

Lifeways Community Care Limited

Delphine Court

Inspection report

48-50 Cockerton Green
Darlington
County Durham
DL3 9EU

Tel: 01325352334
Website: www.lifeways.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection visit took place on the 16 October 2017. We also spoke with a relative and healthcare professionals on 17 October 2017. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The service was newly registered in December 2016 and so it had not been previously inspected or rated.

Delphine Court provides care and support for up to eight people who have a learning disability. On the day of our visit there was one person using the service and another person was due to transition [move in] to the service later that day.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The person using the service was 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 support this practice.

Processes and procedures were in place to ensure people were protected from abuse and harm. Staff spoke confidently about the actions they would take if they thought a person was at risk of harm.

Medicines were stored and managed appropriately. The service ensured staff were trained and their competency assessed prior to administering medicines.

Staff were recruited safely and were given appropriate training before they commenced employment. We discussed with the registered manager that staff files needed to accurately reflect all the pre-employment checks that had been carried out for new staff members as checks had sometimes been confirmed at a regional manager and human resources level, rather than with the service and registered manager. The registered manager stated they would review and amend this process straight away.

Staff had received specific training in managing the needs of people who used the service such as epilepsy and specific speech and language therapy approaches. There were sufficient staff on duty to meet the needs of the person and the staff team were supportive of the registered manager and of each other.

There was a regular programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify their personal and professional development.

The person's care plans were person centred and had been well assessed. The home had developed plans

such as communication systems, supported by speech and language therapists to help the person be involved in how they wanted their care and support to be delivered. The person was given choices and encouraged to take part in all aspects of day to day life at the home, including shopping, laundry and cooking. One person was transitioning into the home and we saw this had been planned and assessed so it was as smooth as possible.

The service encouraged the person to maintain their independence. Staff supported the person in a caring way. They were supported to be involved in the local community as much as possible and to use public transport and access regular facilities such as the local G.P, shops and leisure facilities.

A regular programme of staff meetings took place where issues were shared and raised. The service had a complaints procedure and staff told us how they could recognise if the person they were supporting was unhappy. The service met with the person regularly and recorded their views about activities and whether they were happy. A family member also told us the service kept them involved in their relative's life. Professionals told us they were kept updated. This showed the service listened to the views of people.

There was a regular programme of auditing in place to check the safety and quality of the service being delivered at Delphine Court.

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.

The service undertook checks to safely recruit staff but records confirming this were not always available at the home. Staff told us they were given training to meet the needs of the people using the service.

Staff knew how to recognise and report abuse. Staffing levels were consistent and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff had training and knew how to respond to emergency situations.

Is the service effective?

Requires Improvement ●

The service was effective.

The person using the service was supported to have their nutritional needs met. Their healthcare needs were assessed and the service worked with professionals to support them to achieve a healthy lifestyle.

Staff received regular and worthwhile supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and they understood their responsibilities.

Is the service caring?

Good ●

The service was caring.

The staff demonstrated support and care in a range of challenging situations.

It was clear from our observations and from speaking with staff

they had a good understanding of the person's care and support needs.

Wherever possible, the person was involved in making decisions about their own care and their independence was promoted. Privacy and dignity was respected by staff

Is the service responsive?

Good ●

Care plans were written from the point of view of the person who received the service. Plans described how the person wanted to be communicated with and supported.

The service provided a choice of activities based on individual need and the person using the service was appropriately supported by staff to access community activities of their choice.

There was a clear complaints procedure in easy read format. The person and staff stated the registered manager was approachable and would listen and act on any concerns.

Transitions into the service had taken place in a planned way.

Is the service well-led?

Good ●

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Staff and the person said they could raise any issues with the registered manager.

The service showed it had learnt from safeguarding events to improve the way the service supported people safely.

Delphine Court

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 16 October 2017. We also spoke with a relative and healthcare professionals via telephone on 17 October 2017. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. The registered manager provided this to CQC and it was used to help plan this inspection.

We also reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

We spoke with two healthcare professionals who regularly visited the service and one family member following our inspection visit.

During our inspection we spoke with three support staff, a team leader, the deputy manager and the registered manager. We observed the care and support the person received in communal areas and we looked at their care and support records. We also looked at records that related to how the service was managed, looked at staff records and looked around all areas of the home.

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They could identify different types of abuse and knew what to do if they witnessed any incidents of concern. One staff member told us, "I feel very happy raising any concerns." Another member of staff commented, "People here are very vulnerable and we need to protect them and ourselves." One healthcare professional told us, "We did discuss old safeguarding concerns at the service and I found the service open and honest about these and the learning they had taken from them."

The service had policies and procedures for safeguarding vulnerable adults and the documents were available and accessible to members of staff. Staff had easy access to the contact details and information they would require to raise an alert. The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. This helped ensure staff had the necessary knowledge and information to support them to protect people from abuse or improper treatment.

Each person had a Personal Emergency Evacuation Plan (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations. One staff member told us, "I feel I know what to do, we have weekly fire checks and a grab bag with evacuation plans in."

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility.

We checked the medicine administration records (MAR) together with receipt records and these showed us that the person using the service received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines. Policies were in place for the safe management of medicines and these were very specific including protocols for 'as and when required' medicines. One staff member told us, "I have been having my medicines observations with the manager and there are always two people who administer medicines to be as safe as possible."

We were told that staffing levels were organised according to the needs of the service. The rotas provided flexibility and staff were on duty during the day to enable the person to access community activities. This meant there were enough staff to support the needs of the person using the service. As the service was growing there was additional recruitment ongoing.

We saw that recruitment processes were in place to ensure staff were safe to work at the service such as references, identity checks and evidence of people's right to work in the UK. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for

any new employees. However, these were not always available at the service in the staff files we viewed, as they had been carried out by the provider's human resources department. We discussed with the registered manager that they needed to assure themselves that the checks were carried out and were satisfactory, and a copy of these records needed to be in staff files at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of four staff who had been recently recruited to the service. The service asked scenario based questions at interview which showed that potential applicants understood the nature of the service and type of support to be given and there were comprehensive records of the interview process in place.

In the first week of induction, staff completed the following safety based training modules; moving and handling; first aid; managing violence; and aggression and supporting people with a learning disability. Other units included safeguarding and positive behaviour support. This meant staff were trained in the skills they would need to support people safely.

The premises were in the process of being redecorated as there had been considerable damage caused to the environment by a person who had previously lived at Delphine Court. This meant that doors and walls had been damaged and the service had reviewed its security procedures to add electronic keypads and gates to promote people's safety.

Risk assessments had been completed for people in respect of any elements of support provided and additionally in areas such as risks associated with going out into the community. The risk assessments had been signed to confirm they had been reviewed. The home also had an environmental risk assessment in place.

Records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home's gas supplies had been tested to ensure they were safe and portable appliances had been tested.

Is the service effective?

Our findings

We looked at records in relation to supporting people with their health. In the one care file we viewed, the hospital passport document had not been completed fully and the health action plan was also lacking in key information about the person, who suffered with epilepsy. These are key documents for people with a learning disability to provide hospital staff with important information about them and their health. A health action plan tells people what they need to do to keep healthy. It tells people what services and support are needed to live a healthy life. We asked the registered manager to action their completion as soon as possible and she agreed this would be carried out straight away.

The registered manager told us that learning disability community nurses and speech and language therapists visited and supported the person who used the service regularly. We spoke with these professionals who were positive in their views of the service. One community nurse told us, "The staff morale and attitude is good and they are good at taking advice on board. We were told that the local GP practice was very supportive.

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 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 checked whether the service was working in line with the MCA. The registered manager told us there was one person using the service who needed an authorisation in place. An assessment tool was in place to make individual judgements that were based on best interests' decisions. We saw evidence of authorisation and a review date had been agreed. Staff were able to explain the DoLS process to us and said they had received training to ensure they understood the implications for people, one staff member told us, "DoLS have to be done in a multi-disciplinary way and to ensure they are in people's best interests."

Staff received supervision on a regular basis and records confirmed this had occurred. Staff told us that as well as formal supervision sessions, they also had job chats bi-monthly which they told us was a more informal chat session with their line manager.

Staff training records showed the majority of staff were up to date with their training. We looked at the training records of four staff members which showed in the last 12 months they had received training in food hygiene, fire, safeguarding, health and safety, epilepsy, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 amongst others. One staff member told us, "I've just completed training in induction and positive behaviour support and conflict management in my first four weeks, it's been great and busy." Staff

had also been trained to use specific speech and language therapy approaches. The speech and language therapist told us, "The staff have really got on board with this and tried their utmost." One staff member told us, "I've enjoyed the first aid training, it was great fun." This showed that staff received training to ensure they could meet the needs of people who used the service.

We saw staff meetings had not been running regularly over the summer but staff members told us that the manager who had been in post for three months was keen to establish regular meetings again.

The person using the service had a keyworker at the home who helped them maintain their care plan, liaise with relatives and friends and support the person to attend activities of their choice.

The home had a domestic kitchen and dining area. We saw that menus had been developed using photographs and symbols to help the person recognise the choices they could make.

The menu was planned between the staff team and the person using the service and as well as planning and cooking, everyone also helped with the food shopping. Staff also told us about the person's likes and dislikes.

We saw the staff team monitored the person's dietary intake and that as far as possible they worked to make menus healthy and nutritious. The staff team had training in basic food hygiene and in nutrition and health, and we saw that the kitchen was clean and tidy and food was appropriately checked and stored.

Is the service caring?

Our findings

We spoke with a commissioner who told us, "I have just visited the service and feel its very person centred and led by the client." A community nurse we spoke with said, "The hearts of the staff are in the right place."

The person who used the service had complex needs and had no verbal communication. One staff member told us, "You have to try different ways of communicating and anticipate if something is different or changes that might cause anxiety. For example, one day we didn't have a driver so [Name] couldn't go out as per their plan and we had behaviour. Now we make sure we put measures in so this doesn't happen again." The person had a communication plan in place and also used assistive technology to express themselves. They were also working with members of the speech and language therapy team and the staff team to improve their communication skills.

We observed that staff asked the person for their consent and explained what they were doing throughout our visit. We asked staff how they would support someone's privacy and dignity. They told us about knocking on people's door before entering rooms and always asking before you helped somebody with a task.

All of the staff team, including one staff member who had only been at the service for four weeks, demonstrated an in-depth knowledge and understanding of the person's care, support needs and routines. We saw the service worked to give people 'core teams' or a key group of staff who worked to support the person in a consistent way so their anxiety levels would be reduced.

All staff said they would have no hesitation in seeking advice from a healthcare professional and contacting people's family or carers straight away if they had any concerns about someone's health or well-being. We saw from care plans appropriate referrals had been made to professionals promptly and any on-going communication was also clearly recorded.

The support plan was written in an individual way, which included family information and how the person wanted their care and support to be delivered. Plans were person centred and specific to the needs of the individual. There were very clear proactive strategies for staff to follow if people became anxious as well as detailed physical intervention protocols for people where this may be necessary. Staff explained to us how they recorded any incidents fully and they were reviewed by everyone involved so they could identify any triggers to reduce the likelihood of it happening again.

Staff told us that keyworkers reviewed care plans on a monthly basis with the person and every three months there was a multi-disciplinary review attended by everyone involved in the person's care. An annual review also took place where advocates and families were invited.

We saw a daily record was kept of each person's care. They showed staff had been supporting people with their care and support as written in their care plans. In addition, the records confirmed activities the person had undertaken during the day.

One staff member told us; "We try and give as much choice as possible. For example, we encourage [Name] by saying, 'Would you like to come and make pizza?' and they have been able to put the topping on so we are helping them learn new skills and increase their routines all the time."

The management team told us that advocates would be sought if anyone felt this was required. Advocates promote people's choice and support them to express their views where they are unable to articulate these for themselves.

Is the service responsive?

Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service's quality assurance procedure that the registered manager sought the views of the person using the service on a regular basis and this was recorded in a meeting format. The complaints policy also provided information about the external agencies which people could use if they preferred. This information was also supplied to people who used the service using symbols and an easy read format.

Staff demonstrated they knew the person they supported very well. Talking to staff, they told us about the person currently living at the service and the one new person who was moving into the home that day. Staff also told us they had spoken with people's parents and families to learn more about them. One staff member told us, "The care plans are really helpful but I spoke to [Name's] mam and this was really useful to understand where they have been before."

The support plans used in the service were person centred, as the individual needs of the person, their wishes and preferences, were identified and staff only intervened when agreed or the need arose to protect their safety and welfare. Support plans had a one page profile which meant key information about people and how they wished their care and support to be delivered was in place. We saw a sheet entitled 'progress towards their goals' had been completed; for one person one of these goals was to make their own toast for breakfast and this had been written using a social story. A social story is a short description of a particular situation, event or activity, which includes specific information about what to expect in that situation and is specifically for people on the autistic spectrum. This showed the service was supporting people in a way that was meaningful to them to achieve goals and positive outcomes.

On the day of our inspection, the person in receipt of care was out in the community for a walk and staff were keen to tell us how on the previous day, they had gone food shopping locally and had coped with this new experience really well. Staff told us they worked flexible shifts to ensure the person could attend activities. The person had a full week's activity programme using symbols in their lounge area which staff referred them to constantly, so they knew what was happening next in their day.

We witnessed staff responding calmly when the person became anxious. Staff discretely supported them to a quieter area. Staff used calm language and positive activities to distract the person and used techniques described in the person's positive behaviour support plan to try to decrease their anxieties. The registered manager was on hand to support the person and staff during these times.

Staff told us that activities were based around people's needs and likes as well as encouraging people to be involved in the day-to-day running of the home such as food shopping. We saw that activities were decided with the person and included accessing the community as much as possible on evenings and weekends as well. The person was supported to spend time with their family and friends.

The registered manager told us that a new person was coming to live at Delphine Court on the day of our inspection visit. The registered manager and staff team told us they met with the person's previous

placement to learn more about them and to help decide if Delphine Court would be the right place for this individual to live. Two members of the staff team had worked alongside the person's current staff team for a full two weeks to get to know the person and to support a more effective transition. Staff planned to keep in touch with their family to let them know about the transition process and how it was going. A community nurse told us, "There has been extensive work with transition and that's good." A service commissioner also told us, "There has been a really smooth transition and the planning has been top notch, all professionals and family have been involved in terms of supporting the person." This showed the service worked with families and other professionals to ensure a smooth and successful transition into the service.

Is the service well-led?

Our findings

The service had a registered manager in place who had been working at the service for three months and was registered the week prior to our inspection visit. A registered manager is a person who has registered with CQC to manage the service. The registered manager told us about future plans for the service in terms of developing the environment and transitioning more people successfully into the service.

Our observations of the care and support delivered were positive. Staff all communicated in a kind and friendly manner and there was a welcoming and warm atmosphere within the home. We spoke with a relative who told us, "We are very fussy and have very high standards and the service is meeting those. They are extremely honest and they have listened to us and taken on board our feedback."

Professionals we spoke with spoke highly of the registered manager. Comments included, "[Name] has been very proactive" and "[Name] came in right at the deep end but she has been focussed and staff morale and attitude is good."

The home had a clear management structure in place led by a registered manager, a deputy manager and team leaders. One staff member told us, "Day to day they always ask if I am ok, it is very easy to talk to all the managers."

Observations of interactions between the registered manager and staff showed they were open and positive. A relative we spoke with told us the registered manager was approachable, supportive and they felt listened to. Staff members told us they felt supported working at Delphine Court. One staff member told us, "[Name] the registered manager has been fantastic, she's very accommodating."

The service also carried out meetings with the person who used the service which the registered manager said would be developed as more people moved into the service.

Records confirmed meetings took place with staff. Staff said they felt supported by the registered manager and told us they were comfortable raising any concerns. One staff member commented, "It was difficult earlier this year but [Name] the registered manager has come in and been trying to get things up and running again." Staff also said they met to discuss training and other issues relating to the service. We were told that the meetings talked about people using the service, keyworkers, safeguarding and health and safety topics, as well as an update from the registered manager.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. Various audits and checks were carried out on the environment, health and safety and medicines on a monthly basis. Audits were undertaken by the provider every six months which mirrored the CQC inspection process. Action plans were in place for issues such as environmental damage that had been caused by a person who had previously used the service. This was in the process of being addressed along with ongoing staff recruitment. This showed the service had an action plan to address areas of improvement and staff members told us they were kept updated on these matters which showed they were involved in

service planning and delivery.

The law requires that providers send notifications of changes, events or incidents at the home to CQC. We had received appropriate notifications from the service. We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.