

365 Care Homes Limited

# Delph 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?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

This was an unannounced inspection carried out on 1 November 2016.

Delph House can provide accommodation and personal care for 22 older people. It can also accommodate people who have sensory needs, who have a physical disability or who live with dementia. There were 17 people living in the service at the time of our inspection most of whom were older people who lived with dementia.

The service was operated by a company which acted as the registered provider. The company was formed by two directors. One of them was the managing director who was personally involved in overseeing the running of the service. They regularly called to the service to see how things were going. There was also a registered manager who 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. In this report when we speak about both the directors of the company and the registered manager we refer to them as being, 'the registered persons'.

At our inspection on 2 and 3 November 2015 there were three breaches of legal requirements. We found that some people had not been consistently supported to eat and drink enough to stay well. In addition, we found that some people had not received all of the care and reassurance they needed when they became distressed. We also found that quality checks had not been robustly completed and this had led to shortfalls in the service not being quickly resolved. After the inspection the registered persons wrote to us to say what actions they intended to take to address the problems in question. They said that all of the necessary improvements would be completed by 15 December 2015. At the present inspection we found that the necessary improvements had been made to ensure that the three legal requirements had been met. However, we noted that some quality checks still needed to be strengthened further. This was necessary to better enable the registered persons to quickly resolve some remaining problems with how the service was run.

At this inspection we also found that staff knew how to respond to any concerns that might arise so that people were kept safe from abuse, including financial mistreatment. Medicines were safely managed but some additional steps needed to be taken to reduce the risk of accidents. There were enough staff on duty to provide people with the care they needed but a background check had not been completed before a new member of staff had been appointed.

Staff had been provided with support and guidance and they knew how to care for people in the right way. Most people enjoyed their meals but some of them wanted to have more choice. Staff had ensured that people had received all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had taken the necessary steps to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Although staff respected people's privacy and promoted their dignity this was not fully reflected in the arrangements used when people saw the hairdresser. Confidential information was kept private.

People received all of the practical assistance they needed and had been encouraged to pursue their hobbies and interests. There was a system for quickly and fairly resolving complaints.

People had been invited to suggest improvements to their home and their views had been acted upon. The service was run in an open and inclusive way, good team work was promoted and staff were supported to speak out if they had any concerns. People had benefited from staff acting upon good practice guidance.

## 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 knew how to keep people safe from the risk of abuse including financial mistreatment.

Medicines were managed safely.

Some additional measures were needed to fully protect people from the risk of accidents.

There were enough staff on duty but the recruitment procedure needed to be strengthened.

### Is the service effective?

Good ●

The service was effective.

Staff had received training and guidance to enable them to support people in the right way.

People had been assisted to eat and drink but more needed to be done to ensure that people could choose what meals they wanted to have.

People had been supported to receive all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

### Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

Although staff recognised the importance of promoting people's privacy and dignity this commitment was not fully reflected in

the arrangements made when people saw the hairdresser.

Confidential information was kept private.

### **Is the service responsive?**

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who could become distressed.

People were helped to pursue their hobbies and interests.

There was a system to quickly and fairly resolve complaints.

**Good** ●

### **Is the service well-led?**

The service was not consistently well led.

Quality checks had not always identified and quickly resolved problems in the running of the service.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There was good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

**Requires Improvement** ●

# Delph 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 was planned to check whether the registered persons were 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 1 November 2016. The inspection was unannounced and the inspection team consisted of an 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.

During the inspection we spoke with 10 people who lived in the service and two relatives. We also spoke with a senior care worker, two care workers, a housekeeper, the registered manager and the managing director. We observed care that was provided in communal areas and looked at the care records for five of the people living in the service. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection visit we spoke by telephone with three relatives. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

## Is the service safe?

### Our findings

People told us that they felt safe living in the service. One of them remarked, "I've no trouble at all with the staff because all of them are very kind souls." We noted how people who lived with dementia and who had special communication needs were happy to be in the company of staff. An example of this occurred when we were spending time in the lounge. We observed a person beckoning to a passing member of staff who they encouraged to sit beside them. The member of staff sat with the person for 10 minutes holding their hand and looking out of the window with them. Relatives were also confident that their family members were safe with one of them saying, "I have always found the staff to be trustworthy and reliable and I have no reservations at all on that score".

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved. We noted that in the 12 months preceding our inspection the registered manager had appropriately contacted the local safeguarding authority. This had been done because staff were concerned that two people who lived in the service had developed a close friendship that could have resulted in them becoming distressed. We noted that as a result of contacting the local authority staff had been given the advice they needed about how best to keep the people concerned safe.

We found that people had been protected from the risk of financial mistreatment. This involved the service paying for things on people's behalf such as when they saw the hairdresser. The registered manager then sent relatives an invoice for the amount of money in question. We noted that there were receipts to support each purchase and that the invoices were correct.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this involved people being helped to keep their skin healthy by regularly changing their position and by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken practical steps to reduce the risk of people having accidents. An example of this was some people agreeing to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Other examples of this were people being provided with equipment to help prevent them having falls including walking frames and raised toilet seats. In addition, there was a passenger lift so that people could travel between floors in safety and comfort. We also noted that suitable arrangements had been made to enable people to safely and quickly leave the building in the event of an emergency. A relative commented, "I do think that the staff are very safety conscious, almost too much so because life is a risk. They're quick to help someone as soon as they're on their feet because they don't want them to fall."

However, we found that additional measures needed to be introduced to further reduce the risk of accidents. One of these involved the need to fit bannister rails to a length of corridor where we saw people trying to hold onto the wall in order to steady themselves. We raised this matter with the registered persons

who assured us that the oversight would be quickly corrected. Soon after our inspection visit they sent us photographs showing that the required bannister rails had been installed.

Another oversight involved the need to assess more fully how people were assisted to safely manage stairs. This was because access to two flights of stairs was not restricted in any way. As a result of this people might have been at risk of falling if they attempted to use them without assistance. We raised this matter with the registered persons who assured us that steps would immediately be taken to address our concerns.

Records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this involved people being referred to a specialist clinic after they had experienced a number of falls. This had enabled staff to receive expert advice about how best to assist the people concerned so that it was less likely that they would experience falls in the future.

People who lived in the service were confident about the way in which staff helped them to manage their medicines. One of them remarked, "I always get my medication on time." We found that there were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that during the week preceding our inspection each person had correctly received all of the medicines that had been prescribed for them. We noted that in the 12 months preceding our inspection there had been four instances when staff had not correctly recorded how they had administered a medicine. These mistakes had reduced the registered persons' ability to be fully confident that the medicines in question had been given in the way intended by the persons' doctors. However, records showed that the people concerned had not experienced any direct harm as a result of the mistakes. They also showed that the registered manager had quickly established how the mistakes had occurred and had taken effective action to reduce the likelihood of them happening again.

Records showed that the registered persons had completed an assessment of how many staff needed to be on duty taking into account how much assistance each person needed to receive. We noted that during the week preceding our inspection all of the shifts planned on the staff roster had been filled. People who lived in the service said that there were enough staff on duty to provide them with the individual care they needed and wanted. One of them commented, "I get all the help I need and so there must be enough staff I suppose." Another person said, "When I ring the call bell the staff are here quickly." We spent some time with a person who lived with dementia and who had special communication needs. We saw them waving to a passing member of staff and smiling to indicate their approval of staff being around and ready to help them. We concluded that there were enough staff on duty. This was because we saw people promptly being provided with all of the care they wished to receive.

We looked at the way in which the registered persons had recruited three members of staff and records showed that a number of background checks had been completed. These included checks with the Disclosure and Barring Service to show that the people concerned did not have criminal convictions and had not been guilty of professional misconduct. However, we noted that the registered persons had not completed all of the checks that were required in the case of one member of staff. This mistake had reduced the registered persons' ability to ensure that they had obtained all of the necessary assurances about the person's previous good conduct. The registered manager told us that no concerns had been raised about any aspect of the performance of the member of staff in question. In addition, they said that they would immediately complete all of the checks for the person concerned and also strengthen the service's



recruitment procedure to ensure that a similar oversight did not happen again.

## Is the service effective?

### Our findings

At our inspection on 2 and 3 November 2015 we found that there was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We noted that suitable arrangements had not been made to fully assist people who needed additional support to ensure that they had enough nutrition and hydration. This was because staff were not correctly monitoring how much these people were eating and drinking and had not properly checked how well they were maintaining their body weight. These oversights had not resulted in the people concerned experiencing actual harm but it had increased the risk of them not having all the food and drink they needed to stay well.

After the inspection the registered persons wrote to us and said that they had introduced improvements to respond to each of the concerns. They said that a new system was being used to help people to check their body weight. This was so that any significant changes could be noted and advice obtained from a healthcare professional. They also said that more robust arrangements had been made to enable staff to carefully monitor how much people were eating and drinking if they were at risk of not having enough nutrition and hydration. The registered persons said that the improvements would be fully completed by 15 December 2015.

At the present inspection we found that suitable arrangements were in place to support people to have enough to eat and drink to maintain their health. Records showed that people had been offered the opportunity to have their body weight regularly checked. This had helped staff to reliably identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. We also saw that staff were correctly checking how much some people were eating and drinking each day. We noted that as result of this staff were gently encouraging some people to eat and drink a little more. In addition, records showed that staff had arranged for some people who were at risk of choking to be seen by a healthcare professional. The people concerned had then been provided with specially prepared meals that were easier to swallow.

These improvements meant that the relevant legal requirement had been met.

People said and showed us that they were well supported in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. One of them said, "I get on just fine with the staff who are helpful and kind to us all." Another person remarked, "The staff know what to do, they are very kind to me." Relatives were also confident that staff had the knowledge and skills they needed. One of them said, "I'm sure that the staff do know what they're doing because otherwise my family member wouldn't be so settled."

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. Also during our inspection, we heard a senior care worker telephoning a local doctor's surgery because staff had just reported to them that a person was feeling unwell. A relative remarked about this saying, "I find the staff to be very alert to health issues and they don't hang about and call the doctor straight away if someone's unwell."

Records showed that staff had regularly met with the registered manager to review their work and to plan for their professional development. In addition, we noted that the registered manager regularly observed the way in which staff provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. We also found that most staff had obtained a nationally recognised qualification in the provision of care in residential settings.

Records showed that new staff had undertaken introductory training before working without direct supervision. This training was organised in accordance with the requirements of the Care Certificate. This is a nationally recognised model of training for new staff that is designed to equip them to care for people in the right way. In addition, we noted that established staff had completed refresher training in key subjects such as first aid, infection control and fire safety. The registered manager said that this was necessary to confirm that staff were competent to safely care for people in the right way.

We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. Examples of this was included staff knowing how to correctly care for people who had reduced mobility, were at risk of developing sore skin or who needed extra help to promote their continence. Other examples included us seeing staff correctly following good infection control practices such as regularly washing their hands and wearing disposable gloves when providing close personal care.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the registered manager and staff were following the MCA by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of staff explaining to a person why it was advisable for them to take a medicine that sometimes they declined to use. The member of staff quietly reminded the person about why the medicine had been prescribed for them so that they fully appreciated how they would benefit from taking it at the right time. After this, we saw that the person was reassured and was pleased to accept the tablet that had been given to them. Later on the person told us, "I get a bit mixed up with what tablet is for what thing and the staff help by pointing out what will help me feel better."

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals to help ensure that decisions were taken in people's best interests. An example of this involved the registered manager liaising with a person's care manager. This was because it had become necessary to give the person extra support so that they did not leave their bedroom at night without assistance from staff. In the past when this had occurred the person had not been able to find their way around and had become distressed. We noted that as a result of the registered manager's action staff had been advised about how best to keep the person safe while still respecting their legal rights.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that three people were being deprived of their liberty at the time of our inspection visit. This was necessary to ensure that they remained in the service so that they could safely receive the care they needed. Records showed that in the case of each person the registered manager had applied for the necessary DoLS authorisation. By doing this the registered manager had used reasonable foresight so that only lawful restrictions would be used that

respected people's rights.

Records showed that some people had made legal arrangements for a relative or other representative to make decisions on their behalf if they were no longer able to do so for themselves. We noted that these arrangements were clearly documented and were correctly understood by the registered manager and senior staff. This helped to ensure that suitable steps could be taken to liaise with people who had the legal right to be consulted about the care and other services provided for a person living in the service.

## Is the service caring?

### Our findings

People who lived in the service were positive about the quality of the care they received. We saw a person who lived with dementia and who had special communication needs sitting with a member of staff looking through a magazine. The member of staff pointed to some pictures of modern fashionable clothes and both of them laughed as they imagined wearing them in everyday life. Another person remarked to us, "I find the staff to be really kind and I like to see them about the place." Relatives were also confident that their family members were treated with care and consideration. One of them said, "I simply haven't got any reservations at all about the service. I was looking for things wrong at the start because I was anxious about my family member being in a care home but I needn't have worried."

During our inspection we saw that people were treated with respect and in a caring and kind way. We noted how staff took the time to speak with people as they assisted them and we observed a lot of positive conversations that supported people's wellbeing. An example of this occurred when we heard a member of staff chatting with a person about how farming in the fens had changed over the years. We saw the person concerned smiling and enjoying reflecting on their memories of farming in the days before machinery became an everyday sight.

We observed another occasion when a member of staff was helping someone sitting in the lounge who wanted to find a sweet that they had dropped to the side of the cushion on which they were sitting. The member of staff was called away to answer the front door bell. We noted that before the member of staff left the lounge they explained why they were leaving the room and assured the person that they would return as soon as possible. A few minutes later we saw the member of staff go back to the lounge where the person was helped to find the sweet which had actually fallen behind a rug. There was a lot of laughter as the member of staff had to reach as far as they could to retrieve the sweet which they then unwrapped and gave to the person. Later on we spoke with the person concerned and they said, "The staff are great and most of them can't do enough for you."

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. An example of this involved a member of staff chatting with a person about their memories of bringing up children and going on family holidays. We noted that the person was pleased to recall the experiences as they reflected with the member of staff on the challenges of bringing up a family on a limited budget.

We saw that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who were independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. We also saw that staff had supported people to

personalise their rooms with their own pictures, photographs and items of furniture.

In addition, we saw that communal toilets and bathrooms had locks on the doors and so could be secured when in use. We noted that staff knocked and waited for permission before going into bedrooms, toilets and bathrooms. Also, we saw that when staff provided people with close personal care they were careful to ensure that doors were shut so that people were assisted in private.

However, we found that people's privacy and dignity was not fully promoted by the arrangements that had been made for them to see the hairdresser. We saw that the service did not have a separate hairdressing salon resulting in the hairdresser having to wash people's hair with them sitting at the side of a bath in one of the communal bathrooms. In addition, because there was only limited room in the bathroom people then had to sit in a corridor while they had their hair dried. We asked two people who were having their hair dressed on the day of the inspection about these arrangements and neither considered them to be satisfactory. One of them summarised their experience saying, "It's not very good is it. Any high street salon like this would be out of business very quickly." We raised this matter with the registered persons who acknowledged that the problem needed to be addressed. Soon after our inspection visit they sent us documents and photographs showing that a more private hairdressing salon had been established.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative commented on this saying, "When I call to see my family member we can go to the bedroom if we want to talk in private and that wouldn't be an issue at all for the staff."

We saw that paper records which contained private information were stored securely. In addition, electronic records were held securely in the service's computer system. This system was password protected and so could only be accessed by authorised staff. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

## Is the service responsive?

### Our findings

At our inspection on 2 and 3 November 2015 we found that there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We noted that suitable arrangements had not been made to fully assist people who lived with dementia and who needed additional care when they became distressed. This was because staff had not been given the training and guidance they needed and did not feel confident when caring for people in these circumstances. In addition, suitably detailed information had not been included in each person's written care plan describing how staff could consistently and effectively respond to instances when people became anxious and needed reassurance. These oversights had not resulted in the people concerned experiencing actual harm but it had increased the risk of them not receiving care that responded effectively to their individual needs for assistance.

After the inspection the registered persons wrote to us and said that they had introduced improvements to respond to each of the concerns. They said that staff had been provided with additional guidance and training so that they had the knowledge and skills they need to provide the right care for people who could become distressed. In addition, they said that more information had been included in people's care plans to better enable staff to provide the consistent reassurance that people needed to receive. The registered persons said that the improvements would be fully completed by 15 December 2015.

At the present inspection we found that suitable arrangements had been made to effectively care for people who lived with dementia and who could become distressed. Records showed that staff had received additional training and guidance. In addition, staff told us that they were much more confident in their abilities to help people to avoid and manage stressful situations. In addition, we noted that more information had been included in people's care plans to help staff provide an effective response. We saw an example of this in one care plan that described various forms of reassurance that the person concerned had found to be helpful in the past when they had become upset.

When we were spending time with people in the lounge we saw that a person became distressed. We noted that a member of staff followed the guidance described in the person's care plan and reassured them. They noticed that the person was becoming anxious about the number of people who were gathered in one of the hallways just outside the lounge. This had resulted in the area being rather more noisy than usual. A member of staff responded to this by suggesting that the person might enjoy some quiet time having a cup of tea in another area of the service. Soon after this event we saw the person sitting in a quieter area of the service where they were having a drink and chatting in a relaxed way with another member of staff.

These improvements meant that the relevant legal requirement had been met.

More generally we found that staff had consulted with people about the care they wanted to receive and they had recorded the results in a care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. We saw an example of this when people were helped to reposition themselves when sitting in their armchair or when in

bed so that they were comfortable. Another example was the way in which staff had supported people to use aides that promoted their continence. In addition, people said that staff regularly checked on them during the night to make sure they were comfortable and safe in bed.

People chatted with us about the care they received with one of them saying, "The staff are very helpful to me. I like hearing them around at night because I know I can get help if I need it. That's a big weight off my mind." Another person who lived with dementia and who had special communication needs pointed towards a member staff and showed us their appreciation by giving them a 'thumbs-up' sign.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action by enabling people to express their individuality. We were told that a religious service would be arranged if people wished to meet their spiritual needs in this way. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

Records showed that people were supported to take part in a range of social activities including things such as arts and crafts, quizzes and gentle exercises. During our inspection visit in the morning we saw a group of people joining in a lively sing song with staff in the lounge. In the afternoon we saw people being assisted to pursue more gentle activities such as reading, watching television and enjoying craftwork. We also noted that staff made a point of spending time with people who preferred to rest in their bedrooms. This was so that these people also had the opportunity to become involved in activities that interested them. In addition, records and photographs showed there were entertainers who called to the service to play music and engage people in singing along to their favourite tunes. We also noted that people had been consulted about the trips out they would like to enjoy. As a result of this earlier in the year a number of people had been accompanied on a trip to Ely cathedral. People told us that they were satisfied with the opportunities they were given to enjoy social activities. One of them said, "There's usually something on most days in the lounge and in general time doesn't drag."

People showed us by their confident manner that they would be willing to let staff know if they were not happy about something. We noted that people had been given a user-friendly complaints procedure that used pictures and signs to explain their right to make a complaint. We also saw that the registered persons had a procedure which helped to ensure that complaints could be quickly and fairly resolved. Records showed that the registered persons had not received any formal complaints in the 12 months preceding our inspection. Relatives were confident that they could freely raise any concerns they might have. One of them said, "I'm confident in the manager and the staff. If I had a complaint I would feel free to raise it because people are helpful here and not at all defensive. You can say what you want."



## Is the service well-led?

### Our findings

At our inspection on 2 and 3 November 2015 we found that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We noted that suitable arrangements had not been made to assess and evaluate the quality of the care provided in the service. This was because the daily assistance given to each person had not been audited as regularly as the registered persons said was necessary. In addition to this other quality checks had not been robustly undertaken. These shortfalls had resulted in the persistence of the problems we have already mentioned relating to the assistance people received to eat and drink enough and to the reassurance they were given when they became distressed. Although shortfalls in the completion of quality checks had not resulted in people experiencing actual harm they had increased the risk of the service not being able to safely respond to people's needs and wishes.

After the inspection the registered persons wrote to us and said that they had introduced improvements to respond to each of the concerns. They said that additional and more robust quality checks had been introduced to specifically address each of the shortfalls noted above. The registered persons said that the improvements would be fully completed by 15 December 2015.

At the present inspection we found that the arrangements to assess and evaluate the quality of the care provided in the service had been strengthened. Records showed that the managing director and the registered manager had regularly completed quality checks to make sure that people were reliably receiving all of the care they needed. This included correctly caring for people who were at risk of not eating and drinking enough or who needed extra reassurance.

These improvements meant that the relevant legal requirement had been met.

People who lived in the service told us that their home was well run. One of them said, "It's pretty well organised here. I suppose we take it for granted that staff will be around and meals are done and stuff like that. But it must take a bit of planning." Relatives were also confident about this matter with one of them commenting, "I do think that Delph House is a professional service. The manager instils confidence because she's a very organised person and she won't rest until she gets things done."

However, we noted that some further improvements still needed to be made to the way in which quality checks were completed. This was because problems in the recruitment process, the choices provided by the catering system, the avoidance of accidents and the promotion of people's dignity had not been quickly identified and resolved. In addition, records showed that some of the checks of refrigerator temperatures completed by catering staff had not been undertaken. This mistake had reduced the registered persons' ability to ensure that food was consistently stored at the right temperature. The registered persons assured us that these continuing shortfalls in the completion of quality checks would immediately be put right so that people who lived in the service could be fully confident in how their home was run.

People who lived in the service said and showed us that they were asked for their views about their home as

part of everyday life. One of them remarked, "The staff are always willing to have a chat. The place has got a relaxed feeling to it." We saw a lot of examples of staff consulting with people. One of these involved a member of staff chatting with a person who had lived with dementia and who had special communication needs. The member of staff pointed to a picture in a magazine about Christmas festivities and then used sign assisted language to ask the person about what they wanted to do on Christmas day. This enabled the person to meaningfully indicate their choices which included looking forward to joining in a festive meal.

We also noted that there were regular house meetings at which staff supported people to suggest improvements to their home. An example of this involved the registered persons having installed a new large screen television in the lounge after people said that this would be easier for them to see.

People showed us that they knew who the registered person and registered manager were and that they were helpful. During our inspection visit we saw both of them talking with people who lived in the service and with staff. The registered manager had a very detailed knowledge of the care each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped the registered manager to effectively manage the service and provide guidance for staff.

We noted that staff were being provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a named senior person in charge of each shift and during out of office hours there was always a senior manager on call if staff needed advice. We saw that there were handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

Staff told us that there was an open and inclusive approach to running the service. They were confident that they could speak to the registered persons if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they needed to raise any concerns about poor practice.

We found that the registered manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved the registered manager attending a series of training workshops that were designed to promote positive outcomes for people who live with dementia. We noted that the registered manager's attendance at the workshops had resulted in staff receiving updated information about developments in good care practice. We saw that this commitment was reflected in the way that people who lived with dementia were supported by staff to maintain and enjoy their independence while staying safe.