Delam Care Limited

Mimosa

Inspection report

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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

Overall summary

We inspected this service on 20 February 2015. This was an unannounced inspection. Our last inspection took place in August 2013 and at that time we found the home was meeting the regulations we looked at.

The service was registered to provide accommodation and personal care for up to five people. People who use the service have a learning disability and/or mental health needs. At the time of our inspection five people were using the service.

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 and associated Regulations about how the service is run.

People's safety was maintained in a manner that promoted their independence. Staff understood how to

Summary of findings

keep people safe and they helped people to understand risks. People's medicines were managed safely, which meant people received the medicines they needed when they needed them.

There were sufficient numbers of suitable staff to meet people's needs and keep people safe. Staff received regular training that provided them with the knowledge and skills to meet people's needs. The registered manager monitored the staff's learning and developmental needs.

People could access sufficient amounts of food and drink and specialist diets were catered for. People's health and wellbeing needs were monitored and people were supported to attend health appointments as required.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. Staff supported people to make decisions about their care by helping people to understand the information they needed to make informed decisions.

Staff sought people's consent before they provided care and support. Staff understood how to ensure decisions were made in people's best interests if they were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People were involved in the assessment and review of their care and staff supported and encouraged people to access the community and maintain relationships with their families and friends.

Staff sought and listened to people's views about their care and action was taken to make improvements to care as a result of people's views and experiences. People understood how to complain about their care and we saw that complaints were managed in accordance with the provider's complaints procedure.

There was a positive atmosphere within the home and the registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with us and they and the provider kept up to date with changes in health and social care regulation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Staff worked with people to help them understand how to be safe.

Good

Is the service effective?
The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

People consented to their care and support and staff knew how to support people to make decisions in their best interests if this was required.

Good

Is the service caring?
The service was caring. People were treated with kindness, compassion and respect and their right to privacy was supported and promoted.

People were encouraged to be independent and staff empowered people to make choices about their care.

Good

Is the service responsive?
The service was responsive. People were involved in the assessment and review of their care to ensure their care met their preferences and needs.

Staff responded to people's comments and complaints about their care to improve people's care experiences.

Good

Is the service well-led?
The service was well-led. Effective systems were in place to regularly assess and monitor and improve the quality of care and people who used the service were involved in changes to the home.

Good

Mimosa

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 was 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.

This inspection took place on 20 February 2015 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with four people who used the service, two members of care staff, and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

Good

Is the service safe?

Our findings

Without exception people told us that the staff helped to keep them and their possessions safe. One person said, “I feel safe because the staff keep an eye on me”. Another person said, “My medicines are kept upstairs to keep them safe. I don’t want to look after them myself”. People told us and care records confirmed that they were regularly involved in the assessment and review of their risks. Staff showed that they understood people’s risks and we saw that people were supported in accordance with their risk management plans.

People were helped to understand what potential abuse was and how to report it. Staff and people told us that safety and abuse was discussed on a regular basis. One person said, “The staff talk to us about abuse. If abuse happened to me I would see the staff about it right away”. We saw that staff used pictures to help people understand this information when this was required.

Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people’s safety were appropriately reported to the registered manager and local safeguarding team. We saw that these procedures were followed when required.

People told us that staff were always available to provide them with care and support. One person said, “The staff are good, there is always someone around if I want them”. The registered manager told us that they regularly reviewed staffing levels and staff told us these were adjusted to meet people’s individual needs. One staff member said, “There is always one staff member on duty, but this increases to two if people have appointments or we have planned trips”. People confirmed and we saw that staffing levels were flexible to meet their changing needs.

Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs’ characters and their suitability to work with the people who used the service.

Medicines were managed safely. Our observations and medicines records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

Good

Is the service effective?

Our findings

People told us that they could access sufficient amounts of food and drink that met their individual preferences. One person said, “We have weekly meetings about food here to find out what we want for our meals. It’s fairer that way as the staff ask everyone what we want so no one gets left out”. Another person said, “I have a fridge and kettle in my room. I can make drinks and get food whenever I want”.

Staff told us and we saw that they completed training that enabled them to cater for specialist diets, such as diabetic diets. One staff member said, “The diabetic awareness training helped me know how to monitor [a person who used the service’s] diet and I know what to do when their sugars are low”. Care records showed that people’s nutritional risks were assessed, managed and reviewed. For example, plans were in place to manage one person’s nutritional risks that related to their diabetes.

Staff told us all the training they received gave them the skills to meet people’s needs effectively. One staff member said, “I’ve done lots of training here, but the mental health awareness training was really useful as it’s given me insight into people’s behaviours. It’s changed the way I deal with people”. Records confirmed that the staff completed regular training and we saw that this training had been effective. For example, we saw that staff applied the skills learned during equality and diversity training when they interacted with people and treated them as equals.

People told us their health needs were monitored by staff who worked at the home and other health professionals, such as doctors and nurses. One person said, “Staff test my blood every week, it’s been up and down. Sometimes they’ve had to give me sweet things to get my sugars up”. Another person said, “We go to the dentist and doctor when we need to”.

People confirmed that staff sought their consent before they provided care and support. Staff told us that people had the ability to make everyday decisions about their care and treatment. Systems were in place to protect people’s rights if their ability to make important decisions about their health and wellbeing changed. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate, decisions are made in people’s best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act and they gave examples of how they would work with people to make decisions in their best interests if required. At the time of our inspection no one was being restricted under the DoLS, but staff gave us examples of how they would protect people by using the DoLS if this was required.

Good

Is the service caring?

Our findings

People told us they were happy living at Mimosa because the staff were kind and caring. One person said, “I’m so happy here because all the staff are nice”. Another person said, “I’ve been here over twenty years. I wouldn’t have stuck it that long if I wasn’t happy here”.

People also told us that staff made them feel important and listened to. One person said, “The staff listen to us and they don’t bang the doors”. Another person told us that staff supported them to go to watch their favourite football team. The registered manager said, “[a staff member] even comes in on their days off to take [a person who used the service] to the football”.

People told us they could make choices and decisions about their care. For example, people could choose how their bedrooms were decorated. One person said, “I chose my wallpaper and floor. I chose my posters too”. Staff helped people to understand information about their choices so they could make decisions about their care. For example, pictures were used to help one person understand their care needs.

People told us their privacy and dignity were promoted and respected. One person said, “We get privacy, the staff always knock on my door and they don’t come in until I shout that they can”. We saw that people could independently access private areas of the home and people could also visit other local homes that were run by the provider when they chose to do so.

We saw that people’s right to independence was promoted and staff supported people to maintain their independent living skills. One person said, “The staff help me with the shopping and if I want to cook my own dinner I can”. People also told us that their choices not to participate in some independent living skills were respected by the staff. For example, one person said, “I’m happy for the staff to make my meals for me. It’s not really my sort of thing”.

Good

Is the service responsive?

Our findings

People told us and we saw that they were involved in the assessment and review of their care needs. One person said, "I used to live at [Another of the provider's homes]. I had a meeting with the managers because I wanted to live somewhere quieter. I moved here and I prefer it to where I was before. It's quieter here and the food is nicer". Another person said, "[The person's keyworker] goes through my care plan with me to check I'm still okay". Care records showed people's involvement as they contained information about people's individual likes, dislikes and care preferences.

People told us they were supported to engage in activities that were important to them. One person said, "I have two birds, the staff help me to look after them". Another person said, "I'm going abroad this year so the staff took me to get my passport today". People also told us and we saw that monthly meetings were held to discuss their care needs and wishes. One person told us, "They ask what I like doing and what I want to do" and, "I asked to go for a meal. We went to [A local pub] and I had steak and ale pie, it was very nice".

People told us they were supported to maintain relationships with their family and friends. One person said, "I can still go and see my friends from my last home". Another person said, "I've got friends next door who I can go and see anytime, I just have to tell the staff so they know where I am".

People told us and we saw that their views about the home were regularly sought and improvements were made based upon their feedback. One person said, "We talk about the home and other things at our menu meetings. Once, we all chose the colour of the paper in here (The living area). The rooms a lot better now because of that".

People told us they knew how to complain about the care. One person said, "If I had a complaint I would tell [The registered manager]". Another person said, "I'm happy with everything, but I would tell staff if I wasn't". There was an accessible easy to read complaints procedure in place and staff demonstrated that they understood the provider's complaints procedure. No complaints had been recently received.

Good

Is the service well-led?

Our findings

People and staff told us and we saw that there was a positive and homely atmosphere at the service. One person said, "I call it the 'A team' here as the staff are just so good at everything". Another person said, "It's very cosy here". Staff told us they enjoyed working at the home because of the homely atmosphere. One staff member said, "It's nice working here because it's not an institution, it's a normal home".

People told us they were involved in making decisions about changes to the home. One person said, "We asked for a new settee, but we were turned down because we don't need one right now. We do get new furniture when it's needed and we get to choose it". The provider's service improvement plan confirmed there was a rolling programme of redecoration and refurbishment within the home.

People were treated as equals. For example, information about both the staff and the people's likes and dislikes were on display for people to read. This provided people and the staff with information that helped them to talk about topics that were important to them and other people. Information was provided to people in a manner that helped them to be involved in and understand their care. For example, pictures were used to help people ensure they understood safety information about the service, such as how to evacuate in the event of a fire.

Staff told us the registered manager was approachable and supportive. One staff member said, "[the registered manager] is lovely, she's always around if I need her". Another staff member said, "The manager is always there to check everything's in place, and someone is always around to ask for help".

Frequent quality checks were completed by the registered manager and provider. These included checks of medicines management, infection control, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality. For example, a health and safety audit identified that non slip flooring was required in the kitchen. We saw that this had been incorporated onto the provider's service improvement plan and a date for completion had been set.

The registered manager had a system in place to monitor the progress of any actions required to make improvements to the service. They said, "I've devised this form so I can record and track jobs that need doing". We saw that this ensured the planned improvements were made. For example, the registered manager told us how this form had promoted them to chase the provider about an action that the provider needed to complete.

Recent changes had been made to the quality checks that ensured they were based upon the proposed changes in health and social care regulations. These checks were also based around our new approach to inspecting services. This showed that the provider kept up to date with changes to health and social care regulation.

The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. For example, staff completed a fire competency assessment to ensure they had understood the systems in place to respond effectively in the event of a fire.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.