for key moments throughout the day involving all workers. This resulted in a positive environment that improved people's wellbeing.

Mealtimes provided a social opportunity for people to come together, and meals were well-presented and nutritious. People benefited from varied, balanced and tasty meals throughout the day. Kitchen staff had a good understanding of people's dietary needs and preferences, and people could express choice through meetings. Mealtimes were generally relaxed and enjoyable for people. Those who required extra support to eat were assisted discretely, and with dignity and respect. This ensured that people with specific requirements were able to have time to eat in a relaxed atmosphere free from distractions.

Care staff were knowledgeable about who to call on for support and advice regarding people's health needs. External healthcare professionals were called promptly for advice and support when needed. We saw records detailing the outcomes of these visits. Advice and changes to treatment were reflected into plans of care to ensure people's healthcare needs were supported. Medication was managed safely and effectively to support people's health needs.

Family members commented that they felt reassured that their relatives were receiving good support with health needs. Families told us that they were kept up-to-date with any changes in their relative's health.

Risk assessments were up-to-date and reflected into plans of care. This helped to safeguard people from harm. There was a good overview of the management of clinical issues and how risks were being minimised. There were systems in place to ensure that clinical issues were regularly discussed, and plans of care updated. This ensured positive outcomes for people's healthcare.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of leadership and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Improvements had been sustained and developed further since the previous inspection, and a strong value-based culture had been established. We received overwhelmingly positive feedback about management from people, relatives and staff. Leaders were seen as approachable, knowledgeable and pro-active, and this reflected our own findings.

Leaders completed audits of all important areas of the care home. For example, managers and senior staff measured performance in the delivery of care, medication, nutrition, accidents and incidents and infection prevention and control. Where issues were identified, leaders worked collaboratively with the staff team and external professionals to resolve them. Internal complaints, although rare, were taken seriously by the service and produced a thorough investigation and lessons learned approach. A genuine desire to meet people's needs and ensure satisfaction with their care was evident.

The management team had developed a system of self-evaluation and service improvement planning. This is when the service reflects on what it does well and what it could do better, including the views of people, relatives, staff, quality assurance information and feedback from partner agencies. A measurable plan was produced that ensured improvements were actioned. This further boosted the service's approach to improving outcomes for people using the service.

Staff were confident that the management team heard their ideas and opinions. The management team was visible and approachable. One staff member stated, "I can go to them any time, I wouldn't worry". Staff commented that they felt supported and were positive about their role. Staff had access to regular supervision and reported the service was attentive to their wellbeing needs, with good access to training and development opportunities. This supported a learning culture and positive outcomes for people.

We were able to see a motivated and competent leadership team who had good oversight of the service and its needs. Overall, we felt confident that the service was well-led, focussing on improving people's quality of life.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of staffing arrangements and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff demonstrated the principles of the Health and Social Care Standards, particularly around providing dignity and respect, throughout our observations. It was clear that staff had a strong understanding of people's needs and wishes, and there was genuine rapport between people and their workers.

The provider had developed their dependency and staffing analysis tools in light of the changes in legislation which relates to safer staffing. The provider's tools captured the experiences of people and staff had awareness of how staffing levels were being worked out. The manager had been keen to share with staff their decisions around staffing levels in each of the units, which had been a positive step. They fully expected to share this more widely to gain the views of others. We found the narrative around the assessments to be clear and informative.

Staff across the care home understood their roles and responsibilities. Leaders appropriately delegated staff across the care home to meet the needs of people. We had found the right levels of staff were working on shifts and they were appropriately skilled. Managers kept reviewing this to ensure this was the case.

Staff worked well together, and this created a warm atmosphere within the care home. Staff felt more engaged and settled and spoke of how things were improving. People experienced warm, compassionate support from staff because they worked well together. Staff were motivated to do well in their roles. They had built up confident and positive interactions and relationships.

Staff were confident and supported the inspection process, whilst demonstrating knowledge, compassion and competence in their roles. We were satisfied that appropriately trained staff, and the right number of workers, were present in the care home on each shift. These sufficient staffing arrangements, which were determined by continuous assessment, ensured people's holistic needs, both health and social, were being met well.

How good is our setting?

4 - Good

We evaluated this key question as good. There were several important strengths which taken together clearly outweighed areas for improvement.

The home was warm and welcoming. The service had taken account of best practice guidance for people with dementia. The signage and visual markers, such as signs to show where the toilets were, enabled people to move easily and independently around the home. The environment was regularly assessed to ensure that it remained dementia-friendly.

The communal areas were welcoming, spacious and tidy. A well-resourced housekeeping team ensured the home was clean, tidy and free of clutter and malodours. We observed domestic staff cleaning throughout our visit. A review of cleaning schedule records evidenced that all areas of the home were cleaned at appropriate times using correct products. This helped keep residents, staff and visitors safe.

The home was well-maintained and generally decorated to a high standard. Some parts were not yet complete, but there was a decoration plan for the refurbishment of all areas in the home. Any maintenance issues reported were actioned quickly, promoting people's health and safety. Records were in good order, with a clear process for highlighting any required work. Consequently, the general environment was safe and secure.

There were enclosed garden areas for people to use. People could independently use the gardens, weather permitting. Some of the courtyard paved areas were overgrown with weeds, which detracted from the normally pleasant garden surroundings. We discussed how the garden areas could be developed further, to create more opportunities for people. There was plenty of social space and people chose where to spend their time.

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.

It is essential staff have all the relevant information about each person to be able to deliver care and support effectively. Every person living at Darnley Court had a personal plan that detailed their needs and wishes. The quality of planning was mixed with clear strengths and some areas that needed to improve. Care and support plans were detailed however there were some where information or guidance had not been updated in all sections.

Plans were person-centred and included important information about people's life histories, what was important to them, and their likes and dislikes. They captured people's personalities which developed strong working relationships with staff.

Plans were individualised to highlight what people needed and guided staff to carry out their duties in the way people wanted. For example, how and when people wanted to receive personal care, the unique ways they communicated and how to respond, and individual preferences around clothing, food and drink and activities. This ensured that people had a personal and meaningful experience.

Where people were unable to make choices or decisions, supporting legal documentation was in place. The Adults with Incapacity (Scotland) Act 2000 sets out the principles for giving medical treatment to people who cannot consent. A treatment plan should be written, by the clinician with overall responsibility for the person, to include all of the healthcare interventions that it is foreseen may be required. Some of the personal plans we read did not contain treatment plans and we asked that this be remedied.

Personal plans contained details of future care planning, and wishes for resuscitation were noted with DNACPRs (Do not attempt cardiopulmonary resuscitation) completed when this was people's chosen outcome. This meant staff were clear about their responsibilities and supporting people with any decisions to be made or needed support to make.

Contacts for relevant health professionals and family members were noted in plans, meaning people could be quickly contacted when issues arose. Relatives were invited to take part in reviews of care which gave an opportunity for them to give feedback and be involved in a meaningful way, in support of their family member. This was good practice to measure the service's performance and the progress of people's outcomes. The reviews were often health focused, and we asked the service to make them more inclusive of people's social needs and achievements.

When people's health needs had changed, personal plans and risk assessments were promptly updated. This ensured the care and support delivered was responsive to people's changing needs.

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 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).

This area for improvement was made on 10 July 2023.

Action taken since then

There was a good range of meaningful activities for people to take part in. People told us they enjoyed taking part in the activities available and having the company of other people.

This area for improvement has been met.

Previous area for improvement 2

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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells" (HSCS 5.20) and "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (HSCS 5.24).

This area for improvement was made on 10 July 2023.

Action taken since then

The home was clean, tidy and free of clutter and malodours. We observed domestic staff cleaning throughout our visit. The home was well-maintained and generally decorated to a high standard. There was a decoration plan for the refurbishment of all areas in the home.

This area for improvement has been met.

Previous area for improvement 3

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 1 November 2022.

Action taken since then

Supervisions, appraisals and observations of staff practice had occurred. These processes involved people experiencing care in the development of the staff team.

This 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 well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.2 The setting promotes people's independence	4 - Good
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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