We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Darland House

29 Darland Avenue, Gillingham, ME7 3AL

Date of Inspection: 22 October 2012

Tel: 01634852323

Date of Publication: November 2012

We inspected the following standards as part of a routine inspection. This is what we found:

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<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
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<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
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## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Medway Community Healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Fiona Stephens</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Darland House is a purpose built unit registered to provide nursing care for up to 40 people with dementia. People are funded through continuing care and can only move into the unit if they are referred. Accommodation is arranged over two floors and there is a shaft lift. All bedrooms are for single occupancy and each has en-suite facilities. Each unit has its own communal areas but people may move around the units freely. There is car parking and a secure garden for people’s use.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service with nursing</td>
</tr>
</tbody>
</table>
| Regulated activities          | Accommodation for persons who require nursing or personal care  
                                Diagnostic and screening procedures  
                                Treatment of disease, disorder or injury |
When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with carers and / or family members and talked with staff.

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

What people told us and what we found

We spoke with a relative of a person living at the home, staff and the members of the management team. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We found that people were receiving the care and support they needed. We saw that staff assisted people in a caring and sensitive way and understood people’s complex needs.

We saw that staff treated people with respect and with regard for their privacy and dignity. A relative we spoke with said that Darland House was "Marvellous" and "I can't fault the place".

Staff said that they received the training and support they needed to enable them to care for the people living at the home.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔  Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.
People's privacy, dignity and independence were respected.

Reasons for our judgement

People's diversity, values and rights were respected.

Many of the people living at Darland house were not able to communicate, or express their wishes, so staff worked together with people's families and friends wherever possible to understand people's preferences. Where people were able to express themselves their wishes were respected.

Staff told us how they offered people choices in their daily lives, such as with their choice of meal, what to wear, and times of getting up. Staff also told us that whilst they looked at people's past preferred routines as a guide, they remained alert to the fact that sometimes people's preferences changed.

We saw that staff offered people choices in where they wished to go, we saw that people could move around the home freely and use the facilities all around the home. We saw that people were offered three choices at lunch time and people were asked where they would like to eat their meals.

A relative of a person living at the home told us that they were involved with the care of their loved one, and that staff encouraged them to express any concerns or wishes.

We saw that staff addressed people by their preferred names and knocked on bedroom doors before entering.

We saw a person making themselves a drink in one of the kitchenettes; staff told us that people were encouraged to remain as independent as possible. We saw staff and relatives accompanying people for walks around the garden, and a member of staff taking a person out shopping. This showed that staff reacted positively when people expressed what they wanted to do.
Care and welfare of people who use services

<table>
<thead>
<tr>
<th>Met this standard</th>
</tr>
</thead>
</table>

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People were referred for care at Darland House through healthcare professionals. A senior staff member then carried out a full assessment of people's needs prior to them moving in. People's relatives were also asked for input into assessments of needs and care planning.

We looked at the care records for two people living at the home. Both records contained an assessment of needs, care plan and detailed risk assessments. The care plans and risk assessments had been evaluated regularly and alterations and updates were put into the care plans where necessary. Records of people's social histories and past interests were also available to staff. We saw that professionally recognised tools had been used for example when assessing peoples risk of developing pressure ulcers. We found that when a need was identified it was acted upon to minimise risk of deterioration.

We observed the care of people in some of the communal areas, staff interacted with people living at the home frequently. We saw people were reassured and comforted when they became distressed. We also saw staff and people living at the home sharing a joke, singing together and chatting in a relaxed and caring way. We saw that staff responded quickly and appropriately to changes in people's behaviour. We saw that people were encouraged to be independent, that people could move around the home as they wished, and that staff were available to assist people whenever needed. This showed that staff understood people's individual and often complex needs well.

We saw that the home was staffed so that people experienced continuity of care, but that staff had an understanding of all the people's needs, so when people from other units moved around the home staff were able to offer them support which was appropriate.

We saw that assessments of people's mental capacity were also in place where necessary, and staff had a good understanding of their role in relation to the Mental Capacity Act.

We found that a range of activities were on offer including trips out, reflexology, use if the sensory room, as well as skittles and arts and crafts. We spoke with a member of staff responsible for organising activities; they told us that activities went on throughout the
week and weekend, and that they tried to incorporate people's individual interests into the programme.
Safeguarding people who use services from abuse ✔ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke with two members of care staff as well as members of the management team. Staff understood what constituted abuse and knew what their responsibilities were in relation to reporting any suspicions. All staff received six month updates through supervision and had received training using a recognised training source. Staff were also aware of the whistle blowing policy.

The service had a safeguarding policy in place and also had a copy of the Kent and Medway safeguarding policy.

We spoke with the relative of a person living at the home, this person told us the staff worked to ensure people's welfare was protected. This person also said that if they had any concerns they were confident they would be dealt with.
Supporting workers

Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

We spoke with two members of care staff and the management team. The service uses a computer programme for logging the training that staff have undertaken and this system alerts the management team when training updates are due. This is monitored by the organisation and action was taken to address any short falls in training.

Staff we spoke with told us that training was ongoing and that a range of training methods was used. Where on line training was used a member of staff was deployed to assist staff less confident with computers to complete the training and to improve their computer skills. Staff said they received the support and training they needed to care for people with complex needs. Staff told us that they received regular supervision and appraisal. The majority of care staff had achieved National Vocational Qualification’s and other staff were working toward them.

The service provided new staff with an in depth induction which included core and mandatory training. All staff had received training in dealing with challenging behaviour, dementia training and a range of other specialist training to allow them to provide people with complex needs with the care they needed.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of the service that people received.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Where people were able to understand and engage with the process they were asked about their views through surveys. Surveys were analysed and results were acted on. This meant that people were listened to and their views were taken into account in the way the home was run.

Regular audits of documentation were carried out and any shortfalls found were addressed. Accidents, incidents and complaints were also analysed to identify any trends, to make sure all necessary action was taken promptly to protect people who lived at the home. Relatives were met with regularly and were encouraged to become involved in the daily running of the service. Staff meetings also took place regularly to make sure staff were able to express their views and were kept up to date with all the information they needed to provide a good service.

The management team regularly met to assess the wide ranging quality assurance results, these included prevalence of pressure ulcers, infection control audits, medication audits, accidents incidents and complaints, as well as staff training and supervision. Where standards dropped to below 95% an action plan was drawn up for the service to improve standards. This meant that people could be confident the quality of the service was being monitored and identified areas for improvement were addressed in a timely manner.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

- **Met this standard**
  This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

- **Action needed**
  This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

- **Enforcement action taken**
  If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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<th>Regulation</th>
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<td>Regulation 17</td>
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<td>Consent to care and treatment</td>
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<td>Safety and suitability of premises</td>
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<td>Records</td>
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### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.