

Southend Care Limited

Delaware House

Inspection report

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Southend On Sea
Essex
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Tel: 01702588501

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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 29 August and 4 September 2018 and was unannounced.

Delaware House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Delaware House does not provide nursing care. It is registered for up to 24 people some of whom may be living with dementia, mental health conditions and/or a physical disability. At the time of our inspection there were 16 people living in the service.

There was a registered manager in post. 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.

People were protected from the risk of harm and abuse. Staff had been trained and they demonstrated a good understanding of how to keep people safe. There were policies and procedures in place for staff to follow, and they knew how to apply them. The service managed risks well. Staffing levels were consistently good and people had access to the local community. There was a robust recruitment process in place that ensured staff were suitable to work with vulnerable people. The service managed medication well, and people received their medicines as prescribed. Staff had been trained, and demonstrated a good knowledge of people's medicine needs. Staff demonstrated good infection control practice and there were policies and procedures in place for guidance. The registered manager shared information with staff to ensure that lessons were learnt when things went wrong.

People's needs had been fully assessed before they moved into the service and their care plans had been devised from the assessment process. There was a good induction process and staff were supported and well trained. The registered manager worked well in partnership with other professionals to ensure people received appropriate care. People received enough good quality home cooked food and drink that met their needs and kept them healthy. People received the healthcare support they needed. The building was in good repair and suitable for people's needs. Regular fire drills and tests had been carried out and there were safety certificates in place. The registered manager had identified any issues and had plans in place to make the necessary improvements. People had as much choice and control over their lives as possible. The service worked in line with other legislation such as the Mental Capacity Act 2005 (MCA) and had completed mental capacity assessments and Deprivation of Liberties (DoLS) where required to ensure people's rights and freedoms were respected and protected.

Staff knew the people they cared for well. Relatives told us that all staff were kind, caring, compassionate and understanding. People were treated with dignity and respect and their privacy was maintained. Staff supported people to maintain their independence, as much as possible. Where people were able to be, they and their families were actively involved in making decisions about their own care.

Staff provided people with person-centred care that was responsive to their changing needs. The care plans were well written and described how people were to be supported. People enjoyed a range of activities to suit their individual needs and preferences. There was a good, clear complaints system in place and people and their relatives said they were confident that concerns would be resolved quickly. The service had dealt with complaints appropriately.

People received a good quality service. The registered manager's vision was to enhance people's lives and compassionately care for those with more complex needs, engaging and respecting people, their families and staff. The registered manager told us they were a, "Mindful" employer, who valued staff and involved them in all aspects of the service. Staff felt well supported and shared the registered manager's vision. There was an effective quality assurance system in place, and regular checks were carried out on the service's systems, processes and practices. The registered manager had identified the need for improvements and had plans in place to make them. The service learnt from mistakes through discussions at team meetings, and made continual improvements to ensure people received a better service. The registered manager ensured that all interested parties were kept fully involved and worked well with other professionals to ensure that people received good quality person-centred care.

Further information is available in the detailed findings below.

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.

Staff protected people from the risk of abuse. Risks were well managed and people were supported to stay safe.

The registered manager safely recruited enough suitable, skilled and qualified staff to keep people safe and to meet their assessed needs.

Medicines were well managed and people received their medication as prescribed.

People were protected from the risk of infection by the service's infection control practices.

The registered manager shared investigation and audit information with staff and ensured that improvements were made and lessons were learnt.

Is the service effective?

Good ●

The service was effective.

People's needs were fully assessed and regularly reviewed to reflect any changes. They were cared for by well trained and supported staff.

People were supported to eat and drink enough to maintain a balanced diet. People experienced positive outcomes regarding their healthcare needs.

The service worked well with others to deliver effective care and support.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

Is the service caring?

Good ●

The service was caring.

People received kind and compassionate care. Staff had a warm, respectful and friendly approach. Staff respected people's independence and supported them when needed. They knew the people they cared for well.

People were encouraged and supported to maintain close relationships with their family and friends. They were kept involved, as much as they were able to be, in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People and their families contributed to the assessment and care planning process. The care plans met people's individual needs.

People enjoyed a range of activities and there were good community links. People regularly enjoyed trips out in the local community.

The complaints system was effective. People and their families had confidence that the service would listen to their concerns and deal with them appropriately.

Is the service well-led?

Good ●

The service was well led.

People and their families had confidence in the way the service was run and they would recommend it to others.

Staff were well trained and supported and shared the registered manager's vision to provide people with a good quality service.

People had strong links within their local community. External organisations were positive about how the service worked together in partnership with them to provide people with high quality care.

The service had an effective quality assurance system in place that encouraged improvements. Management and staff learnt from mistakes and made changes to systems and practices in a timely way to prevent re-occurrence.

Delaware House

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 checked 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. This was a comprehensive inspection.

This inspection took place on the 29 August and 4 September 2018. It was unannounced and carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This is the service's first inspection under the new provider, who was registered in July 2017.

Before the inspection we reviewed any information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we observed people's care to help us understand the experience of people who were not able to talk with us. We spoke with three people who use the service, three of their relatives, two health and social care professionals, the registered manager, the senior care facilitator and eight members of staff. We reviewed four people's care and support files and five staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, training records, medication system, staff duty rotas and complaints records.

Is the service safe?

Our findings

People told us they felt safe and we saw they were relaxed and comfortable in their surroundings. One person said, "I feel perfectly safe here. I have a key to my room and keep it locked when I am not in it. Staff know how to handle people if they are loud or shouting out." A visiting relative told us, "I know my relative well enough to know that they feel safe. I can see it in their eyes when they look at me. I feel they are in safe hands." There were policies and procedures in place and staff had been trained, and had a good knowledge of how to protect people from the risk of harm and abuse. They knew to contact the local authority or CQC. One staff member said, "I know to report any concerns and have regular training on safeguarding people."

There were risk assessments and management plans in place for any areas of identified risk, and risks were well managed. The plans described how staff protected people and kept them safe. Staff knew people well and identified and minimised risks quickly. One relative told us, "My relative was in an upstairs room when they first came here but was quickly moved downstairs as they were wandering. The staff don't wait until there is a problem." Other risks, such as for fire, health and safety, and infection control were well managed. There were safety certificates in place such as, for the electrical, gas and water systems. Regular fire checks and drills had been carried out and staff knew the actions to take in the event of a major electrical or plumbing fault.

People told us, and we saw that there were always plenty of staff available to help and support them. Relatives said that staff were always available when their loved ones needed them. During our visits, we saw that staff responded to people's needs quickly. The staff duty rotas confirmed that staffing levels had been consistent over the six-week period checked. There was a robust recruitment process in place, which ensured the relevant checks, such as Disclosure and Barring Service (DBS) and written references had been carried out. Staff were positive about the recruitment process and we saw from the records viewed that staff were safely recruited.

There was an effective system in place for managing medicines and people received their medicines as prescribed. We carried out a random check of the medicine's stock against records and found these tallied. The records were of a good standard and had been fully completed. Regular audits of the medication system had been carried out to ensure medicines had been administered properly. Medication errors had been thoroughly investigated and steps taken to prevent any re-occurrence. Staff had been trained, and had their competency to administer medicines checked to ensure safe practice. They demonstrated a good knowledge of people's medicine needs and of the service's policies and procedures.

Staff had received infection control training. We saw that staff wore appropriate protective clothing such as gloves and aprons to ensure they minimised the risk of infection. People and their relatives told us the service was always clean and tidy. One person said, "If someone spills a drink, or has a toilet accident, it is dealt with immediately, thoroughly cleaned, and disinfected. A relative told us that their relative wore a protective helmet due to their tendency to fall and they said, "Staff wash the helmet regularly so that they can minimise any risk of smells or infection." There were policies and procedures in place and regular audits had been carried out to ensure that infection control measures remained effective. The service was clean,

tidy and fresh.

Staff were aware of their responsibilities to report accidents and incidents to the appropriate authorities. Issues were discussed at staff meetings to ensure that staff learnt from them and made any necessary improvements to the service.

Is the service effective?

Our findings

People received a full assessment of their needs before they moved into the service. The assessment process looked at all areas of need, such as people's physical, social and emotional needs. The care plans reflected people's individual preferences and included the views of family members. Relatives told us that they were fully involved in the assessment process. One relative said, "One of the family visits every day so we are kept up to date with my loved one's care." Another relative told us, "The nice thing is that we [the family] all feel very involved in looking after our relative. We don't feel that staff have taken over."

People told us staff were competent and knew how to care for them. One person told us, "The staff are very good at noticing when my needs change. I would say they are trained well." Another person told us, "They [staff] notice anything that is important." A visiting relative said, "I am sure the staff are all trained as they are very good at what they do." Staff told us, and the records confirmed that they had received training in a wide range of subjects that met their individual training needs. One staff member said, "We have online training as well as face to face, and I think it is good to have a mixture of both as you can ask questions during face to face training, which you can't when you do it online." Another staff member told us, "Since the new company took over, the training has got better and I have learnt much more in the past year." Staff demonstrated a good understanding of people's needs and we saw good practice throughout the inspection.

Staff told us, and the records confirmed they had regular supervision where they had discussed their support and training. One staff member said, "I am supported well and have the opportunity to talk with my line manager regularly. We talk about how I am feeling, what training I need and if I have any issues. I really enjoy working here." Other staff were complimentary about the new provider, their training and supervision. All of the staff spoken with told us they felt happy and supported.

People told us that the food was very good. We observed the mealtime and found that people had plenty of fresh home cooked food. One relative said, "My relative really enjoys their food. I've never seen the same food twice, they have tremendous variety. Last week they had fresh fruit and cream, not tinned fruit, proper fresh fruit, lovely! I would happily eat the food served here." There was a pictorial menu displayed and we heard staff offering people a choice of meals. Where people needed support with their meals, staff were on hand and offered friendly, patient assistance. The service catered for special diets such as for diabetics or coeliac. One person told us, "I'm a coeliac, they [staff] handle it very well, they even bring me special biscuits, I don't feel that I miss out. The cook is great and will often come and ask me what I fancy for tea." People were offered a choice of drinks and snacks throughout the day, and staff ensured people had enough to drink and never went thirsty. People's dietary intake and weight had been monitored and recorded to ensure they received sufficient nutrition to help them remain healthy. The registered manager regularly sampled the food to ensure it was of good quality.

People received a joined-up service that met their individual needs. The service worked well in partnership with other organisations such as hospital social workers, district nurses, dementia specialists, occupational therapists, physiotherapists and GP's. Health and social care professionals were positive about working with

the service. One said, "The registered manager is a good communicator and works well with other professionals." The records showed that staff worked effectively with other professionals including GP's and community psychiatric nurses.

People told us they received the healthcare support they needed. One person said, "I was in a bad way when I came here. I have been treated so well here I've improved enormously. My healthcare is arranged efficiently and promptly when I need it." Relatives were kept informed about people's healthcare, and were positive about staff's response to their healthcare needs. One relative told us, "They'd [staff] would notice if [person's name] was unwell and would phone us if they were worried." The records viewed showed the outcome, and any follow-up action of health-related appointments.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. People were fully involved in their care and were supported to make every-day choices. There were mental capacity assessments in place where needed, and the service had applied for, and been granted DoLS where required. Staff had received training, and demonstrated a good understanding of the MCA and DoLS. We heard staff consistently asking people for their consent throughout our visits. The service worked in line with legislation.

Is the service caring?

Our findings

People told us the staff were very caring, kind and understanding. One person said, "The staff are fantastic, I can converse with them and I feel that they genuinely care for me." Another person told us, "I have only been here a short while and I have been looked after magnificently." This person's relative was in agreement and said they were very happy with the service so far. Another relative told us, "I asked for this service because of the amount of care and attention that is evident here, staff understand people, and they take time to listen to them." We saw staff sitting with people who were unable to verbally communicate and they offered them kind, comforting words and gestures and demonstrated care and affection. Other comments include, "Fantastic people work here." "Staff are absolutely brilliant – out of this world." "Staff have so much patience." And, "Kind and thoughtful staff." We observed staff's interactions with people throughout our visits, and they demonstrated a kind, caring and thoughtful attitude. One person was unsettled at lunch time and kept walking past the dining chair. The staff member supporting them steered them towards another chair and spoke clearly and calmly to them saying, "That's okay [person's name] we'll go around again, shall we?" This demonstrated that the staff member understood the person's needs and adapted their actions to meet them.

Throughout our visits we saw that staff treated people with dignity and respect. Staff always allowed people the time they needed to carry out tasks and were patient and understanding in their manner. People and their relatives were very complimentary about how staff respected people's rights and freedoms. People's privacy was respected and their dignity maintained. Staff asked people for their agreement before taking any actions and they clearly respected people's choice. Staff knew people well and understood their needs, and people and their relatives told us that staff had built good relationships with them. Relatives said that staff were patient, understanding and friendly. One relative told us, "Even the cleaners are kind and thoughtful and all the staff look after us so well. If I sit here and have a bit of a cry, they'll [staff] notice and come and comfort me. I would say the staff are like friends."

Communication was good. Staff communicated well with each other through shift handovers. All staff were given a copy of the 'room list'. The list included important information about everyone's needs, such as, correct moving and handling equipment, dietary needs, allergies, health and mobility. Staff told us they found this information invaluable, as it helped them by serving as a pocket reminder of how best to support people. One staff member said, "We all have the same information to hand and it is colour coded so that important things don't get missed."

The service had a TV in the reception area which contained a USB stick of photographs, activities and parties that people had attended. We saw people looking at these throughout our visits, and they really seemed to enjoy them. The registered manager told us that if a person liked a photograph, it was printed, and given to them to keep in their room. The registered manager said there was a committee of family members and staff, who had raised funds through events to revamp the sensory room. They planned to move it downstairs to make it more accessible for people. The committee had contacted local colleges to involve art students in this work. There will be themed areas, such as animal art, fish, a retro area and a music section. They will purchase interactive lights and music equipment to enable people to fully interact and have a great sensory

experience. The registered manager told us they had considered the use of other technology but after discussions with people and their families it was decided to use the budget for other activities. For example, such as for entertainers and small animal visits, as the people currently living in the service would benefit more from this. They said they would continue to look at more suitable interactive options as people's needs changed.

People's relatives told us, and we saw that they could visit at a time of their choosing. They said there was no restrictions and that they always felt welcomed. They told us that staff were always friendly and that they could share a meal with their loved one. One relative said, "I always feel that I am welcome to visit at any time. The staff are fantastic, my loved one feels confident with them and that makes me happy." Another relative told us, "I had a Sunday roast with [person's name] which was really nice to sit and eat with them." People told us they had families who advocated for them when needed. There was information about advocacy services available should people need them.

People were consulted about their religious preferences during the assessment process and at their regular reviews. The registered manager told us that a Catholic priest visits on a Sunday and that people who had other faiths would be accommodated. They said that the service can meet the needs of people who require a special diet for religious or cultural purposes. Staff told us they were happy to support people with their chosen faith.

Is the service responsive?

Our findings

People and their relatives were very happy with the care they received. They told us, and the records confirmed that it was responsive to their needs. The care plans were detailed and informative and looked at people's best interests. All areas of care had been included in the person-centred care plans and people's strengths and weaknesses had been identified and catered for. There were detailed life histories in place that included past employment, family members and education. This helped staff to better communicate with people who may be living with dementia. One staff member said, "I am glad that the care plans tell me about people's past life. It helps to know what to talk to people about to ensure that they are interested in it." Other staff stated how useful the information was for starting a conversation with people. The care plans were written in a way that ensured people's needs and preferences were at the heart of it. The care plans we viewed had been regularly reviewed and updated to reflect people's changing needs.

Activities varied, but were mainly on a one to one basis to suit people's individual needs. There was an activities coordinator who worked between two services to ensure people had sufficient activities offered to meet their needs. Staff said that activities were flexible, depending on how people were feeling. People had accessed the local community and been on trips to a local park and to the seafront. We saw that staff accommodated people's different needs throughout our visits. Some people liked to watch old films on the TV, others liked to play ball whilst others wanted to just sit and chat with staff. During our visits we heard people talking with staff about the old film, and it generated some conversation between them. One person had a soft toy cat which they sat and stroked, showing us, with pride as they cuddled it. Another person was cradling a large baby doll in their arms. Their relative told us, "They have always loved children, they love their grandchildren so it's lovely they can still look after a baby." The service had regular visits from a musician. One person said, "He [the musician] is a professional, plays the guitar, and he gets me to sing with him, as he knows I used to be in a 'Rock and Roll' band in the 60's." Several people were keen to tell us about the miniature horses that had visited recently. We saw photographs of people meeting and stroking them. One relative said, "They [miniature horses] visited everybody that wanted to see them, upstairs as well, people who were confined to bed. Nobody missed out, how lovely was that." Other relatives told us about a recent party, and we saw some decorations hanging in the dining room that had been left over from the party. People had decided to leave them up because, they said, it brightened up the room.

People and their relatives were confident about raising any concerns. One relative said, "I have never had any cause to make a formal complaint as we [family] have always been thoroughly satisfied. If I have any minor issues the service understands, resolves them and respects our wishes." Staff understood how to deal with complaints and there was an effective system in place to monitor and look for trends. However, the service had not received any written complaints recently for us to assess its effectiveness. The registered manager told us that any complaints would be discussed at team meetings to ensure that they learnt from them and made the necessary improvements.

The service had received many compliments from people. Comments included, "Can't fault Delaware House staff. Always so helpful, considerate and always time to advise/answer questions." "Staff are pleasant, happy, helpful, understanding and caring." "I feel like I have been treated like a human being." And, "Lovely,

welcoming and caring staff. Couldn't be better cared for. Family atmosphere."

People had end of life care plans in place that described how they wanted to be cared for and who should be contacted at their end of life. Staff had a good understanding of people's end of life wishes. They told us the care plans contained the information they needed when people were approaching their end of life. This ensured that people's wishes were respected and they had a dignified death.

Is the service well-led?

Our findings

There was a registered manager in post and people and their relatives knew them well. Relatives told us that the staff team were consistent. One person said, "The manager visited me in hospital when I wasn't well. I knew this was the right place when I met them. If there's anything I want to talk about I just go to the office. Everyone is easy to talk to." Another person told us, "My relative says I've landed on my feet here. They are delighted that I've ended up here, they think it's a wonderful place, like I do." Relatives were very complimentary about the service. One relative said, "I think I won the lottery when I found this place for my relative." Another relative told us, "I have booked a place for myself here, such care, living in the lap of luxury! I think the manager runs a tight ship, and it all works well." The registered manager was highly visible throughout our visits and showed genuine concern for people and their relatives. They spoke with people as they were passing them in corridors and lounges and it was clear they were very approachable. Staff said they loved working in the service and would not want to work elsewhere.

The registered manager's vision was to enhance people's lives and compassionately care for those with more complex needs, engaging and respecting people, their families and staff. The registered manager told us they were a, "Mindful" employer, who valued staff and involved them in all aspects of the service. Staff shared the registered manager's vision. They said, and the records confirmed that they were well supported and supervised. One staff member told us, "We are like a family here. We look out for the people who live here, but also each other." Another staff member said, "I am very happy with the new provider and manager. They treat their staff really well and listen to what we have to say."

People had good community links as staff supported them to access local parks and the seafront. People, their families and staff had participated in regular meetings to ensure their views and opinions were heard. The records showed that issues relating to the running of the service had been discussed and actions agreed with clear timescales for completion. People made every day choices about what they wanted to do and what they wanted to eat. Relatives told us that staff helped people to communicate their needs in a way that suited the individual. The service had effective policies, procedures and practices that were regularly reviewed and updated. People appeared relaxed and happy and staff demonstrated a kind, caring and friendly approach. The service was clean, fresh and tidy and odour free and visiting relatives told us it was always kept fresh and clean.

The registered manager and staff worked well in partnership with other organisations. Health and social care professionals were positive about the service. One health and social care professional said, "The service works well with us, they are good communicators and provide a very good service for people with complex needs." Another told us, "I have no issues with the service. They are very responsive to people's fast changing needs." The provider offers staff incentives such as a financial reward for passing their probationary period. Discounts in shops and pubs and a reward for recommending new staff.

People's personal records were securely stored, and the computerised system was password protected to ensure people's confidentiality was maintained. Staff had received training in the General Data Protection Regulations (GDPR), which came into effect in May 2018 and forms part of the data protection regime in the

UK, together with the new Data Protection Act 2018 (DPA 2018). There were policies and procedures in place for dealing with confidential data. Staff understood the need for confidentiality and knew who they were able to share information with. This ensured that people's confidential information was protected in line with data security standards.

There was an effective quality assurance system in place where the registered manager continuously assessed and monitored the service. Audits included, managing safeguarding concerns, incidents, accidents and complaints. The records showed that the registered manager and staff had learnt from these audits and had taken the necessary steps to minimise the risk of any re-occurrence.

Relatives told us the service was extremely good and that they would recommend it to others. One relative felt the need to write to the service to show how they felt about it. Their comments included, "I am so grateful for the care and support you show my relative. It is a great comfort to know they are so well looked after. Staff know their personality and are interested to learn about their past, and what memories they can tap in to. Everyone at Delaware House has taken the time to reassure us and keep us informed about their ongoing care needs. Delaware is a 'home from home' for all of my family, and we trust you."