

# Southend Borough Council

# Delaware House

## Inspection report

Maplin Way North  
Shoeburyness  
Essex  
SS3 3PS  
Tel: 01702 588501  
Website: www.example.com

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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

This inspection took place on 4 and 14 August 2015.

Delaware House is registered to provide accommodation and care for up to 24 people some of whom may be living with dementia and/or mental health needs. There were 20 people living in the service on the day of our inspection.

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.

People were relaxed and happy in staff's company and said they felt safe. Staff had a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to

# Summary of findings

support them with the process. Other risks to people's health and safety had been assessed and the service had risk assessments and management plans in place to ensure people were cared for safely.

There were sufficient staff with the necessary skills and knowledge to meet people's assessed needs. They had been safely recruited to ensure they were fit to work with people and had been appropriately trained and supported.

People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

The manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made applications appropriately when needed. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

People were supported to have sufficient amounts of food and drink to meet their needs. People's care needs had been assessed and catered for. The support plans provided staff with sufficient information about how to meet people's individual needs and preferences and how to care for them safely. The service monitored people's healthcare needs and sought advice and guidance from healthcare professionals when needed.

Staff were kind and caring and treated people respectfully. Families and friends were made to feel welcome and people were able to receive their visitors at a time of their choosing. People had access to advocacy services should they need them. Staff ensured that people's privacy and dignity was maintained at all times.

There was an effective system in place to deal with any complaints or concerns and people were confident that any concerns would be listened to and acted upon.

There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

# 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 the risk of harm. Staff had been safely recruited and there was sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was good.

Good



### Is the service effective?

The service was effective.

People were cared for by staff who were well trained and supported.

The manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Good



### Is the service caring?

The service was caring.

People were treated respectfully and the staff were kind and caring in their approach.

People had been involved in planning their care as much as they were able to be. Advocacy services had been accessed when needed.

Good



### Is the service responsive?

The service was responsive.

Assessments and care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure and people and their relatives were confident that their complaints would be dealt with appropriately.

Good



### Is the service well-led?

The service was well-led.

Staff had confidence in the manager and shared their vision.

There was an effective quality assurance system in place to monitor the service and to drive improvements.

Good



# Delaware 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 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.

This inspection took place on 4 and 14 August 2015 was unannounced and carried out by two inspectors.

Before the inspection, the provider completed 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. We also reviewed other information that we hold

about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We 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.

We spoke with three relatives, the manager, the in-house services manager and nine members of staff. We reviewed nine people's care records and four staff members' recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

# Is the service safe?

## Our findings

People told us that they felt safe. One person told us, “I feel safe and secure here, the staff are as good as gold.” A relative told us, “I have no concerns about [name of person’s] care or their safety. I know that [person’s name] is very well cared for.”

Safeguarding matters had been dealt with appropriately. The manager and staff demonstrated a good awareness of safeguarding procedures. Staff told us that they had been trained. One said, “If I saw something I would always make sure that the person was safe. I would report it to the team leader or manager. They would complete the relevant paperwork to raise a safeguarding alert. They would inform the council and CQC.”

Risks to people’s health and safety were well managed. A number of people living in Delaware House had specific behavioural needs. We saw through reviewing care plans that these needs were assessed and risk management plans were in place to keep the person and other people as safe as possible. The service also worked closely with people’s families to understand and mitigate risks. Assessments relating to behaviours included looking at possible triggers, underlying reasons and impact on the person or others. There were risk assessments and management plans in place for other risks such as for people’s mobility, nutrition and individual health risks such as diabetes. There were ‘safety’ care plans in place to describe how any risks associated with seating, bed needs and dealing with emergency situations, for example for a missing person or an admission to hospital.

The manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and safety certificates were in place. Repairs had been carried out effectively and the building was clean, hygienic and fit for purpose.

There were sufficient staff to meet people’s individual and diverse assessed needs. Staff responded to people’s needs quickly when required and the staff duty rotas showed that staffing levels had been consistent over the preceding eight weeks. Although staff were busy they had time to interact with people, and to undertake both group and one to one activities. Staff told us that they had been short staffed recently but that regular agency staff had been used to ensure continuity of care. This was confirmed by an agency member of staff and by the staff duty rotas. One staff member said, “We have recently used more agency staff than usual but we have just started two new staff so things are getting better now.” Staff, including agency staff had a good awareness of people’s needs. This showed that although agency staff had been used people’s needs had been met by sufficient numbers of skilled and experienced staff.

The service had robust recruitment processes in place to ensure that people were supported by suitable staff. The provider had obtained satisfactory Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that they had attended an interview and confirmed that they had not started work until their clearances had been received. This showed that the provider had carried out appropriate recruitment checks to safeguard people against the risks of unsuitable staff.

People’s medicines were managed safely. There was a good system in place for ordering, receiving and storing medication. Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication. Staff had been trained and medication records had been appropriately completed to show that medication had been administered safely. People received their medication as prescribed.

# Is the service effective?

## Our findings

People received their care from staff who had the knowledge and skills to support them effectively.

Staff said that they felt supported in their role and they told us that the manager and the care team leaders were available for support and advice when needed. Staff had received a thorough induction to the service and had worked with experienced staff until they were deemed competent to work on their own with people. Staff had received supervision throughout the year and had received annual appraisals.

Staff were well trained. The manager had a programme in place for staff to receive updates were needed to refresh their knowledge. Staff told us that the training was good and the records confirmed that they had received training which included safeguarding people, decency and dignity in care, infection control and dementia.

The service took the required action to protect people's rights and ensure they received the care and support they needed. The manager and staff demonstrated a good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been carried out where needed and DoLS applications had been made appropriately. The service had sought to protect people's rights and freedoms because decisions had been made in people's best interests where required in line with legislation. One member of staff told us, "It is about making sure that

people's rights are protected where they are not able to make their own decisions so we have to do it for them and make sure that we act in their best interests." Staff checked that people were consenting to their care needs throughout our visit.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. Their individual needs were met through the use of strategies such as 'finger foods' and fortifying meals. People told us that the food was good, they were offered choice and that they 'got enough of it.' One person told us, "I'll tell you what, the quality of the food here is as good as a restaurant and you always get a choice. I had sweet and sour yesterday. It was lovely." Another said, "The food here is brilliant, I am very happy." People's nutritional needs were assessed, and their care plans provided staff with clear information about their likes and dislikes and the level of support they needed with their meals. Staff monitored people's weight where required and where appropriate made referrals to other professionals such as a dietician or a speech and language therapist.

People's healthcare needs were met. They had access to a range of health professionals to meet their needs such as district nurses, dentists, doctors and opticians. One person told us, "They look after me well, I am going to the dentist tomorrow. A member of staff always goes with me so I get the support I need." Staff had an excellent detailed understanding of people's healthcare needs and they monitored people's health and acted in a proactive manner to ensure that people's healthcare needs were met.

## Is the service caring?

### Our findings

People told us that the staff were kind and caring. They said, “You could not wish for a better crew,” “The staff are golden, really caring,” and, “The staff are all so kind, I am very happy.” Visiting relatives told us that the staff team were very good at what they did. One said, “You cannot fault the care here. I would give them 10 out of 10 plus plus.”

People were relaxed, happy and cheerful throughout our visit and there was good staff interaction where staff displayed caring and compassionate qualities with good humour and it was clear that they knew people well. A number of staff had worked at the service for many years and clearly had a passion for their role. Staff made comments such as, “I just love it here, and love the people,” and, “It is hard but I would not want to work anywhere else.”

Staff had a good understanding of people’s individual and diverse needs and were able to tell us about people’s histories and backgrounds. They had clearly built up relationships with people and placed a high priority on ensuring that their individual needs were met. For example, one person was supported to go out on a regular basis, others were supported to have the individual staff time or space that they needed.

People were treated with dignity and respect; for example, we saw people being supported and heard staff speaking with them in a calm, respectful manner and they allowed them the time they needed to carry out any tasks. Staff responded to people’s needs and provided timely support to keep them safe and comfortable. People said that the staff never ‘rushed them’ and they told us that they were treated in a ‘kind and caring’ way.

Survey results showed that staff were kind and caring. One relative wrote, “I am so impressed with the standard of care and compassion and feel blessed that my relative is resident in Delaware House. They [staff] are always alert and ready to help without being intrusive and patronising and are kind to my relative even when they can be difficult. I am always greeted with utmost kindness and never made to feel that I am in the way. I cannot thank them enough.”

Relatives told us that they were able to visit at any time and were always made to feel welcome.

Where people did not have family members to support them to have a voice, they had access to advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their individual needs. Their needs had been fully assessed before they came to live at the service to ensure that their needs could be met. Their care plans were then devised from the pre-admission assessments. Care plans were person centred, detailed and informative and provided staff with good information about people's needs and preferences. They had been regularly reviewed and updated to reflect people's changing needs. This showed that the service provided people with up to date care that met their needs.

Although many of the people living at Delaware House were not able to contribute meaningfully to their care planning, their families had been involved wherever possible. Staff continuously monitored people's reactions to their care for example, if they had a preference for a male or female carer and, how and where they preferred to eat their meals.

People and their relatives told us that staff responded quickly to people's needs. One person said, "I don't have to wait for long, they [staff] are quick to help me when I need help." Another person said, "Yes, they do come quite quickly." Staff had a good understanding of people's care needs and routines. They were able to describe how people preferred to be supported.

People were encouraged to follow their own interests at the service and in the community. People were supported to keep community contacts and to remain in touch with friends and family. People told us how they like to go out or spend time with their families.

Staff engaged with people to ensure their lives were enjoyable and meaningful. During our visit people played a game of skittles, had one to one activities such as manicures and newspaper discussions.

Staff took the time to interact with people individually throughout our visit for example; we saw that staff chatted with people when carrying out routine tasks. They made a point of visiting people, who were in their rooms, for a chat and this was welcomed and cheered people up.

People who were unable to move around freely because of their disability were asked if they wanted a change of scene and staff moved them to other areas so they could look out into the garden or just be with other people.

The service had a good complaints process in place which fully described how complaints or concerns would be dealt with. People were asked for their views on a daily basis and we heard and saw this in practice. People and their relatives told us that if they had any concerns or complaints they would raise them with the staff or the manager. One person said, "I would not hesitate to raise any concerns because I know they would be dealt with quickly." The manager told us, and the records confirmed that when complaints had been received they were dealt with quickly and appropriately. People said they were confident that their complaints would be dealt with effectively.

## Is the service well-led?

### Our findings

The service had a registered manager in post. They were accessible and had an open door policy for staff, people and their relatives. The manager had a good knowledge of people's needs and had good relationships with their relatives. People were very complimentary about the manager and staff and said they could talk to them at any time and they would receive assistance with their queries. One relative said, "They not only support [person's name] but me as well. They are always there for you." There were many cards and letters expressing people's appreciation to the manager and staff. Comments included, 'fantastic work that you do,' 'love and kindness,' 'care and compassion,' 'wonderful job that you do,' and, "I have peace of mind." This showed that people were satisfied with the service.

Staff told us that they felt well supported in their role and that the manager listened to their views. For example, one member of staff told us that if they were struggling with the needs of a particular person they could raise their concerns which would be listened to, and, if necessary, further support or resources would be provided. They commented, "They do listen."

Staff told us that they had regular staff meetings and the records confirmed this. Issues discussed included care planning, care practices, staff development and the new inspection format. One staff member said, "The manager is very supportive and the staff meetings give me the opportunity to ask about anything I am not sure of. The manager's door is always open or I can always get advice from the care team leaders."

The manager had a clear vision and values that were shared by staff. Staff said their aim was to provide the best possible care for people. One staff member said, "It is our intention to provide people with safe, good quality care and to keep them as comfortable as possible." Another said, "We care for people like we would like to be cared for ourselves."

The last quality assurance survey took place in July 2015 and was on-going. The feedback received so far had been positive about the service. The manager said that any improvements identified by the survey would be dealt with appropriately by means of analysis of the data and preparation of an action plan to address the issues. Regular audits of systems and processes had taken place to ensure people's health, safety and welfare such as for accidents, incidents, complaints and health and safety. This showed that the manager continuously sought to identify problems and devise plans for improvement to ensure that people received a good quality service.

People told us that they were satisfied with the quality of the service they received. Although formal resident and relative's meetings had not been held, people told us that the manager was always available and that they regularly discussed issues or areas of concern with them. They told us that they felt listened to and that the manager acted on the issues that they raised and dealt with them effectively.

People's personal records were stored securely when not in use. The manager had access to up-to-date guidance and information on the service's computer system that was password protected to ensure that personal information was kept safe.