

# **Key inspection report**

## **CARE HOMES FOR OLDER PEOPLE**

### **Darlington Court Care Home**

**The Leas  
off Station Road  
Rustington  
West Sussex  
BN16 3SE**

*Lead Inspector*  
Liz Palmer

*Key Unannounced Inspection*  
29th July 2009 11:00

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop).

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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# SERVICE INFORMATION

<b>Name of service</b>	Darlington Court Care Home
<b>Address</b>	The Leas off Station Road Rustington West Sussex BN16 3SE
<b>Telephone number</b>	01903 850232
<b>Fax number</b>	01903 775595
<b>Email address</b>	
<b>Provider Web address</b>	manager.burroughs@careuk.com
<b>Name of registered provider(s)/company (if applicable)</b>	Care UK Community Partnerships Ltd
<b>Name of registered manager (if applicable)</b>	Manager post vacant
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	61
<b>Category(ies) of registration, with number of places</b>	Dementia (0), Old age, not falling within any other category (0), Physical disability (0)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category/ies of service only:

Care home with nursing - (N) to service users of the following gender:

Either

Whose primary care needs on admission to the home are within the following categories:

Old age, not falling within any other category (OP)

Dementia (DE)

Physical disability (PD).

2. The maximum number of service users to be accommodated is 61.

**Date of last inspection**      22nd July 2008

## Brief Description of the Service:

Darlington Court is a care home registered to provide nursing care and accommodation for up to sixty residents in the categories listed above. The accommodation is laid out in two units to care for the categories of residents separately. Residents who have dementia are accommodated on the unit on the ground floor. Residents who are elderly frail or who have physical disabilities are accommodated on the unit on the first floor.

The home is located in Rustington and it is situated on a residential cul-de-sac close to a main road and the local railways station.

Darlington Court consists of a two-storey purpose built building with kitchen and laundry facilities. The majority of the homes bedrooms are single and all of the rooms have en-suite facilities. Each unit also includes a lounge and dining area to cater for the residents who live there. A vertical passenger lift provides access to each floor.

The registered provider is Care UK Community Partnerships Ltd The registered provider has identified Mrs Anne Edwards as the responsible individual and is responsible for supervising the management of the care home. The registered provider has appointed a manager who has yet to submit an application to register with us.



# SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 stars**. This means the people who use this service experience **good** quality outcomes.

The inspection included a site visit to the home over a period of 5.5 hours, from 11.00am to 4.30pm. During this time three staff were spoken to and the regional director and deputy assisted with the inspection. Three service users were met and spoken to privately, two with their relatives; others were observed and spoken to during the inspection. Care plans, medication records, policies and staff records were sampled.

Other information used to make judgements about the standard of care in the home included the home's Annual Quality Assurance Assessment (AQAA) that they completed and returned to us. We also looked at the last inspection report and other information received by us since the last inspection including notifications of any events in the home.

## **What the service does well:**

The home is clean and spacious and consideration has been given to making it suitable for people with dementia.

There is a relaxed atmosphere and a friendly rapport was noted between staff and residents.

Residents and their relatives say that staff are 'wonderful' and they feel well looked after and safe in the home.

People say the food is good and there is always a choice.

People are treated as individuals and their care plans reflect this.

## **What has improved since the last inspection?**

The assessment process has improved, as required by us. This means prospective residents can be assured the home can meet their needs before they move in.

The staffing levels have been reviewed, as required by us and shifts are now fully covered in accordance with the assessed needs of people in the home.

A system for staff supervision has been introduced, as required by us. Staff tell us they are well supported.

The home has appointed an activities' coordinator.

### **What they could do better:**

Care plans need to include more detail about people's social interests and hobbies. A programme of activities and individual stimulation needs to be implemented. The home has stated in their AQAA that they intend to improve this area in the next twelve months.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line – 0870 240 7535.

# DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

## The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

#### **3 and 6.**

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service are assessed to ensure that only those whose needs can be met are admitted to the home, including those admitted for intermediate care.

### **EVIDENCE:**

At the last inspection we found that assessments were not being carried out prior to admission. In their AQAA the home tell us they have improved the assessment process. During this inspection we looked at two recent assessments and found them to be detailed enough for the home to be able to

identify that their needs could be met in the home. We also saw evidence that these are reviewed and that people who use the service and their representatives are involved in the process.

Some people are admitted for short term rehabilitation, these people have clear plans on their goals and staff spoken to say they were usually very successful in supporting people to return home.

# Health and Personal Care

## The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

## The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

#### **7, 8, 9 and 10.**

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service have their health and personal care needs met. Arrangements are in place for the safe handling of medication.

### **EVIDENCE:**

Four care plans were sampled. These are drawn up from the initial assessments. The care plans contain detailed information about personal care and nursing needs and are kept under regular review and changes are made as necessary. There was evidence that people are involved in their reviews along with their relatives, social workers or other representatives. There was written evidence that medical assistance is sought when needed and residents spoken

to confirmed they can ask to see a doctor if the need to. The care plans lacked detail about people's social needs and how they need to be stimulated.

Residents said they felt well cared for and in safe hands. Two relatives were spoken to about their views of the home. One said that staff were 'marvellous' and 'you can't fault them'. They said they felt their relative was well looked after. The other said she felt her relative was in good hands and was always clean and well looked after. Both said they had not been consulted on their relatives care plans. This was checked and care plans were seen to have been signed by them. One resident spoken to about their care said they were satisfied, overall. They said that staff were respectful, gentle and patient and their care needs were met.

Risk assessments were seen to be in place and also kept under review. This promotes the safety and well being of residents and reflects their changing needs.

The procedure for administration, storage and recording of medication was sampled. The medication cabinet was seen to be suitably secure, clean and organised. No errors or omissions were seen on the records. The procedure and storage for controlled drugs was seen to meet current legislation. Records were sampled and found to be in order and match the stocks held.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

### The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

#### 12, 13, 14 and 15.

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Improvements to the range of activities on offer in the home would benefit the people living there. The home provides wholesome food to suit the needs and tastes of residents.

### EVIDENCE:

At the last inspection we found that there was no activity programme in place and residents were not satisfied with the arrangements. In their AQAA the home tells us that in the last twelve months they have employed a full time activity co-ordinator and now have a weekly plan of activities in place. They also tell us that there are more focussed activities based on people's assessed abilities and wishes. During the inspection we found that in the last

twelve months three activity co-ordinators have left and a new one was most recently appointed in June this year. The activities programme, therefore, was not fully up and running and the two relatives spoken to said their was not enough stimulation provided in the home. There was evidence of regular resident meetings as well as meetings for relatives to attend. The regional director stated that the home is focused on working on an individual basis with people as well as arranging group activities. This is however, still a work in progress. Current activities which are taking place are 'pat the dog' every two weeks, movement and drama on a weekly basis and some craft activities. We saw that the home has introduced memory boxes for the residents with dementia and 'fiddle boxes' and other stimulating items are dotted around the ground floor to occupy people with dementia. People in this group are free to walk around the first floor and gardens which the home have secured for their safety.

Visitors were observed coming and going during the inspection and two relatives spoken to said they were made welcome and were free to visit every day. They said they were offered drinks and meals during their visits.

Lunchtime was observed on the ground floor. There were thirteen residents and five staff in the dining room which was bright and clean. Staff were observed to be calm and relaxed; chatting to residents, telling them what was on the menu and offering assistance. People who needed help with eating their food were seen to get this assistance in a respectful manner at their own pace. Some residents who needed assistance were seen to have to wait up to twenty five minutes. These people were not complaining or distressed by this, some were sleeping. This was discussed with the regional director who agreed she would explore ways of improving this, if after consultation with staff, residents and their relatives it was deemed necessary.

One of the chefs was met and spoken to. He told us that most of the food is freshly prepared from local suppliers. There are three choices each day one of which is fish or vegetarian. He told us he relies heavily on the staff to support people with dementia to make their choices and last minute changes can be catered for. He said there is twenty four hour access to food for the dementia unit.

# Complaints and Protection

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

**16 and 18.**

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service are able to complain and are protected by the home's policies for safeguarding them.

**EVIDENCE:**

A complaints procedure was displayed in the home. People spoken to said they know how to make a complaint and feel that any concern they may have would be dealt with by the staff or the manager. In their AQAA the home tells us that they have an open and inclusive attitude towards complaints and are prepared to listen and attempt to resolve them in an open, fair and honest manner.

Staff were asked about the procedures for safeguarding adults, they said they had received training and were aware of their responsibilities in this area. The regional director said she was fully aware of the procedures for safeguarding and the responsibility on them to report to Adult Services.

# Environment

## The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

## The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

#### **19 and 26.**

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service benefit from a clean and homely environment, which is well maintained and suited to their needs.

### **EVIDENCE:**

In their AQAA the home tells us that Darlington is purpose built as a Nursing Home and has wide and spacious corridors, large bathrooms with plenty of good access, all ensuite rooms and beautiful gardens. They also tell us that it

has adequate and well maintained equipment such as air mattresses and hoists. The home is split over two floors. On the ground floor there is accommodation for people with a diagnosis of dementia and on the first floor there is accommodation for people needing nursing care.

Both units were seen to be clean and well maintained. In their AQAA the home identifies the areas in need of improvement and has an ongoing maintenance programme in place.

The bedrooms seen were clean and there was evidence that people are supported to bring in their own furniture and belongings to personalise the rooms.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

**27, 28, 29 and 30.**

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The mix of staff skills and numbers are suitable to meet the needs of those in the home. The arrangements for recruiting staff must be followed at all times to protect the people who use the service. The training and support provided enables staff to carry out their roles confidently and competently.

### **EVIDENCE:**

At the last inspection we found that staffing levels were not increased when residents with higher support needs were admitted. We also found that staff sickness is not always covered. We made a requirement for staffing levels to be reviewed to ensure the safety and well being of residents. In their AQAA the home tells us that they have recruited some new staff and reduced their use of agency staff. Relatives and residents spoken to said staff were wonderful 'but there wasn't enough of them'. Rotas were looked at for the three preceding weeks. The rotas showed that at was a staff ratio of 1 to 5 in

the day time and 1 to 4 in the evenings. The regional director said these were the levels required for the current residents. There was evidence of staff sickness being covered by agency staff and we could also see that the same agency staff were sent when possible to offer continuity of care. The tree staff spoken to said there were enough staff on each shift, including qualified nurses, to meet the needs of people living there. The regional director told us that they still have some vacancies and currently have 7 staff waiting for Criminal Record Bureau (CRB) checks and 18 were due to be interviewed that week.

The AQAA tells us that the home currently has 35% of it's staff qualified to National Vocational Level (NVQ) 2 with a further 5 people currently undertaking it. There is an ongoing training programme which includes the Skills for Care induction and all mandatory courses. Staff spoken to said they were up to date with mandatory courses such as manual handling and first aid. Certificates seen confirmed this. Staff also said they had had training in dementia and safeguarding, for example. Staff spoken to said they could request training and felt they were well supported to do their jobs. They said they received regular supervision and attended staff meetings which were useful and supportive. A requirement was made regarding supervision at the last inspection. This has been addressed in that a system is now in place to offer regular supervision to staff. Staff spoken to said they had received supervision and also stated they could seek support and guidance at any time from the management team.

The home has a clear and robust recruitment procedure which includes an application form two references, a CRB check and a Protection of Vulnerable Adults first (POVA) check. Three files were looked at and two were found not to have fully followed the home's procedures. In one case a gap in employment had not been followed up and the applicant had not signed the rehabilitation of offenders act form. This person commenced work after their POVA first was received. In the other case a member of staff was employed with two personal references. They had previously worked in a care home, however no reference was requested from this home or from any previous employer.

The regional director explained that the applicant who did not sign the rehabilitation of offenders act form was an oversight on her part and this was followed up the next day and signed by the staff member. The other case pre-dated her time at the home. She said is fully aware of the recruitment procedure which was being fully adhered to with the current recruitment drive.

## Management and Administration

**The intended outcomes for Standards 31 – 38 are:**

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

**The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

**31, 33, 35 and 38.**

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A permanent manager, who is registered with the Commission, will ensure the home builds on the recent improvements and continues to be run in the best interests of those who live there.

**EVIDENCE:**

At the time of the inspection there was no registered manager in post. A new manager was due to start on August 17<sup>th</sup>. The home is currently being managed by the regional director and the deputy manager. The regional director is a registered general nurse and has her registered managers' award. At the last inspection we found that the home had been adversely affected by the turn over of managers in the previous 18 months. At this inspection we found that improvements had been made and our requirements had been met. Staff, relatives and a resident spoken to said they were happy with the current management arrangements and had noted improvements under the current management arrangements.

In their AQAA the home tells us that they have regular stakeholder meetings and send out a regular newsletter. Evidence of both was seen during the inspection. The company also has its own auditing system and carries out monthly regulation 26, monitoring visits. From their AQAA we can see that the home knows how it would like to improve over the next 12 months and how it plans to involve people in this.

Their AQAA also tells us that residents monies are all held individually using a well organised and accountable system which is regularly audited.

The administrator works closely with Head Office to ensure that finances are kept up to date and records are accurate. This was sampled at the last inspection and found to be in order. No residents monies were looked at during this inspection.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	X
<b>2</b>	X
<b>3</b>	3
<b>4</b>	X
<b>5</b>	X
<b>6</b>	3

<b>HEALTH AND PERSONAL CARE</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	3
<b>8</b>	3
<b>9</b>	3
<b>10</b>	3
<b>11</b>	X

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<b>Standard No</b>	<b>Score</b>
<b>12</b>	2
<b>13</b>	3
<b>14</b>	3
<b>15</b>	3

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	3
<b>17</b>	X
<b>18</b>	3

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	3
<b>20</b>	X
<b>21</b>	X
<b>22</b>	X
<b>23</b>	X
<b>24</b>	X
<b>25</b>	X
<b>26</b>	3

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>27</b>	3
<b>28</b>	3
<b>29</b>	2
<b>30</b>	3

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	3
<b>32</b>	X
<b>33</b>	3
<b>34</b>	X
<b>35</b>	3
<b>36</b>	X
<b>37</b>	X
<b>38</b>	3

Are there any outstanding requirements from the last inspection?

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations



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Care Quality Commission

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