

# Delam Care Limited

# New Lodge

## Inspection report

971 Lightwood Road  
Longton  
Staffordshire  
ST3 7NE

Tel: 01782388370

Date of inspection visit:  
06 November 2018

Date of publication:  
13 December 2018

### 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 ●

# Summary of findings

## Overall summary

This inspection took place on 6 November 2018 and was unannounced.

New Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. New Lodge is registered for up to four people with either a learning disability and/or autistic spectrum disorders. At the time of the inspection four people were living at the service. The service was provided from a domestic-style house over two floors, each person having their own personal room. There were shared communal areas such as a lounge and dining area and kitchen and there was also a wet room on the ground floor.

At our last inspection in January 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good', there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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.

Systems were in place to keep people safe and they were protected from abuse. People's risks were identified and measures put into place to avoid harm, risk assessments were in place to ensure people's safety and to support staff. Lessons were learnt as a result of incidents, accidents or feedback and improvements had taken place.

Staff had the knowledge, training and skills to effectively support people. People's care needs were individually assessed and documented well. People were given choices and the service had made adaptations to meet people's individual needs. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). People received appropriate nutrition and hydration support to maintain their health and wellbeing. People had adequate access to health professionals. The home was appropriately adapted and decorated for people living there.

People were provided with individual care packages and regular reviews took place, involving people and their representatives. People's interests were considered and there was a range of activities that took place

within the community, promoting inclusion. People received person-centred care. People were not nearing the end of their life however consideration had been given to those who wanted to plan.

Staff knew people well and were compassionate and treated people with dignity and respect. People were given privacy at appropriate times and staff encouraged people's independence as far as possible. People's individual needs were considered and catered for.

We saw that the registered manager was visible and approachable in the home. They worked closely with the provider to ensure that the quality and continued improvement of the home was monitored.

Systems were in place to support practice and there was clear leadership at the service and plans in place to further improve the provision and overall experience for people who live there. The last CQC rating was being displayed and notifications were being submitted as required.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service has remained good.

### Is the service effective?

Good ●

The service has remained good.

### Is the service caring?

Good ●

The service has remained good.

### Is the service responsive?

Good ●

The service has remained good.

### Is the service well-led?

Good ●

The service has remained good.

# New Lodge

## **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 comprehensive inspection was carried out by two inspectors on 06 November 2018 and was unannounced.

Prior to the inspection the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We use this information to help plan our inspection.

We were unable to speak to the people who used the service as they were unable to verbally communicate, therefore, we used observation as our main tool to gather evidence of people's experiences of the service. We spoke to two relatives who were available on the telephone. We spoke to the registered manager, the locality manager, the team leader and three care workers. We reviewed care records for two people who used the service, three staff files and records relating to the management of the service, which included audit checks that are used to monitor the quality and safety of people's care.

# Is the service safe?

## Our findings

People's relatives told us they felt their loved ones were safe, they said, "Yes, I have no qualms or worries, if I did I would tell them, all the staff are approachable, they all have [family member] interests at heart." Another said, "Yes, they inform me if there are any problems, I feel sure [family member] is safe, they are great with [family member] they are like second mums, I feel [family member] is in safe hands."

The people living at the home all had detailed planned records of care, included health records and care plans, which were regularly reviewed and updated. Staff knew people well and were able to inform us about people's preferences, how to support people with behaviour that could challenge, which minimised incidents from occurring. Staff were vigilant in monitoring risk and responding to people's needs appropriately.

Staff were aware of how to keep people safe and we saw that they were vigilant with people. Risks were managed and action was taken following previous incidents to reduce risk, showing lessons were learnt. People's risk assessments were up to date and reviewed regularly and changes were made when necessary. Safety checks on the building and equipment had been completed and a robust system in was in place for this to continue to help keep people safe.

All staff had received training in safeguarding and demonstrated good knowledge of how to keep people safe, they knew how to report incidents with confidence. One staff member said, "I would report it to management and would be confident they would act on it."

We observed there were enough staff on duty to provide personalised care and support to people. On the day of the inspection there were two members of staff off sick, we saw the registered manager had planned to bring a staff member from another service to cover staff shortfalls, they informed us that the service will utilise staff from other services to ensure that people continued to receive continuity of care and that agency staff are not used. In this instance we saw that a detailed handover was given to the staff member which included safety exits from the service should they be needed. The registered manager also supported the day to day running of the service being visible and accessible to both people and staff. We saw the staff responded to people needs in a timely manner.

The provider's recruitment process included pre-employment checks were carried out to ensure staff were of a suitable character, all staff had suitable references and Disclosure and Barring Service (DBS) checks and references prior to commencing employment. The DBS helps employers to recruit suitable staff by checking backgrounds and police records to prevent unsuitable people from working with people who use care services. We saw records that confirmed all necessary checks had been completed before staff commenced employment.

People could be assured that their prescribed medicines were managed safely. Medicines were managed by staff that had received training in medicines management and in accordance with best-practice guidance for care homes. The registered manager told us, "Medicines are checked three times daily, the system is

robust." We checked the storage, administration and record-keeping for medicines and found this was the case and that stock levels were correct and records were completed correctly.

The home was clean and tidy, people were protected from spread of infection and staff were observed wearing personal protective equipment (PPE) and regular infection control checks were carried out to maintain the health and wellbeing of people. General up keep of the home was maintained well and health and safety checks were carried out within the home and on all equipment used. The service had a 'Food Hygiene' rating of five which was on display.

# Is the service effective?

## Our findings

People's needs were assessed and recorded and their care was person-centred. This supported the provision of personalised care and ensured that staff knew what action to take to meet people's care and support needs. Detailed hospital passports and health action plans were in place to monitor people's well-being. People received regular reviews of their needs, and had access to health professionals when they needed to. We saw that advice given from GP's was followed by staff. A staff member said, "Oh yes it's brilliant up here, they have regular appointments and can access them whenever needed and medicines are reviewed every 12 months." A relative said, "They know I like to be deeply involved."

Staff used a detailed handover document to pass over important information regarding the people living in the home, this included a communications book where we saw important messages being passed from one member of staff to another. Staff also ensured they completed daily logs for each person in detail. This helped ensure that adequate guidance was in place for staff to provide personalised care in line with people's preferences.

People's nutritional risks were managed effectively and each person had a nutrition care plan, risk assessment and a meal plan in place. People were given choices and could freely express themselves to ensure that they were provided with meals they enjoyed. We saw examples of positive interactions between people and staff. One person was seen being given the choice of what they would like to drink, by smelling the coffee and tea to support their decision making. We observed one person being supported during lunch time and this was done with dignity and respect.

New staff went through an induction process and all staff were supported through regular supervision and appraisals. Staff received training which supported people and their needs. Staff told us the training was "good" and "there is plenty of it". Staff had received necessary training to support people and they were knowledgeable in how to effectively apply this in their day to day practice. Staff felt supported and said that the registered manager was accessible and approachable.

Staff treated people as individuals and respected their beliefs and religions. Staff were using basic sign language and starting to learn some basic languages to further improve their communication with people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that decision-specific assessments had been carried out to determine people's capacity.

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes, and some hospitals, are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person



of their liberty had the appropriate legal authority were being met. We saw that records of these applications were detailed and we found staff had a clear understanding of the MCA.

The décor of the service was clean and tidy and adaptations to the service had been made, a sensory room had been added and people had access to it. There were safety chairs in place to support people and on the ground floor a wet room was available.

## Is the service caring?

### Our findings

People were treated with kindness and respect. A family member said, "Staff treat [family member] like their own family, I have no complaints, they respect [family member's] dignity." Staff had developed positive relationships with people and knew them well. Staff communicated well with people and knew when they were in distress and supported their needs appropriately. We saw one person had their own personal book relating to them titled 'In a world where you can be anything, be yourself.' We saw staff speaking to people in a gentle tone and used appropriate body language to communicate, staff responded to people's needs with warmth and compassion. The service was planning to incorporate pictorial key rings to further encourage communication with people.

People who used the service were able to express their likes and dislikes using non-verbal communication. Care plans were person-centred and showed details of people's preferences, including their religions and beliefs and there were planned celebrations to support a person's culture. Care plans were accessible to all staff and easy read versions were included. Family members were made to feel welcomed to the service and were encouraged to be involved in people's care planning and reviews. We saw that one person's care plan titled 'How to support me' stated, 'Be friendly and calming presence.' The home was calm and peaceful.

People were encouraged to be independent where possible. Staff were proud of the achievements people had made and one staff member said, "It's a long process with people, they have made fantastic progress. It's the approach, consistency, repetition, patience - they have come on leaps and bounds in the last few years. It might take two years to achieve a goal but with consistency and repetition they will get there, and they do." Another staff member said, "It is very rewarding to see people's progress." The registered manager said, "I am proud of where we have come from today and where people are and how far they have come."

Staff worked in a way that respected and promoted people's dignity. For example, they knocked on doors before entering people's personal space. One member of staff said, "I always knock on doors and say good morning before entering." Another staff member said, "We are always striving to do better, to keep people safe and happy, we are here for them, this is their home."

## Is the service responsive?

### Our findings

The service was responsive to people's needs and people's preferences were considered. For example, one person liked to take a bath twice a day, another liked to return to their room after having their meals. Staff ensured that these preferences were met in the home and that the day to day routines were flexible and adjusted to meet people's preferences. The registered manager informed us that one person did not sleep well during the night and said, "They choose to go to bed early and get up in the night and then they have cat naps in the day, that's just [person]."

Staff had a clear understanding to what people liked and disliked and accommodated this. One person liked sensory objects, which were readily available as well as a sensory room. We saw one person had access to their own personal CD player and was dancing, staff informed us that they liked music and liked to dance.

People were supported to take part in the daily activities, this involved going out most days into the community with staff, by means of various transport methods. All people living in the home had their own bus pass. The service actively encouraged new activities and ensured they were risk assessed before people took part to enable people to partake in new experiences safely. The registered manager said, "Staff have full awareness of people, we adverse risk assess, there have been huge improvements particularly for [person] who goes out more now."

Staff encouraged independence and would actively support people to develop new life skills. When we asked the registered manager how the service had improved since the last inspection, they said "From people's point of view massively, for example [person] in the kitchen who now helps with meal preparation, [people] are also encouraged to do more. I have got rid of ridged routines; the activities are more varied. Environmentally things have improved, the sensory room has been put into place." We saw one person making a cup of tea and a staff member saying, "Put the tea bag in next, that's it." This person appeared to be very proud of what they had achieved. Another person was seen being encouraged to put their own coat on before they went out for the day. There was a genuine focus on enabling people to be as independent as possible.

Relatives we spoke to said staff were approachable and that their views were listened to and both staff and management were very responsive, one said, "I am really happy they look after [family member]" another informed us they have regular input in to the care of their relative. The home had an accessible complaints procedure on display, family members were aware of this, but confirmed that they had not made any formal complaints, and if they felt they needed they said that staff and management were very approachable should they need to raise a concern. We saw that the service had received compliments from the local community.

The service supported working age adults with disabilities. People had elected not to develop end of life plans however, we did see that one person had a certificate of entitlement to funeral service.

## Is the service well-led?

### Our findings

The registered manager was visible and accessible to both people and staff. Staff stated that the registered manager was approachable and a family member said, "They [the registered manager] has a lot of interaction with people who use the service and with us as family members." The registered manager worked with the provider to ensure that the service was monitored, audits were completed and people's care reviewed. When we asked the registered manager about their vision for the service, they said, "To give staff the knowledge to support people to do things, it is about repetition."

The registered manager had robust systems in place to ensure that all checks were carried out effectively. We saw that the registered manager reviewed people's care plans on a regular basis and also reviewed all paperwork within the service which included monthly summary sheets for people. We saw that a recent Pharmacist Advice Site visit took place in October 2018 and action was being implemented following this. This level of oversight from the registered manager ensured that the quality and safety of people's care was consistently monitored, reviewed and improved.

The service encouraged feedback from relatives and staff and used a variety of ways to communicate with people that did not have the ability to verbally communicate. The registered manager said, "Staff communicate with people through using body language, if they do not like something," for example; people would make facial expression or make happy or sad noises. Staff attended regular team meetings allowing them the opportunity to make suggestions and staff stated that the registered manager was very approachable, they felt supported and listened to.

The registered manager ensured that staff received regular supervision, an annual appraisal and staff had access to a wide range of training. The registered manager told us how important it is that the people living in the home have staff who know them well and said, "We want staff to work here for the long haul, as people need consistency." The locality manager informed us that as a provider they are currently looking at new ways of recruiting staff to ensure there were always enough staff and to keep staff as they recognised that consistency of staffing was key to providing good quality of care at this service.

The service had good partnerships links with other health professionals to ensure that people's health needs were being catered for in a timely way. Staff followed advice given from GP's and health records were up to date and detailed. Each person had an appointment log in place, which explained the reason for the appointment and the outcome.

The locality manager told us that the staff team had won the 'most successful sustained service award' for the Midlands, which came from the provider. A voucher was given to spend on the service. Staff responded by saying 'they were only doing their job', the locality manager said, "Staff could not see what great work they had done." This demonstrated that the provider valued staff that worked for them. One staff member said, "We work together well as a staff team, I think it is a good staff team."

The home was welcoming and had a positive person-centred culture that focused on people gaining

independence and having meaningful activities. It was clear that staff took pride in their work and wanted the best for the people living there.

The latest CQC inspection rating was on display at the home and a link to the latest report on their website. The display rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.