

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

Darley Court

Shepherd Cross Street, Bolton, BL1 5HP

Tel: 01204390390

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

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Bolton NHS Foundation Trust
Overview of the service	Darley Court provides intermediate care and treatment for patients who are transferred from hospital for a short term period, prior to discharge home or into social care. The unit is part of the Bolton NHS Foundation Trust. Darley Court is situated in a residential area , close to main roads and public transport in Bolton.
Type of services	Acute services with overnight beds Rehabilitation services
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 7 November 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Darley Court provided intermediate care and treatment for patients who had been transferred from hospital for a short term period, which did not normally, not exceed 6 weeks. This was to enable patients to be discharged home or into social care. Patients were transferred with copies of all notes and documentation of the care delivered whilst in hospital.

We had received some information of concern in relation to the care and welfare provided at Darley Court. We had been informed that patients were left for long periods alone and that some patients were unable to use the call bells to alert staff when needed.

We observed during the time spent on the inspection that when patients were nursed in their rooms, call bells were left in easy reach. We saw one patient having medication through a nebuliser whilst resting on the bed; we saw staff checking this person at regular intervals. None of the patients we spoke with told us that there had been any issues with staff not responding in a timely manner. One person said: "Sometimes at night you might have to wait, if they are busy in someone's room, but generally it's not a problem".

The manager explained that since the community services were transferred into the management of the acute trust, she felt that communication with the wards had improved. She said she felt well supported by the matrons within the trust and that the integration was good.

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

Care and welfare of people who use services

✓ Met this standard

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

Darley Court provided intermediate care and treatment for patients who had been transferred from hospital for a short term period, which did not normally, not exceed 6 weeks. This was to enable patients to be discharged home or into social care. Patients were transferred with copies of all notes and documentation of the care delivered whilst in hospital.

Care was provided in a clean and organised environment. There were 3 separate units, Mere Hall, Queens Park and Barlow Park, each with 10 bedrooms.

During the inspection we sampled 10 care records. We found them to be patient centred with individualised care plans that were written from the person's point of view. We saw that assessments were reviewed weekly or as changes occurred. We saw a staff signature sheet in the front of all care files to identify all staff involved in the care of each patient.

Risk assessments for falls, nutrition and mobility had been undertaken. When falls had occurred we found that these had been appropriately investigated, recorded and the risk assessments reviewed to reduce the risk of reoccurrence.

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We observed during the time spent on the inspection that when patients were nursed in their rooms, call bells were left in easy reach. We saw one patient having medication through a nebuliser whilst resting on the bed; we saw staff checking this person at regular intervals. None of the patients we spoke with told us that there had been any issues with staff not responding in a timely manner. One person said: "Sometimes at night you might have to wait, if they are busy in someone's room, but generally it's not a problem".

We found appropriate and timely escalation and referral to medical staff and other health professionals such as speech and language therapists or dieticians when required. The

information documented in daily records was detailed and all entries were timed, dated and signed. This gave a clear picture of day to day events. We saw that fluid and food charts were accurately completed and that patients were weighed weekly.

We saw the use of a do not attempt resuscitation (DNAR) form where the Doctor had completed as required. The Doctor had ticked to record that he had discussed the decision with the next of kin. We were told that a discussion had taken place with family members but the content of the discussion not recorded. We have since been informed that this has now been documented, and will be recorded in any future DNAR in the unit.

"Therapy goals" to support returning to good or improved health were agreed with each patient. These provided clear and achievable targets with timescales for achievement. Display boards were being trialled on one unit and target goals were written on these, giving direct information for relatives.

We saw evidence of the use of a medication review form with actions identified when medication be changed or discontinued.

We saw evidence of multi disciplinary meetings were various health care professionals were involved in continued care and treatment. These included occupational therapist, physiotherapist and dieticians, along with medical and nursing staff. We saw that individual assessments by each professional were detailed and patient centred.

We observed patients being transferred safely from wheel chairs to arm chairs and into beds. When equipment was used, this was used as recommended.

We spoke with 4 patients who told us "The nurses look after me well, I have no complaints", "I hope to be going home soon but whilst I have been here I have been well looked after" and "I have been here for about a week now, its been fine, the nurses are doing a good job".

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We had received information that lead us to include this outcome to assess if patients were appropriately supported to have adequate nutrition and hydration.

We found that patients had the choice to take meals in either of three dining rooms or in their bedrooms. We saw there was a menu displayed on the wall to inform people of the choices available. We were told by staff that when a patient did not want to eat what was on the menu at that time, an alternative was always available.

All patients had undergone a malnutrition universal screening assessment nutritional and fluid and food charts were completed in a timely manner where relevant. We saw timely referral to a dietician and other professionals to assist with any nutritional concern.

We observed that drinks were available at all times both in the dining room and within patients own rooms. Some rooms contained small fridges to allow people to have their own selection of drinks and snacks available.

We saw that the catering staff were informed when patients had any special dietary needs. Names of patients and the dietary needs were displayed within the kitchen.

Darley Court had protected meal times and visitors were encouraged to visit outside of these times. This ensured that staff had adequate time to assist patients with meals when necessary and to allow patients to have meals without any interruption .

Patients told us: "The food is great here far better than the hospital", " They feed us up we have 5 meals a day, its good food too", "You couldn't come in here to loose weight", "The soup was a bit thin but good", " I'm new but the food seems good, I don't think I will need any food bringing from home" and "The staff have already asked me my likes and dislikes".

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

From the 10 patient records we sampled we found appropriate and timely arrangements were made to facilitate the admission and discharge of patients.

Patients were transferred from hospital using referrals to the referral and assessment team. This meant that patients were appropriately placed in the unit. Patients were transferred with copies of all records and documentation. This ensured staff at Darley Court were updated about the care and treatment delivered at the hospital.

The manager explained that since the community services were transferred into the management of the acute trust, she felt that communication with the wards had improved. She said she felt well supported by the matrons within the trust and that the integration was good. Senior staff attended meetings at the hospital and staff felt this had greatly improved communication and support received.

Contact was made with social services to arrange care packages ready for discharge in a timely manner. We saw detailed assessments by occupational therapists, which enabled appropriate equipment and support to be put into place.

A consultant nurse employed at Darley Court also spent time on the medical admissions unit at the hospital. This helped to facilitate admissions to the most appropriate ward or unit, very often Darley Court.

Patients we spoke with told us: "I know they have started to try and get carers to come to look after me at home when I leave here, "I have carers at home and I have been told that I wont be going home until they are in place" and "I have had an assessment to see if I can manage at home".

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

Our judgement

The provider was meeting this standard.

People who use 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

Staff had trust policy and procedure guidance on how to report incidents of abuse. We spoke with care staff that were able to explain the various types of abuse and how they would escalate concerns.

Staff had received training on safeguarding vulnerable adults and expressed confidence in reporting any incident. Staff were aware of term whistle blowing and one staff member said "I would have no hesitation in reporting bad practice".

We were informed that Darley Court had an identified safeguarding lead and she was responsible for ensuring that safeguarding training was cascaded to staff. Another team member cascaded training on mental capacity and dementia.

We were shown a training programme that had been designed and implemented by the team within Darley Court; this was the Framework for Respect, Equity, Dignity and Autonomy (FREDA). This was now being used to train staff across the trust.

Staff were familiar with the trust electronic system for reporting any incidents.

We spoke with 4 patients who said "I do feel safe here; the staff look after you well", "I have no complaints at all", "I am being looked after ok but I look forward to going home" and "I can't say anything bad about how I am looked after".

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

We sampled 6 staff files and found them to be well organised with evidence of continued training. We found staff were given opportunity via supervision and appraisal to discuss their roles and responsibilities, training requirements and personal development.

It was evident sickness and poor performance were managed effectively. Return to work meetings were recorded, after periods of sickness. These were seen to be in-depth and actions for support identified for staff on their return.

We were told that there had been some issues with access to online training for staff at Darley Court but this had now been resolved and staff had appropriate access to e-learning. The manager explained that e learning would be monitored to ensure that staff continued their professional development and mandatory training.

We were shown the training matrix for completed training sessions for all designations of staff and proposed dates for training yet to be attended.

We saw personal development plans for staff that reflected mandatory, trust and professional requirements. This enabled staff to meet their professional and personal development requirements to carry out their roles and responsibilities.

Staffing levels were flexed in line with complexity and dependency of patients to ensure appropriate skill mix to meet the demands of the shift and support staff.

Staff meetings were held monthly with actions identified being revisited at the next meeting. Staff told us that they felt that the managers communicated well with all staff.

We spoke with 6 members of staff who told us: "I love it here, I feel very supported by the managers", "I have done a lot of training since coming here", "I feel valued for what I do", "We work well as a team and all have something different to give, that's why we work so well for the patients".

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We found that Darley Court had a system to act appropriately when any complaint about the service was received.

The deputy manager had been appointed as the complaints lead and took responsibility for the recording of any complaints, both formal and informal. She explained, "I always speak with the patient or relative and try to sort things out on an informal level first. Usually there is a misunderstanding and we can get issues resolved".

Any issue raised by patients, relatives or visitors were documented and it was confirmed if the complainant had been asked if they wanted to use the formal complaint system, if they were still dissatisfied. The provider may wish to note that when recording complaints the date of receiving the complaint, the date of acknowledgement and date resolved should be documented in order to demonstrate that complaints are investigated, recorded and closed within the required timescales.

We spoke with staff who said: "Its very difficult to try to please everyone, no one likes it when patients or families feel they have to complain", " We try to speak with anyone who raises anything as this avoids a lot of upset, you have to say sorry when things go wrong".

We saw that information on how to make complaints about the service was available to patients and relatives.

The manager explained that when a complaint is raised this is discussed with the staff involved initially and then with the rest of the staff, in order to try to avoid the same thing happening again.

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.

Glossary of terms we use in this report

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:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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.

Glossary of terms we use in this report (continued)

(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.

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