

Lifeways Community Care Limited

Delphine Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Delphine Court provides care and accommodation for up to eight people who had a learning disability and/or autistic spectrum disorder. There were three people using the service at the time of our visit.

People's experience of using this service:

On the first day of our visit we found fire doors propped open and hazardous items not stored securely. This was addressed by the service as soon as we pointed it out. As and when required medicines needed to be monitored more effectively with clear protocols put in place. Staff recruitment records needed to be available on site and references needed to be more robust.

People received their medicines when needed. Staff safeguarded people from abuse. Risks to people were assessed and action taken to address them. The provider ensured there were enough suitable staff working to support people safely.

Staff received training but supervision and appraisal records were not robust or met the providers frequency policy. People received support with food and nutrition, and staff helped them gain access to a wide range of healthcare professionals. 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.

We observed some staff were over-enthusiastic and did not readily pick up social cues from people about the level of engagement they wanted. Relatives were generally positive about the support their family members received from staff, who they described as caring and kind.

People received person-centred support based on their assessed needs and preferences. Support plans needed to have clear goals embedded. Clear complaints procedures were in place to address issues at the service.

The quality assurance process at the service was not robust as audits were not regular and did not address issues we found on our visit. Feedback from staff and relatives we spoke with said communications systems could be improved. Staff stated they felt supported by the registered manager. Systems were in place to ensure the voices of people, relatives and staff were heard. The service worked with other organisations and agencies to promote people's health and wellbeing.

Rating at last inspection: At the last inspection the service was rated Good (Report published 16 October 2018).

Why we inspected: We received information of concern from the local authority safeguarding team and other professionals visiting the service. This inspection was brought forward due to the information we

received.

Follow up: We will request an action plan from the provider to understand what immediate action they will take to improve the quality and safety of care provided to people. We will also meet with the provider to discuss this action plan.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Delphine Court

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors. On the first day of the inspection there were two inspectors and on the second day of the visit, one inspector carried out the visit.

Service and service type:

Delphine Court 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced visit.

What we did:

Before the inspection we reviewed the information, we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority and their safeguarding team and the local Healthwatch to gain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection, we spoke with one person who used the service and three relatives. We did this to

gain their views about the care and to check that standards of care were being met. Some people who used the service were not able to speak to us about their care experiences, so we observed how the staff interacted with people in communal areas and we looked at the care records of two people who used the service, to see if their records were accurate and up to date.

We spoke with five members of care staff, the acting deputy manager and the registered manager. We also spoke with one visiting professional. We looked at records relating to the management of the service. These included accident and incident records, meeting minutes and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- On the first day of our visit we found fire doors propped open and tins of paint also being used to prop open doors in communal areas. One person who used the communal area had a risk assessment in place to state, "Staff are not to leave a cleaning product for only a few seconds where [Name] will have access to it."
- Risks arising from the building and equipment were monitored, though weekly fire alarm checks between 2 December 2018 and 29 January 2019 and 31 July 2018 to 14 September 2018 had not been carried out.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks arising out of people's health and care needs were assessed and plans put in place to reduce these. However, a risk screening document was not in place in one person's file we viewed. This was amended by the second day of our visit.
- Systems were in place to keep people safe in emergencies. Firefighting equipment and fire drills were carried out. The provider had contingency plans in place to support people in emergency situations.

Using medicines safely

- Guidance was not clear for staff on how to manage people's 'as and when required' (PRN) medicines. There were no body maps or clear directions for two people who had topical medicines prescribed. Staff were not consistently signing the rear of the medicine administration record times and outcomes of PRN medicines.
- Medicine audits did not monitor the use of 'as and when required' (PRN) medicine usage. In December 2018 these had been used 40 times and there was no breakdown of monitoring how it was used for behaviour or pain etc. Best practice guidance states that close monitoring should be in place to record and reduce the instances of PRN use.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were safely and appropriately stored. Regular stock checks were carried out to ensure people had access to their medicines when needed. Care plans contained information on the medicine support people needed.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff received safeguarding training and said they would not hesitate to report any concerns they had. One relative we spoke with felt that behaviour monitoring wasn't reviewed

and critically analysed as well as it should be. Our observations on the lack of scrutiny around as and when required medicines supported this statement.

Staffing and recruitment

- Staffing levels were based on the assessed level of support people needed. Absence through sickness or planned leave was monitored and staff arranged to cover it.
- Relatives we spoke with told us they felt there were enough staff to ensure people's needs were met and they were able to access the community.
- Staff members we spoke with told us there were enough staff to provide safe support, however some concerns we raised during the inspection process of forthcoming changes to night staff provision. We discussed this with the registered manager who told us they would plan to ensure changes were reviewed and measures such as panic alarms were made available to staff if needed.
- Whilst recruitment was carried out safely, further oversight was needed to ensure references were from the person's last employer and information to demonstrate this was on site.

Preventing and controlling infection

- We saw that there was equipment and training in place for staff to follow safe infection control procedures.

Learning lessons when things go wrong

- Accidents and incidents were monitored to see if lessons could be learned and improvements made to help keep people safe. This included monitoring people after incidents occurred to ensure they were safe and staff were appropriately supported by a debrief meeting.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience.

- There were gaps in training the provider had deemed necessary. We had to source additional records from the provider after the inspection to show training had been delivered.
- There were gaps in supervision and annual appraisals held with staff. Supervision and appraisals enable the manager and staff to identify any support and development needs. Records lacked useful detail to allow for ongoing monitoring of staff performance. Staff we spoke with told us they felt well supported. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.
- Newly recruited staff completed an induction programme. One staff member said, "I did some shadowing to get to know everyone as they are all so different in so many ways."

Ensuring consent to care and treatment in line with law and guidance.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager followed all of the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
- Staff had been trained in the MCA and DoLS and understood the principles behind the legislation.
- Decision specific capacity assessments had been completed for people when decisions had been made in their best interests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Records confirmed that an assessment of people's needs had been completed. The service was currently supporting someone in transition. Staff were working at the person's current service to get to know them before they moved to Delphine Court.

- Care plans contained person-centred information but varied in the amount of detail they included.
- Assessments were not always updated when a change in need was identified for the person. For example, we saw a weight chart for one person showed fluctuating significant losses and gains. This person had been undergoing intense healthcare treatment for a serious condition. We discussed these anomalies and were told that the weighing scales were "dodgy". There was no record of follow up or enquiry about these discrepancies. We asked the registered manager to purchase new scales with immediate effect which they agreed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were supported to have choices for all their meals.
- Staff were knowledgeable about people's special dietary needs and preferences. Systems were in place to ensure information was communicated between staff and food safety training had been completed.
- Staff engaged with people to make mealtimes a socially enjoyable experience.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Records confirmed people were supported to have access to a range of healthcare professionals to ensure they remained healthy. Feedback from relatives was that the service promoted people's healthcare needs well. Comments included, "They manage my relative's health very well," and a commissioner told us, "For my client now their health outcomes are so much better."
- The service appropriately referred people to other healthcare professionals such as their GP, speech and language therapists and specialist community learning disability support services.

Adapting service, design, decoration to meet people's needs.

- Building and decorating work was underway to improve the internal living environment of the home.
- A plan was in place to reconfigure some people's living space to include kitchen areas to help promote independence skills. People could personalise their bedroom with their own décor and belongings.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- Whilst we heard from relatives about staff being caring when they engaged with people, we found deficits in the service which showed the provider was not ensuring the service was caring overall. The caring nature of the staff was undermined by the lack of staff supervision and rigorous oversight of the service delivery.
- There had been concerns raised prior to our visit about some staff using negative terms with people and also inappropriate interaction. We discussed that clear, consistent approaches in relation to managing behaviour needed to be role modelled. We observed a staff member who had a very vocal positive personality but they overloaded people with verbal interaction. We discussed with the registered manager how this could be best managed.
- Staff respected people's personal space and privacy. We saw staff using people's preferred names and waiting for permission to enter people's rooms.
- People were encouraged to do as much as possible for themselves in order to help them maintain their independence. For example, one person was supported to prepare drinks and snacks in their kitchen area.

Ensuring people are well treated and supported; equality and diversity

- Relatives spoke positively about the support their family members received from staff. Comments included, "The staff are lovely," and "Staff do their very best."
- We saw examples of kind and supportive interactions between people and the staff supporting them.
- Staff knew people very well, and were able to chat about things of interest and importance to them. We saw examples of this, including chats about people's life and family.
- People were supported to maintain relationships and social networks of importance to them. One relative stated, "Things have improved, I felt I wasn't being listened to, but there is still room for improvement. Communication is about 95% there."

Supporting people to express their views and be involved in making decisions about their care

- People were offered options and supported to make choices over their lives at the service. Staff talked with people about what they wanted to do that day and whether and what they would like support with. This was done in a structured way using an autism specific approach for those people who couldn't cope with open ended choice. One person coped well with a choice of two things presented visually and that was in place for them.
- Meetings were held at which people could give feedback on the service. These were not regular. In October a person had requested a Hoover, however there was no feedback or updates on whether this purchase had taken place.
- People were supported to access advocacy services. Advocates help to ensure that people's views and

preferences are heard.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Activities led by staff in the community were not observed during the inspection. We carried out observations in communal areas of the home which showed staff attempting to engage with one person. We received feedback prior to the inspection visit that this person had a lack of appropriate stimulation. We saw the service was now working with external healthcare professionals to address this.
- A sensory room had been developed but on the day of our visit it was full of items as changes were being carried out in the environment. We were updated after the inspection that the room was now available for everyone's use again.
- Support plans needed to be updated and reviewed so that goals were clearly identified as they were blank. We also discussed that a reactive behavioural plan was out of date. It referred to staff using walkie talkies that were not in use and approaches staff were currently using to address self-injurious behaviour were not explicitly recorded. On the second day of our visit, the registered manager had addressed the issues regarding the behaviour plan and had an action plan to review all the support plans.
- Records demonstrated other health and social care professionals were involved in the planning of people's care.
- Effective communication systems were in place for most people. Information was available to people in different formats such as printed symbols. On the first day of our visit a speech and language therapist was helping assess one person to develop a communication system which they told us they would implement and offer training to staff to deliver this.

Improving care quality in response to complaints or concerns.

- The provider had a complaints procedure in place. Relatives we spoke with said they could raise concerns with the management team. One relative said, "There are things at times but we can tell [Name] the manager. Nothing is perfect."

End of life care and support.

- At the time of our inspection nobody at the service was receiving end of life care, but policies and procedures were in place to provide this where needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Audits were not picking up areas for improvement we found and had not been carried out consistently. The last quality audit on the system showed it was undertaken in August 2017. There were no consistent records of provider visits to confirm the quality of the service being delivered.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager spoke with us about recent safeguarding events which had recently come to light and which they were currently investigating. They demonstrated openness and transparency.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been some management changes at the service. The registered manager and deputy manager had both had planned time away from the service. This impacted on the service in relation to quality monitoring and communication. We discussed that the registered manager needed to be a consistent presence.

- Staff spoke positively about the management team. Comments included, "Support from management is great, no issues" and "Yes, it is a good team, we support each other." Following the inspection we received some negative feedback and we discussed this with the registered manager to address.

- Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives and staff members we spoke with told us communication could be improved. Recent surveys had also highlighted this issue. One service commissioner said, "The service functions best when [Name] the manager is there all the time."

- Staff meetings had not been regularly held but we saw a meeting was scheduled to discuss improvements in the service.

Continuous learning and improving care; Working in partnership with others

- Staff received guidance and training from a range of external professionals. Healthcare professionals stated the service worked positively with them.
- On going monitoring of the service needed to improve to ensure behaviour monitoring and use of as 'as and when required' (PRN) medicines were following best practice guidelines for people with a learning disability. We asked the registered manager to view the NHS guidance; "Stopping over medication of people with a learning disability, autism or both" (STOMP).

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found fire doors were propped open and hazardous items such as tins of paint were also being used to keep doors open.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Medicine records relating to "as and when required" medicines needed to be improved and reviewed more regularly. Records relating to fire safety checks showed gaps, staff supervision and training records were not well maintained. Audits had not been completed regularly or in a robust way. This meant governance at the service was not effective. Providers must securely maintain accurate, complete and detailed records in respect of each person using the service and records relating to the employment of staff.</p>