

## Delam Care Limited

# Shamu

## Inspection report

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### Ratings

#### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

### Overall summary

We inspected this service on 20 February 2015. This was an unannounced inspection.

The service was registered to provide accommodation and personal care for up to six people. People who use the service have a learning disability and/or mental health needs.

At the time of our inspection six people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's safety was maintained in a manner that promoted their independence. Staff understood how to keep people safe and they helped people to understand risks. Medicines were managed safely by the staff and people were enabled to administer their own medicines when this was appropriate.

# Summary of findings

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

People could access suitable amounts of food and drink and healthy eating was promoted. People's health and wellbeing needs were monitored and people were supported to attend both urgent and routine health appointments as required.

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

Staff sought people's consent before they provided care and support. However, some people who used the

service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed.

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

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

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

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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

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

Good



### Is the service effective?

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

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

Good



### Is the service caring?

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

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

Good



### Is the service responsive?

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

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

Good



### Is the service well-led?

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

Good



# Shamu

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider

had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

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

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

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

# Is the service safe?

## Our findings

Without exception people told us that the staff helped to keep them and their possessions safe. One person said, “The staff keep me safe, they help me in and out of the bath to stop me from falling”. Another person said, “They [the staff] keep my money safe. It gets locked up or I would just spend it all and have none left”. People told us and care records confirmed that they were regularly involved in the assessment and review of their risks. Staff showed that they understood people’s risks and we saw that people were supported in accordance with their risk management plans.

People were helped to understand what potential abuse was and how to report it. One person said, “Abuse is when someone assaults you. I would tell the staff if that happened”. Staff and people told us that safety and abuse was discussed on a regular basis. We saw that staff used pictures to help people understand this information when this was required.

Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people’s safety would be appropriately reported to the registered manager and local safeguarding team. No safety incidents had occurred since our last inspection that required reporting to the local safeguarding team.

People told us that staff were always available to provide them with care and support. One person said, “The staff are always here if I need them”. The registered manager told us that they regularly reviewed staffing levels and adjusted

these to meet people’s individual needs. They said, “We make sure we have the staff so people are able to do the activities they want to do. [a person who used the service] is out today with staff even though they have no ‘one to one’ funded hours (individual one to one time with staff that is funded by the person or the local authority). We saw that staffing levels changed to meet the changing needs of the people who used the service. For example, a person had recently moved into the home which had resulted in an increase in staffing levels to accommodate their needs.

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

People told us and we saw that medicines were managed safely. One person said, “The staff keep my medicines safe”. We saw that systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

People were enabled to be as independent as they could be because the staff had a positive attitude to risk. For example, people were asked if they wanted to self-administer their medicines. People told us and we saw that systems were in place to protect people who self-administered their medicines. One person showed us how they kept their medicines safe and the staff told us how they regularly carried out checks that ensured the person was safely administering these medicines.

# Is the service effective?

## Our findings

People told us they could choose the foods they ate. One person said, “The food’s nice and we choose what we want. We have meetings every week where we talk about the food”. Another person said, “I love the food, I get to eat my favourite foods”. People also told us and we saw that sufficient amounts of food and drink were readily available and accessible. One person said, “We help ourselves to snacks”. Another person said, “I’m hungry, so I’m going to have a tea cake”. We saw staff support this person to toast their teacake.

People told us that a healthy diet was promoted. One person said, “The staff have helped me to lose weight”. We saw that people’s dietary risks were assessed and reviewed. People were involved in this process and an educational approach was used to help people to understand the importance of a healthy diet. When dietary risks were identified people’s care records contained guidance for staff to follow to manage and monitor these risks. Staff showed a good understanding of people’s nutritional needs and we saw that a healthy and balanced diet was promoted.

People told us they were supported to stay healthy and had access to a variety of health and social care professionals. One person said, “The staff make appointments for us at the doctors if we are sick”. We saw that staff supported people to attend health and social care appointments. For example, we saw that one person had been supported to attend regular physiotherapy sessions. The outcomes of these sessions were recorded and advice from the physiotherapist was used to update the person’s care plan.

People confirmed that staff sought their consent before they provided care and support. Staff told us that most people had the ability to make everyday decisions about their care and treatment.

The rights of people who were unable to make important decisions about their health or wellbeing were protected.

Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate, decisions are made in people’s best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act and they gave examples of how they worked with other people to make decisions in their best interests as required. Care records confirmed that mental capacity assessments were completed and reviewed, and best interest decisions had been made in accordance with the legal requirements. At the time of our inspection, one person was being restricted under the DoLS. The correct guidance had been followed to ensure this restriction was lawful and in the person’s best interests.

Staff told us they had received training to give them the skills they needed to provide care and support. This included an induction for new staff that ensured they had the knowledge required to start working with people. One new staff member told us about their induction. They said, “I met the residents, looked at care plans and I got to know the staff, paperwork and routines. I worked as an extra member of staff for a week and then I was put on the rota. [the registered manager] checked to see I was ready and happy to start on the rota after my induction”. Staff demonstrated that their training had been effective by telling us about the knowledge and skills they had acquired. For example, one staff member told us how their training had helped them to follow the requirements of the Mental Capacity Act 2005. They said, “I learned a lot from the Mental Capacity training. I now know there are different ways in coming to a best interest decision. It’s not just family members who can make decisions; it’s the staff here, social workers and doctors too”.

Checks were completed that ensured staff had understood their training. For example, staff who administered medicines were observed by a manager to check they followed the correct medicines management procedures.

# Is the service caring?

## Our findings

People told us and we saw that staff provided care and support with kindness and compassion. One person said, “The staff are all so nice to me”. Another person said, “The people and staff are all happy here, we all smile at each other”. We saw staff reassure one person who was anxious by using techniques that helped comfort the person. The staff gently blew on the person’s hair and the person later told us, “I ask the staff to blow on my hair because I like it, it makes me feel nice”.

People told us that the staff had comforted them after the death of one of their friends. People said that the staff had helped them to hold a memorial service for the person and planted a tree in the garden.

People told us that the staff helped them to maintain their friendships and resolve disputes within the home. One person said, “We all get on but when we have fall outs the staff check to see what’s happened and sort it all out”. Another person said, “The staff help us to stay friends”.

People told us they could make choices and decisions about their care. For example, one person told us that staff had supported them to make choices to help them to lose weight. They said, “The staff help me with my money so I don’t spend it all on food. They asked me if I wanted the help and I said yes. It’s really helped me to lose my weight”. Another person told us how they had chosen their bedroom décor. They said, “I chose the colour of my blinds in my bedroom. They are pink, I love pink”.

People told us that staff enabled them to make decisions about their care by helping them to understand

information about choices. For example, one person told us how pictures helped them to make choices. They said, “We have pictures to show us the food we can have. We use them to pick what we want, it makes it easier to choose”.

People also told us that the staff respected the choices and decisions that they made. One person said, “I didn’t go on holiday last time, I don’t have to go if I don’t want to”. Another person said, “I smoke even though they [The staff] tell me it’s not good for me”.

People told and we saw that us their privacy was promoted and respected. One person said, “We have freedom here. I like my freedom”. Another person said, “We have freedom here. I like my freedom”. We saw that staff respected people’s privacy. For example, we saw one person leave a communal area to go to their bedroom. The staff knocked on the person’s bedroom door, waited for a response, checked the person was safe and then left the person to have private time in their room.

We saw that staff respected people’s independence and people were supported to maintain and acquire independent living skills. One person said, “I can go out whenever I want. I just write that I’ve gone so the staff know I’m not here if there is a fire”. We saw staff support one person to toast a teacake whilst promoting their independence. The staff asked the person what they needed help with and only provided the person with the support they needed.

With their permission, people and staff all had summaries of their likes, dislikes and histories on display at the home. Staff used this information to engage people in conversations about topics that were important to them. We saw the staff apply this knowledge to comfort and reassure people.

# Is the service responsive?

## Our findings

Before people moved to Shamu they visited the home to check it was suitable for their needs. People could then choose to move in on a gradual basis, where they visited Shamu and spent time with the other people who used the service and the staff before they moved in permanently. One person said, “I came to visit lots of times before I lived here. We all went out for food once too”. The staff told us that this gradual approach ensured people could develop relationships with each other to help them to settle into the home well. This showed that the staff were responsive to people’s individual needs when they started to use the service.

People told us they were involved in the assessment and review of their care. Care records confirmed that monthly meetings were held with people and their key worker to discuss their care needs and wishes. One person said, “We talk about what I’ve done and what I want to do”. People also told us and care records showed that their wishes for the future were built into their care plan. For example, one person had told staff they wanted to swim with dolphins. This person could not swim, so the staff had started to support the person to learn to swim at the local swimming pool. This person confirmed that staff had started to take them swimming.

People were protected from the risks of social isolation and boredom. Staff supported and encouraged people to

access the community and visit their relatives and friends. One person told us, “I go to work twice a week and I go to college once a week. I do the weekly shop with the staff and I go swimming with [the person’s key worker]”. Another person said, “The staff take me to the disco. I’ve been twice now and I love it”.

People told us that their views about their care were regularly sought. One person said, “We have these meetings and we talk about food, holidays and problems in the house. Any problems get sorted”. The records of these meetings confirmed that people’s views were sought and action was taken to respond to people’s requests. For example, we could see that people had requested to play snooker, so staff had arranged a trip to a local snooker hall. People confirmed that this trip had been arranged, but no one chose to go because they had changed their minds. People told us the staff respected their decisions not to go.

People told us they knew how to complain about the care. One person said, “I would tell [the registered manager] if I was unhappy”. Another person said, “I would tell the staff if I was unhappy. If I didn’t want to tell the staff here, I could tell [the registered manager of another of the provider’s local services] if I wanted to as they always listen to me too”. There was an accessible easy to read complaints procedure in place and staff demonstrated that they understood the provider’s complaints procedure. No complaints had been recently received.



# Is the service well-led?

## Our findings

People told us there was a positive atmosphere at the home. One person said, “I just love it here, the staff make me laugh”. Another person said, “I like everything about it here. The staff are nice, the manager is nice and the people are nice”. Staff told us they enjoyed working at the home. One staff member said, “I love working here, every day is different and we all get on as a team”.

People told us they were involved in making decisions about changes to the home. One person said, “We talk about house issues in meetings”. Staff told us and records showed that people were asked about the suitability of the home’s environment, including the décor. No recent suggestions had been raised by people for the provider to respond to.

The registered manager ensured that the service was inclusive. People were treated as equals. For example, information about people and the staff’s likes and dislikes were on display for people to read. Information was provided to people in a manner that helped them to be involved in and understand their care. For example, pictures were used to help people ensure they understood safety information about the service, such as how to evacuate in the event of a fire.

Staff told us the registered manager was approachable and supportive. One staff member said, “If there are any problems I know I can go to her or ring her at any time”. Another staff member told us that the registered manager listened to and responded to their feedback. They said, “If I think something will work better I tell [the registered manager] and they listen to me”. This staff member gave an example of changes that were made to one person’s care as a result of their feedback.

Frequent quality checks were completed by the registered manager and provider. These included checks of medicines management, infection control, health and safety and care

records. Where concerns with quality were identified, action was taken to improve quality. For example, when a health and safety audit identified that a new shower was needed to meet the needs of a person who used the service, the registered manager escalated this to the provider. The provider had incorporated this onto their service improvement plan and the refurbishment of the shower had been planned for. Temporary measures had also been put into place that ensured the person could still wash safely whilst they could not access the shower.

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

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

The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. One staff member told us that the registered manager responded promptly to their development needs. They said, “I told her I’d like to do my diploma, then the next thing I know, I was booked on to do it”.

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