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Delbrook House

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Delbrook House is a small service which provides personal care and support for up to six people who are living with low level needs associated with learning difficulties. The building consists of two adjoining houses and rooms are spacious with high ceilings. Bedrooms are for single occupancy and each person has their own en-suite facilities of a shower, toilet and sink or bath/shower rooms identified for their sole use. Communal rooms consist of a spacious sitting room with a dining area at one end and another quiet room.

At the last inspection, the service was rated 'Good'. At this inspection we found the service remained 'Good' overall, although we judged the responsive domain 'Outstanding'.

We found people were supported to live their lives and access community facilities in such a way that it had impacted very positively on their emotional and social wellbeing. They had an excellent quality of life and attended functions, events that interested them and had memorable holidays funded by the provider. Staff supported people to nurture family relationships and friendships, and assisted them with important lifestyle decisions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were complimentary about the staff and told us they looked after them well and respected their privacy and dignity. We saw people had weekly plans of activities in the service and in the community.

Assessments and care plans were very person-centred and evidenced that people had been involved as much as possible and included in decisions about their life. The care plans were detailed and gave very good information to staff in how to support people in the way they preferred. The local authority contracts and commissioning team had recently visited the service and told us they were 'very impressed' with the care plans and the level of detail included in them.

We found there were sufficient members of staff on duty to meet people's needs. Staff had been recruited safely with employment checks carried out before they started work. Staff had access to a range of training and received supervision and support on a daily basis. Those staff spoken with told us they felt confident supporting people and meeting their assessed needs.

Staff had received training in how to keep people safe from the risk of harm and abuse; it was clear they knew what to do if they had concerns or if they witnessed abuse or poor practice. Staff completed risk assessments to help minimise risk whilst still enabling people to have control over their lives.

Medication was well managed and people received their medicines as prescribed.

The environment was clean and tidy. Equipment used in the service was maintained and any repairs completed in a timely way.

People's health and nutritional needs were met. Staff supported people to attend appointments with health professionals in the community. The menus provided people with a well-balanced and nutritious diet, whilst still allowing for treats.

There was a complaints procedure in an easy read format and people told us they felt able to raise concerns when needed and these would be addressed.

The registered manager was very passionate about providing an inclusive atmosphere for people who used the service. They encouraged people to express their views on a daily basis about the running of the service.

Further information is 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 remains Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Outstanding ☆

The service is very responsive and we have judged this key question 'Outstanding'.

People had assessments of their needs completed and care plans developed which were very person-centred. They were detailed and included exactly how people wished to be supported and involved in decisions about their lives.

People had an excellent quality of life and could access a range of local facilities to help them feel part of the community.

Staff supported people to develop their interests and hobbies and arranged memorable events and holidays for them, which were funded by the provider. People described to us the positive impact this had on their life.

Staff had responded very well to people's lifestyle choices; they respected, encouraged and supported their need to develop friendships and maintain contacts with their family and friends.

The service had a complaints procedure in an easy read format and people felt able to raise issues.

Is the service well-led?

Good

The service remains Good

Delbrook 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 full comprehensive inspection took place on 17 July 2017 and was completed by one adult social care inspector. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The registered provider had been asked to provide a Provider Information Report (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

Prior to the inspection, we spoke with the local authority safeguarding team and the contracts and commissioning team about their views of the service. We also received information from health and social care professionals who visited the service.

During the inspection, we observed how staff interacted with people who used the service throughout the day. We were able to speak with all five people who used the service. We spoke with the registered manager, a director of the service, two support workers and a social care professional. The day after the inspection, we spoke with one relative.

We looked at specific care records relating to three people who used the service. We also looked at other important documentation relating to people who used the service. These included medication administration records (MARs) for four people. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.
We looked at a selection of documentation relating to the management and running of the service. These

included recruitment files for two staff, training records, the staff rota, menus, minutes of meetings with staff and people who used the service, quality assurance audits and maintenance of equipment records.

We completed a tour of the environment.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and that staff were available when needed; they said staff treated them well. Comments included, "All the staff are nice to us", "Bedroom doors have locks; I like to lock my door at night" and "It's up to us what we do."

A relative said, "I worried about them all the time in the other place but not here. I wish this home had happened years ago for them" and "It's always clean and tidy."

There was sufficient staff on duty during the day and night. People who used the service had low level needs and most were able to manage with supervision and assistance on occasions for specific personal care. There were two support workers during the day and one at night who completed a sleep-in duty but was on call if required. There were only a few occasions when the staff had been woken during the night to assist a person. The registered manager was on duty during the day and on call at night for emergencies. A director of the company also completed day shifts and was available at night if required. The rota showed us that an additional member of staff was employed five days a week for seven hours each day to support people to access community facilities such as college. There was a domestic staff on duty four days a week. Support staff completed catering tasks.

In discussions with staff, they confirmed there was sufficient staff on duty and they did not have to rush when supporting people. We observed staff had time to sit and chat to people. Each person who used the service had a pendant alarm in their bedroom which was connected to a system in the staff sleep-in room. This enabled people to request assistance at night when required.

Staff knew how to safeguard people from the risk of harm and abuse. They had received training and had policies and procedures to guide them. Staff had completed risk assessments for areas such as leaving the service unescorted, falls, management of finances, specific issues for individuals and situations in the community. The risk assessments guided staff in how to support people whilst maintaining their independence as much as possible.

We saw medication was managed well and people said they received their medicines on time. Medicines were stored securely and at the correct temperature. There were no gaps in administration and codes were used when staff omitted medicines, for example when pain relief was not required. There were some minor recording issues which were discussed with the registered manager to address. For example, staff had written updates on people's administration records following a GP consultation but there was no countersignature to help prevent mistakes. Also one person had a laxative prescribed 'as directed'; staff were aware of the directions as they had accompanied the person to their GP but the medication record needed to have the full instructions.

The service was safe, and was clean and tidy throughout. There were some exposed pipes and a gap between the edge of the floor and the wall in one of the toilets, which would make cleaning difficult. The registered manager told us they would box in the pipes and seal the floor as soon as possible. Checks were

carried out on equipment used in the service such as gas and electrical appliances and fire safety equipment. Fire drills were carried out and people who used the service participated in them. Each person had an individual plan for the support they would need when evacuating the service in an emergency.

Good

Is the service effective?

Our findings

People who used the service told us they could make their own choices and decisions, which were respected by staff. They also said staff prepared meals that they enjoyed and staff knew how to look after them. Comments included, "We can get up when we want", "I like the food; I'm having a cheese salad sandwich for lunch" and "There is a takeaway once a month."

A relative said, "The service is fantastic. They [registered manager and support staff] keep me informed and they support them for regular check-ups" and "All the staff are really good".

A social care professional stated, "At the moment, the service seems to be meeting the needs of service users effectively."

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw one person met the criteria for DoLs and the registered manager had completed an application and submitted this to the local authority. They were awaiting authorisation for this.

Staff had received MCA and DoLS training and knew how to gain consent; they gave examples of how they ensured people were provided with information so they could make informed choices and decisions. We saw one person had been assessed as lacking full capacity to make specific decisions, although it was recorded they would be able to make day to decisions such as what to wear, what meals to have and what activities they wanted to participate in. Staff held meetings with relevant people when there were important decisions to make such as medical treatment or tests; they recorded the decisions taken in the person's best interest.

People's nutritional needs were met. Menus provided people with choices and alternatives for each meal; there was a vegetarian option for one person. The staff told us menus were completed weekly following a discussion with people who used the service. They also said these could be altered at short notice if people changed their minds about the main meal. We saw people had access to tea, coffee and a selection of cold drinks and snacks throughout the day. Staff monitored people's weight and stated they would refer to a dietician if required. The care plans included people's food likes and dislikes.

Staff supported people to access community health care services such as GPs, community nurses, dentists and opticians. This was confirmed in discussions with people and a log was maintained of visits and any treatment advice. People who used the service said, "Sometimes I go to see the doctor." We saw people had made and documented their own decisions about the level of treatment they would receive during medical emergencies.

Staff confirmed they received training and supervision, which provided them with skills, knowledge and guidance in how to support people. The staff training record showed this included courses considered mandatory by the provider such as safeguarding, fire safety, medication management, health and safety, infection prevention and control, food hygiene and first aid. They had also completed other training such as Autism awareness, equality and diversity, managing behaviours that could be challenging and person-centred care planning.

Good

Is the service caring?

Our findings

People who used the service told us staff looked after them well and respected their privacy and dignity. Comments included, "Yes, they knock on our doors and wait", "I like them [staff]. I love what they do here" and "They [staff] are nice to us."

A relative told us, "I'm very happy; they are like a happy family."

A visiting professional told us they had observed staff treating people as if they were the expert and allowing them to make their own choices. They were also pleased with how staff supported the person they visited to maintain contact with their family.

We observed very positive interactions between all staff and the people who used the service, which included the registered manager and a director of the service. For example, one person requested assistance to adjust an item of clothing. The registered manager guided the person to a mirror and while the person could see their reflection, the registered manager completed the task, checking they were happy with the result. We saw and overheard friendly conversation between staff and people who used the service. There were discussions about specific topics; staff asked questions of people and waited for responses. Staff showed genuine warmth and interest in people and the conversations. Staff had a kind and caring approach towards people in their general manner and in their speech. They were patient and enabled people to feel the service was their home. For example, people could decorate their bedrooms how they wanted and were involved in choosing colour schemes for the communal areas. We saw people who used the service felt able to raise issues with staff.

In discussions with staff, they were very clear about how they maintained people's independence and respected their privacy and dignity. Staff came across as kind, caring and respectful. Comments included, "The service users are very able here; everyone is able to tell us what they want and they all make their own choices", "We listen to people and respect their private time" and "We try to promote their independence and encourage them to clean their bedrooms. [Name] wants to learn to cook so we do this with them and prompt them. We try to get people to do their own laundry but they don't always want to do this."

Each person had their own bedroom and had access to an en-suite shower and toilet for their personal use. There were lockable facilities in each bedroom and locks to bedroom doors; people had keys to their bedroom doors and could lock this when required.

There was information available to people on a small dresser and on a shelf in the dining area. This included minutes of the house meetings, the last inspection report, advocacy leaflets, the outcome of the last survey, and the service user guide. The registered manager told us one person was currently accessing an advocacy service.

Staff respected the need for confidentiality. People's personal information in care files was stored securely in a locked cupboard. Staff files were stored in the registered manager's office. The registered manager

confirmed computers were password protected for security.

Outstanding ☆

Is the service responsive?

Our findings

People told us they had lots of activities and visits to local places. During lunch, people who used the service chatted to the inspector about activities and all the places they liked to visit, and staff supported them to access. Comments included, "We go out with carers to Cottingham, Beverley, Hull, the theatre, cafes, shops, pubs and parks", "I do polishing and tidying my bedroom; I really like my bedroom" and "They [staff] do laundry and they help me with showering." The service had a cat and people described her as part of their family.

A relative told us, "They [person who used the service] are more chatty and their vocabulary has improved. They have come on leaps and bounds" and "I cannot say how happy I am. It was such a worry in the past at their other service but the staff here are fantastic – they really are."

During the planning of this inspection, a representative of the local authority contracts and commissioning team informed us, "We were both very impressed with the service; it is very person-centred. Staff understood customers needs very well. All customers were very happy and spoke highly of the service. All documentation was in place."

There were very positive comments from the annual survey completed in November 2016. These included, "I would like to pass on my praise. Delbrook House is a fantastic home and somewhere that offers a level of support for both basic care needs and all social/life skills that is rarely seen in other residential homes. I only wish it had more rooms" and "Do not change anything, Delbrook House is an excellent home."

Each person had an assessment of their needs and the information included in three care files. There were also risk assessments completed to ensure people could make their own lifestyle choices without these impacting unduly on their safety and wellbeing. The first care file was a person-centred care plan; these were extremely detailed and described in a very individualised way how people preferred to be supported with their daily routines. There was clear evidence that people and their relatives had been involved in the assessment and care planning process. There was information about what would be a good and bad day and how best to support people to make their own decisions. This included sections on how the person was to be involved, how they preferred information to be given to them, the best time for them to make decisions and how staff were to help people understand the information. There were lists of decisions each person had made and included their preferences, likes and dislikes. For example, what they liked to watch on television and the preferred times of rising and going to bed. One person had a list of items they liked to take when they went out. There was also information about what caused the person to be upset, what the triggers could be and the actions staff were to take to minimise their anxiety and distress.

We found care was delivered in a very person-centred way. Staff told us how they were supporting one person with a healthy eating plan as they wanted to lose weight. They said, "We are encouraging them to eat less sugar and its really working. We have made small changes like swapping cola for diet cola and reducing overall sugar intake. [Name] is losing weight and doing really well." Another person liked to take long showers to help their stiff muscles. The registered manager spoke about trying to ensure people who used

the service were involved as much as possible in decisions about new residents. They ensured potential new users of the service visited for meals and to meet people living there. They said, "It's important that people have the best chance of getting on together as it is a small service." People were encouraged to have their family and friends visit the service and staff respected people's desire to have private conversations during these visits. We observed friends were invited and stayed for lunch.

As well as person-centred care files, people also had health files and monitoring files. The health files were very detailed and provided information about the health care professionals involved in people's care. We saw people visited health professionals in the community rather than having them come into the service. This helped people to feel part of the community. The health professionals included GPs, community learning disability nurses, dentists, opticians and consultants via out-patients appointments. One person's professional input log described how they had declined treatment at the dentist. This was discussed with the person and staff responded by ensuring additional support from the person's family was requested for the next visit.

People had bright and colourful 'patient passports' in an easy-read format for when they were admitted to hospital or when they attended an appointment. These provided medical and nursing staff with individualised information about how best to communicate with people and what their main health and personal care needs were.

The monitoring care files included daily information about the care provided by staff. There was also an evaluation every two months which incorporated information on personal care, health, medication, social activities and any specific monitoring that had been completed. The evaluations had an outcome and 'required actions' for staff; we saw these had been completed. The evaluations were signed by the people who used the service which indicated staff had discussed the information with them and obtained their views on how well or not they thought the previous two months had gone.

We saw people accessed holidays funded by the provider and an excellent range of community facilities which enhanced the quality of their lives. People told us they were able to choose what they wanted to do for their annual holiday. One person was supported on a three-day trip to Liverpool as they expressed a wish to go to the Cavern Club, take the Beatle's Magical Mystery Tour and a ferry across the Mersey. They showed us their bedroom and memorabilia from the trip and it was clear they had really enjoyed themselves. Other people had a three-day stay in a caravan in Bridlington. One person had a three-day trip to London to see their rugby team at Wembley.

Day to day activities included attending regular and local sports events such as rugby and football matches when it is known people had a specific interest. We saw people were supported to access karaoke evenings at a local venue, the cinema, shops, pubs, libraries, cafes, restaurants, parks, the marina, the Deep (aquarium) and the coast for fish and chips. People were supported to attend annual events such as Hull Fair and Hull Show. There were 'Year Books' which included photographs of all the activities and trips taken during that time so people could look at them and talk about their memories.

Three people attended college for specific training courses each week and one person attended a horticultural day service. One person had attended Armed Forces Day in East Park as they had an interest in vehicles of all types. The same person had an interest in buses so staff arranged for them to attend a 'Big Bus Day' and go on an open-top bus. One person took part in craft sessions to produce mugs and canvas art with favourite personalities imprinted on them. Other people were supported to produce wall art with their favourite pictures of their trips to Liverpool and London. One person was supported to attend Tropical World in Leeds and another person who liked barges visited the Waterways Museum in Goole.

The day to day activities and planned events helped people to feel part of their local community. A community support worker was employed seven hours a day, five days a week, solely to support people with activities of daily living and accessing community facilities.

Staff made sure people were reminded about favourite television programmes and upcoming events. Three people had attended concerts at the theatre and city hall in Hull. We saw one person had a particular interest in a pop star and staff supported them to attend their concert, assisted them to move forward to get a better view and also enabled them to shake their hand at the end of the concert. The person regularly recalled this and clearly it had been an important event for them. The person took us to their bedroom and pointed out the posters and wall decoration. When asked if they had liked going to the concert they said, "Yes." The registered manager told us staff knew people very well and what their interests were; they were proactive in looking out for activities and events that they would like. For example, one person had expressed an interest in 70's music. As there was an upcoming 70's music concert, staff supported the person to pick out a CD from a local charity shop to see if they would like the music; they did and attended the concert which they enjoyed.

There was a complaints procedure on display in the service. This was in an easy read format and guided people in what to do and who to speak with if there were issues to raise. People told us they would tell the registered manager or other staff if they wanted to raise concerns.

Good

Is the service well-led?

Our findings

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.

People who used the service knew the names of the registered manager and the director; they felt able to talk to them about concerns if required. Comments included, "Yes, [registered manager's name] is very good; I wanted to come here. There is nothing they can do to improve."

A visiting professional told us their client was fully involved in the assessment process and described the service as 'lovely'. They also said that when they visited, the people who used the service appeared happy.

We spoke with the registered manager about the culture of the service and they described this as being focussed on the people who lived there. They said they thought about dynamics of people who lived there when they completed assessments for new people and had made decisions not to admit them if they felt they would not settle or get on with other people. They also described a service that included people in decisions, listened to their views and acted on them. Staff also commented positively about the culture of the service. They said, "If I had to have a relative in care, I would like a place like this", "It's brilliant working here; the service users are fantastic – happy, chatty and lively" and "We have a small, friendly service; it's not institutional at all. It's a fun place and we can have a laugh and joke with people. We make sure they have lots of choices and are included in decisions."

Staff told us the registered manager and director were very supportive and listened to their views. They also said communication was good within the service. Comments included, "Management support is good; they are always there if you want to talk to them" and "We have supervision every two months, informal chats and meetings."

There was a quality assurance system which consisted of audits, day to day checks, surveys and meetings. This ensured areas to improve were identified and people could express their views. For example, records showed there were formal meetings every two months for people who used the service. These meetings provided opportunity to discuss activities, accessing community facilities, planning celebrations and keeping the service safe. There were also weekly meetings for menu planning.

Audits and checks were completed of the general environment and infection prevention and control. This included a check of the availability of personal, protective equipment, catering practices, people's bedrooms, hot water outlets and fridge-freezer temperatures. There was evidence that issues identified were addressed.

We saw there had not been any serious injuries in the last three years. When people had minor accidents, these were managed appropriately and measures put in place to learn from them and prevent a re-

occurrence. The registered manager was aware of their responsibility to inform the Care Quality Commission and other agencies of incidents which affected the welfare of people who used the service. We received notifications in a timely way, for example when one person died suddenly earlier in the year.

Annual questionnaires, produced by an external company, were sent to people who used the service, their relatives, staff and visiting professionals. People who used the service were assisted to complete them during visits by the external facilitator. The external company analysed the results and produced a report; last year's survey was on display in the service and showed there were very positive results about the care provided to people. The registered manager said the annual survey was used to help them analyse their service, highlight any previously unknown or on-going issues, create pointers for further improvements and to measure the progress made since the previous survey.

The registered manager had developed links with other agencies such as specialist learning disability nurses, local GPs, colleges, a day centre offering horticulture experience, the local authority safeguarding team and also the contracts and commissioning team.