

Delava Care Limited

Delava Care

Inspection report

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Tel: 07867840629

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 06 August 2018 and was announced. This was the first inspection of this service since registration with the Care Quality Commission (CQC) in June 2015.

Delava Care provides care and support to people living in a supported living setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Delava Care is a small service and the registered provider and registered manager are the same person.

Staff were knowledgeable about safeguarding and whistleblowing procedures. The provider had safe recruitment processes in place. There were enough staff available to meet people's needs. Risk assessments were carried out to mitigate the risks of harm people may face at home and in the community. There were systems in place to ensure people received their medicines as prescribed. People were protected from the risks associated with the spread of infection. The registered manager analysed accidents and incidents and used this information as a learning tool to improve the service.

People had a comprehensive assessment to ensure the service could meet their needs. New staff received an induction and were offered on-going training during their employment. Staff were supported with regular supervisions and annual appraisals to help ensure they could deliver care effectively. People were supported to eat a nutritionally balanced diet and to maintain their health. The management and staff understood their responsibility to obtain consent from people before delivering care.

Staff knew about people's care needs and described how they developed caring relationships. The provider included people and their relatives where appropriate in decision making and in their care planning. Staff were knowledgeable about equality and diversity. People were supported to maintain their independence and their privacy and dignity was promoted.

Care records were personalised, contained people's preferences and the goals they wanted to achieve. The registered manager reviewed people's care plans regularly to help ensure care was delivered appropriately.

Staff understood how to deliver a personalised care service. The service had a complaints procedure and people knew how to make a complaint.

People's relatives and staff spoke positively about the registered manager. Feedback was obtained from people about the quality of the service provided in order to make improvements where needed. Staff had regular meetings to keep them updated on training and good care practice. The registered manager carried out regular observations of staff working to monitor the quality of the service being delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe:

People were supported by staff who were knowledgeable about safeguarding and whistleblowing procedures.

People were supported by staff who had been safely recruited.

There were enough staff available to meet people's needs.

Risk assessments were carried out to mitigate the risks of harm people may face at home and in the community.

People received their medicines safely and as prescribed.

People were protected from the risks associated with the spread of infection.

The registered manager analysed accidents and incidents and used this information as a learning tool to improve the service.

Is the service effective?

Good ●

The service was effective:

The registered manager undertook a comprehensive assessment of people's needs to help ensure they could provide effective support.

New staff received an induction and were offered ongoing training during their employment.

Staff were supported with regular supervisions and annual appraisals to help ensure they could deliver care effectively.

People were supported to eat a nutritionally balanced diet and to maintain their health.

The management and staff understood their responsibility to obtain consent from people before delivering care.

Is the service caring?

Good ●

The service was caring:

People's relatives felt that the staff and management team were kind, caring and compassionate.

Staff knew about people's care needs and described how they developed caring relationships.

The provider included people and their relatives where appropriate in decision making and in their care planning.

Staff were knowledgeable about equality and diversity.

People were supported to maintain their independence and their privacy and dignity was promoted.

Is the service responsive?

Good ●

The service was responsive:

Care records were personalised, contained people's preferences and the goals they wanted to achieve.

The registered manager reviewed people's care plans regularly to help ensure care was delivered appropriately.

Staff understood how to deliver a personalised care service.

People were supported to participate in opportunities for engagement both in their home and in the wider community.

The service had a complaints procedure and people knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led:

People's relatives and staff spoke positively about the registered manager.

Feedback was obtained from people about the quality of the service provided in order to make improvements where needed.

Staff had regular meetings to keep them updated on training and good care practice.

The registered manager carried out regular observations of staff

working to monitor the quality of the service being delivered.

Delava Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 06 August 2018 and was announced. We gave the service notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to support us with this inspection process.

The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We had not requested a provider information return (PIR) prior to this inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

Inspection activity started on 06 August 2018 and ended on 09 August 2018. We visited the office location on 06 August 2018 to meet the registered manager and to review care records and documents central to people's health and well-being. These included care records relating to two people, recruitment records for two staff members, staff training records and quality audits.

Subsequent to the visit to the office location we spoke with relatives of two people who used the service by telephone to obtain their feedback on how people were supported to live their lives. We also spoke with a staff member to confirm the training and support they received and requested feedback from social care professionals.

Is the service safe?

Our findings

People who used the service were not able to share their views with us about the safety of the service however, people's relatives told us they were confident their family members were safe whilst receiving support from Delava Care. One relative told us that the staff and management team communicated well with them and said they were confident they would know from the person's body language and demeanour if they didn't feel safe. Another relative said, "[Person] is happy and contented in their care, I am confident they would contact me if there were any problems."

The registered manager assessed the risks people presented to themselves and others and ensured staff had sufficient guidance to manage these risks to help keep people safe. The risk assessments included guidelines for staff to follow when supporting people both at home and out in the community.

The registered manager had taken action to minimise the risks of avoidable harm to people. Staff understood the types of potential abuse that could happen to people and how to recognise the signs and symptoms if they had been abused. Staff had clear understanding of the provider's safeguarding policy and the reporting procedures to ensure they protected people in the event of any allegation or suspicion of abuse. A staff member told us, "I would escalate any concerns to the appropriate agencies such as the local authority safeguarding team. People are safe."

People received support from suitable staff who were recruited through a safe and robust recruitment and selection process. The provider carried out appropriate pre-employment checks before staff started work at the service. These included written references, satisfactory criminal record clearance, identity checks and applicants right to work.

There were sufficient numbers of staff available to meet people's needs consistently. There was an on call service available for staff to access additional support in case of any emergency at the service.

The registered manager monitored and analysed accidents and incidents and ensured staff took appropriate action to reduce the risk of recurrence. Staff understood their responsibility to report incidents as they happened to the registered manager. Incidents were discussed which ensured that the staff team learnt from those events and protected people from the risk of harm.

People received the support they required from staff members to manage their medicines safely, this varied from person to person. Staff undertook assessments on people's support need in regards to medicines management. Support plans contained clear guidance to staff about the management of medicines for each person and for 'as required' medicines.

Medicines were safely stored in locked facilities in people's own bedrooms. Daily checks were carried out to ensure people had received their medicines safely as prescribed. Staff told us and records confirmed they had received medication training and assessments of practice which ensured they were competent to administer medicines safely. We were given an example of a person who wished to administer their own

medicines but did not have the capacity to be able to do so safely. The person requested the key from staff when they wished to have their medicines and staff observed to make sure the person administered the medicine in accordance with the prescriber's instructions. Staff worked with people and health professionals to help reduce the use of prescribed medicines where possible and appropriate.

Staff received training to enable them to support good infection control practice. Personal protective clothing such as aprons and gloves were made available for staff to use and we were told that personalised pictorial cleanliness notices were used where appropriate to remind people who used the service to wash their hands for example.

Each person had a personal emergency evacuation plan (PEEP) for in the event of a fire or other emergency situation. The plans were prepared in an 'easy read' format so that people who used the service could clearly understand what they needed to do. For example one PEEP we viewed stated, "Staff will help me when we have a practice evacuation. They will tell me what I need to do. For example, leave the building and stand at the assembly point. I will practice this a few times." We noted that two full practice evacuations had been undertaken with this person twice this year to date.

Is the service effective?

Our findings

People received effective care and support from a well-trained and supported staff team. One relative told us, "The care and support provided for [Person] is definitely good, the [registered] manager and staff seem to get the best out of [Person]."

A staff member told us, "The support we provide is suitable to meet people's needs, I know this because I used to be a learning disability nurse and have worked in this sector for many years."

Records showed that all staff had satisfactorily completed a comprehensive induction programme when they started work in their role with the service. The registered manager carried out regular evaluations during and at the end of the induction to identify any areas for improvement or further learning.

Staff told us of they felt well supported by the registered manager. All staff had received regular individual supervisions and in addition they worked alongside the registered manager whilst providing day to day care and support for people. One member of staff told us,

Staff received coaching and competency assessments, e-Learning and face to face training courses. This included regular and refresher courses in safeguarding vulnerable adults, person centred care, medicines management, food hygiene, health and safety, first aid, equality and diversity and the Mental Capacity Act 2005 (MCA).

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are using services in the community, the Court of Protection has to agree to any restrictions on people's liberty. We checked whether the service was working within the principles of the MCA. At the time of this inspection there was nobody using the service who had their liberty deprived by the Court of Protection.

Staff fully involved people in planning for their care as much as they were able to using easy read documents. Records showed assessments had been carried out to assess people's capacity to make decisions for themselves. People using the service at the time of our inspection did not have the capacity to consent to all aspects of the care and support provided by the service. Where people had not been able to consent best interest decisions had been made involving relatives and health care professionals. We discussed with the registered manager the importance of documenting which people had been involved in each decision making process.

People received the support they needed to eat and drink. Staff had sufficient information about people's dietary and hydration needs from the care planning process. We noted that people's weights were stable and the registered manager advised of support that was provided for a person who experienced minor difficulty in swallowing. We discussed with the registered manager the benefits of having a health professional input with the support provided in this instance.

People who used the service were fully involved in choosing their food, they developed menus with staff and then went shopping one to one with a staff member to purchase their food. People received support to enjoy a healthy eating programme. For example, a person who used the service had been supported to embrace healthy eating which had the effect of weight loss and increased physical and mental wellbeing.

People's relatives spoke highly of the support people received with their healthcare needs. One relative told us, "The care and support [person] receives is effective in meeting her health and welfare needs."

The service worked closely with other social and healthcare professionals including audiologists, dentists, consultant neurologists and practice nurses to help ensure people received coordinated care. Records showed each person had a personalised health action plan which staff supported people to follow. Staff members accompanied people to health care appointments as needed.

Is the service caring?

Our findings

People's relatives told us that staff were kind, caring and compassionate. One relative told us, "They all seem to be very caring and compassionate. I have 100% confidence in the [registered] manager, some of the staff team can seem a bit young and inexperienced but I am confident that they can, and do, access support from the [registered] manager at a moment's notice." Another relative said, "[Person] would make it very clear if they didn't like any of the staff who provided their support."

Relatives told us that staff had contributed and made a positive impact on people's lives. Staff involved people and their family members where appropriate, in making decisions, setting of goals and planning their own care.

Staff respected people's choice and supported them to maintain control about their care, treatment and support. An example given was where a person had needed total support with their personal care needs when they had initially started to use the service. Gradually over time with individual support from staff members the person had become more independent and now just needed occasional prompting in this area. This showed that people were supported to maximise their independence and in this example the person had also enhanced their dignity.

Staff were clear about their role in promoting people's privacy and confidentiality. One staff member said, "Whatever the client says is kept confidential and anything talked about in client meetings or staff meetings is kept confidential." People's information about their health and support needs was kept confidential and secure. People's care plans were stored in their own bedrooms so that they could access them at any time. Staff understood data protection and confidentiality and ensured people's information was shared appropriately with other healthcare professionals involved in their care. This meant people's privacy and dignity was promoted.

Staff rotas we saw confirmed people received support from a small team of staff. This allowed staff members to build personal relationships with people and to gain an understanding of their goals and individual needs.

People were encouraged to maintain good relationships with their relatives and friends if they wished to do so. One relative told us, "The registered manager is very good at supporting our relationship with our [family member] and communicates with us freely. Consistency is so important for people living with autism and I feel we work well together for the benefit of [Person]." Another relative said, "Staff support [person] to contact me on the phone when they want to."

The registered manager told us that they provided personal transport service for people who may otherwise be late for appointments using public transport in remote areas. For example, travelling to day services in villages, to hospitals in other towns and transporting people to their family homes and special occasions as necessary.

Information about advocacy services was available for people in their home. (Advocacy services provide support to help people express their views and wishes, and to help them stand up for their rights.) The staff team acted as advocates in day to day matters however, the registered manager reported they had used external advocacy to support people with more complex decisions in the past.

Is the service responsive?

Our findings

People received consistent care that was appropriate to meet their individual needs. The registered manager carried out comprehensive assessments of people's needs before they started using the service. The service involved relatives and healthcare professionals involved in people's care in identifying people's individual needs and how these should be met. People's relatives told us that there was clear communication back and forth between them and the registered manager.

People's relatives were involved in regular reviews of each person's care plan to ensure they were accurate and up to date. A relative said, "[Registered Manager] is always very approachable. I am really confident I could always speak with them and they regularly contact me about [person's] care and support needs."

People's care plans included personalised information about their support needs to enable staff to provide consistent support. For example, one person's care plan we viewed stated, "When I am unhappy I will put my fingers in my ears." The plan went on to give detail about what helped to calm the person down if they became agitated such as puzzles and DVDs. Another care plan stated, "I cannot hear out of my right ear and wear a hearing aid in my left ear. You must face me when you are talking to me so I can see you clearly."

Staff reviewed and updated people's support plans regularly in response to their changing needs and ensured they provided them with appropriate care. For example, a person had recently stubbed their toe causing some damage to a toenail. Staff had developed an easy read sheet to explain to the person what the doctor had said and what care and treatment would be provided. The plan ended with, "The staff will help me, it will be exciting to see my new toe nail grow." This showed that people were encouraged to understand their care needs and to be involved in what happened to them.

The service organised social care reviews with social workers, care coordinators and other healthcare professionals to help ensure that the care to be delivered was agreed and met people's expectations. The service kept a record of people's care delivered to consider what was working well and what could be done to support them appropriately. Staff monitored people's progress and made changes their support plans to meet the person's needs and wishes. A summary was sent to people's relatives monthly in order to keep them up to date.

At the time of this inspection nobody who used the service was in receipt of end of life care, the service was currently provided for younger adults. The registered manager told us as part of the service development they had started to work with people around end of life care planning. For example, they had devised an easy read document to help people understand what decisions they needed to make. The document also served to assess the person's understanding of this issue so that the registered manager could be sure if the person had the capacity to make these decisions. The registered manager reported that people's relatives were reluctant to discuss this sensitive subject however there was clear evidence that the service was working to ensure people's wishes were respected.

The service supported people to engage in meaningful activities of daily living. For example, staff supported

people to be involved with cooking their meals, doing their laundry and other household tasks. When it was decided that a new umbrella was needed for the garden all people said they wanted to go to the hardware store to select a new umbrella. People were supported to attend social events according to their interests and preferences such as table tennis, going to the cinema, attending weekly clubs, going out for meals and visiting animal parks.

People's relatives told us that some activities were communal house events such as playing table tennis, attending youth clubs and the weekly disco and we discussed whether more activities in the wider community may be a benefit for people. People's relatives agreed it would be good for people to be involved in some activities that were not purely developed for people with disabilities however, said this would need to be planned and developed sensitively to avoid any stress or trauma to people. At the inspection site visit we discussed with the registered manager that further work was needed to explore new opportunities for people to help maximise their life experiences.

People were supported to go on holidays with their relatives where appropriate and the service was responsive to people's requests and re-arranged staff rotas to accommodate their needs. Staff told us they asked people of their preferences for support when they wished to attend an event or hospital and the rotas were adjusted accordingly.

The service ensured people received appropriate support in many areas of daily life, for example the registered manager had consistently supported people to maintain their tenancy agreement conditions avoiding the risk of becoming homeless.

There were regular house meetings held where various topics were discussed including health and safety matters, fire alarms, plans for people's birthdays and external agency visits to the house. This showed that people were supported to be aware of what was going on in their home and to be involved as much as they were able.

People and their relatives knew how to make a complaint, they had received the information when people started using the service. The registered manager made this information available for people in an easy read format to support them to be independent. For example, we saw that a person who used the service had raised a concern that a newly fitted stair carpet had come loose from the gripper. We noted this had been recorded and reported immediately to the registered manager who had visited the house and effected repairs without delay. We saw that a person who used the service had expressed sadness because some pot plants had died and said they wanted to see more plants in the garden. The outcome of this was a visit to the garden centre and the purchase of some plants of the person's choice including fuchsia and miniature roses. This showed that people's personal wishes and choices were listened to and respected.

Relatives of people who used the service were confident that any concerns they had would be listened to and taken seriously. One relative said, "We have never had to raise any concerns at all but I feel confident that I would know who to talk to and I am comfortable that [person] is getting the care and support that they need to live their life." Another relative said, "I don't have any major issues, I can always speak with [the registered manager] or [person's] key worker if anything worries me."

The registered manager actively encouraged people, their relatives, staff members and external professionals to express their views about the service and voice any concerns. A local care provider association had distributed satisfaction questionnaires to enable people to provide feedback about the support people received. We viewed the most recent results from this survey and saw that comments were very positive about the quality of care and support people received.

Is the service well-led?

Our findings

People's relatives and staff complimented the registered manager and said they were always available and approachable. One relative told us they had total confidence in the registered manager because they communicated well with them about their family member's needs. Another relative said, "The [registered] manager is very keen that staff members follow the ethos for the service and I know that everything is recorded meticulously."

Staff told us they felt comfortable speaking to the registered manager. One member of staff told us, "[Registered manager] is very much approachable, he can be contacted at any time night or day." Staff also told us that registered manager also demonstrated a caring and supportive ethos towards the staff team. For example in the circumstances where a staff member had suffered a personal bereavement.

Staff members told us there were regular team meetings held where various topics were discussed including the care and welfare needs of people who used the service and if there was anything the service could do differently for the benefit of people. Staff members told us that the registered manager supported them to keep up to date with current practices. One staff member said, "[The registered manager] ensures we keep up to date with any changes in good practice recommendations. Care plans, risk assessments and policies and procedures are always kept up to date."

Staff told us they enjoyed working at Delava Care because the registered manager promoted an honest and open ethos which was person centred and inclusive. One staff member told us, "I would recommend Delava care to anyone looking to work in this sector, I am very happy working there and people are safe."

The registered manager had an effective system in place to record, monitor and analyse any incidents which affected the people using the service. We saw records which confirmed staff recorded incidents and that there was learning that took place and appropriate changes put in place to prevent recurrence.

The registered manager operated effective audit and quality assurance systems to regularly assess and monitor the quality of service. Any findings from these audits were used to drive continuous improvement. The service had a schedule of internal audits to measure the success in meeting the objectives of the organisation through staff training, supervision and appraisals, accidents and incidents, people's care and support plans and record keeping. Records showed the registered manager consistently and regularly completed audits and had followed up on all issues raised.

The service had a robust financial management system in place to monitor and manage people's personal finances and their care funding arrangements.