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Delbrook House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Delbrook House is registered with the Care Quality Commission [CQC] to provide care and accommodation for six adults who have learning disabilities.

The home is located to the West of Hull city centre and is near to local amenities and public transport.

The home is owned and managed by a partnership and is a small family run business.

This inspection took place on 24/08/2015 and was unannounced. The service was last inspected 22/09/2014 and was found to be compliant with the regulations inspected at that time.

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

Summary of findings

Staff understood they had responsibility to keep people safe from harm and had received training about how report any abuse they may witness or become aware of. The registered provider had procedures for staff to follow for the reporting of abuse and who to contact. Staff were provided in enough numbers to meet the needs of the people who used the service. The provider's recruitment procedures ensured, as far as practicable people who used the service were not exposed to staff who had been barred from working with vulnerable adults. People received their medicines as prescribed by their GP and staff administered people's medicines safely.

People were provided with a wholesome and nutritious diet which was of their choosing. Staff received training which equipped them to effectively meet the needs of the people who used the service. Training was updated regularly and as required to keep the staff's skills current. Staff were supported to gain further qualifications and experience. People were supported to access health care professionals when needed and staff supported them to lead a healthy life style. Staff were trained in and understood the principles of the Mental Capacity Act [MCA] and understood when these principles applied.

People who used the service had good relationships with the staff who understood their needs. Staff respected people's dignity, privacy and upheld people's human rights and choices. People who used the service were involved in their care and had attended meetings to set goals and fulfil ambitions.

People could choose how to spend their days and the staff respected their choices. People's preferences about how they wanted to be cared for were recorded and they had an input into the content of their care plans. Care plans described the person. There was a complaints procedure in place and people who used the service knew they had a right to complain and who these should be directed to.

People who used the service were involved with the running of the service, their opinions were sought and changes were made as a result of suggestions made. The registered manager undertook audits to ensure people received a safe service which effectively met their needs.

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.

Staff understood and had received training in how to recognise abuse and how to keep people safe from harm.

Risk assessments were in place which guided staff in how to keep people safe and how to support people.

The registered provider made sure no one was exposed to staff who had been barred from working with vulnerable adults and ensured there were enough staff on duty to meet people's needs.

The building was maintained and assessed to ensure people lived in a safe environment.

Good



Is the service effective?

The service was effective

Staff received training and support which equipped them to meet the needs of the people who used the service.

Systems were in place which supported people who had difficulty making an informed choice or decision.

People were provided with a wholesome and nutritional diet.

Good



Is the service caring?

The service was caring

Staff were kind and caring when they supported people and they understood their needs.

Records were kept which monitored people's wellbeing.

Staff respected people's dignity.

Other health services were involved in people's care when needed.

Good



Is the service responsive?

The service was responsive.

People who used the service were involved in their care.

People's choices were respected and staff supported people with activities.

People knew who to complain to and these were investigated to people's satisfaction.

Good



Is the service well-led?

The service was well led

People who used the service and other stakeholders could have a say about how the service was run.

Good



Summary of findings

The registered manager undertook audits of the service to ensure people received high quality care and made improvements when needed.

The registered manager developed an open culture where people who used the service and staff felt supported.

Delbrook House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 24/08/2015 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any on-going concerns. We also looked at the information we held about the registered provider.

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 four people who used the service. We observed how staff interacted with people who used the service and monitored how staff supported people throughout the day, including meal times.

We spoke with three staff and the registered manager.

We looked at three care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and six medicines administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service, comments included, “I do feel safe, there is always staff around to help you if you need them”, “The staff help me a lot they make sure I’m well cared for” and “If you need them they are there for you.”

Staff we spoke with could describe the registered provider’s policy and procedure for the reporting of any abuse they may witness or become aware of. They also told us they had received training in how to recognise different types of abuse. We saw training records which evidenced this. Staff were aware of their duty to report any instances of abuse or poor practise to the registered manager; they also knew they could make direct referrals to other agencies, for example the CQC or the local authority safeguarding team and we saw the phone numbers were available for staff. They also knew about the registered provider’s whistle blowing policy and how this should protect them if they raised any concerns.

The registered manager was aware of the requirement to notify the CQC of all safeguarding allegations and investigations; our records showed this had been done. This showed us people were protected against the risk of harm or abuse occurring and if suspected then appropriate action was taken.

Emergency numbers were available to staff so they contact senior managers during the night or at weekends.

The registered provider had policies in place which reminded the staff about their responsibility to respect people’s ethnic and cultural backgrounds. Staff we spoke with were aware of these, they told us they did not judge people and supported people to pursue a lifestyle of their own choosing. They told us they protected people from discrimination whilst both in the service and out in the community. Staff had received training about human rights and how these should be upheld and protected, whenever possible.

People’s care plans contained risk assessments which instructed the staff in how to keep people safe both in the building and in the community. The risk assessments covered areas such as falls and behaviours which might put the person or others at risk of harm and challenge the

service. We saw the risk assessments were updated regularly. People’s care plans also contained information about how to safely evacuate the person if there should be a need, for example in the event of fire.

The registered manager had undertaken environmental risk assessments to ensure people lived in a safe a well maintained environment. They also undertook fire risk assessments and access to the building. Emergency procedures were in place for staff to follow if there should be a flood or the electric or gas supply was cut off.

As part of the auditing of the service the registered manager looked at the incidents and accidents which happened in the service. They analysed this information to establish patterns or re-occurrences. If they did identify anything this was shared with the staff and practises were changed or people’s care plans reviewed and up dated if appropriate.

The registered manager ensured the correct amount of staff were on duty at all times to meet the needs of the people who used the service. The registered manager tried to maintain consistency and ensured people were allocated to be supported by staff who they got on with and liked. During the inspection we saw there were plenty of staff around the building and they were undertaking lots of activities with people who used the service.

We looked at the recruitment files of the most recently recruited staff. These contained evidence of application forms which asked for details about gaps in employment and previous experience, references from previous employers, a Disclosure and Barring Service [DBS] check and a record of the interview. The files also contained copies of contracts and job descriptions. This ensured, as far as practicable, people who used the service were not exposed to staff who had been barred from working with vulnerable people and the prospective employee had the right skills and experience required for the job.

Appropriate arrangements were in place for the safe ordering, storage, dispensing and destruction of medicines. There was a management of medicines policy in place that outlined how to manage medicines effectively, which included controlled drugs and when people administered their own medicines. Staff had also received training in the safe handling and administration of medicines; this was

Is the service safe?

updated annually. The pharmacy which supplied the service with their medicines undertook audits as did the registered manager as part of their on-going auditing of the service.

Is the service effective?

Our findings

People we spoke with told us they enjoyed the food provided, comments included, “Yes the food is really good I enjoy all my meals”, “Sometimes we go for lunch, I enjoy that” and “We have loads of choice.” They told us they though the staff were trained to meet their needs, comments included, “They know how to care for me and what I need” and “Staff are really good they look after me well.”

The registered manager had systems in place which recorded what training the staff had undertaken and when this needed updating. The registered provider had identified some training as essential for staff to undertake annually; this included amongst other topics, health and safety, moving and handling, safeguarding adults and fire safety. Staff had also been supported to undertake further qualifications and specialist training about the people they cared for. Records we looked at showed staff had achieved nationally recognised qualifications and had undertaken training in communicating effectively, equality and inclusion, duty of care, person centred support, the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff also received regular supervision and annual appraisals which set targets and goals for their development and training. Staff told us they were offered lots of training and felt it equipped them to meet the needs of the people who used the service. Comments included; “The training here is brilliant, you can suggest further training as well” and “The training I have received here has helped me further my career and I feel I have developed as a person.”

Newly recruited staff received an induction based on current good practise guidelines and research. This was competency based and an evaluation of the staffs’ skills was made at regular intervals during their probationary period. They were assessed as being competent by senior staff, however if they needed further development in any areas support was offered.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS

are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. There were no people subject to a DoLS at the time of this inspection; the registered manager was aware of the criteria for DoLS. Staff we spoke understood the principles of the Mental Capacity Act and had an understanding of the use of DoLS and their application.

Staff could describe to us how they made sure people had their rights and choices respected and what do to if someone needed support with making an informed choice or decision.

The lunch time meal was a relaxed informal occasion and people ate what they chose, some of the people who used the served had gone out for lunch. While the people’s meals were their choice there was some monitoring by the staff and healthy options were suggested, for example, salads and low fat dairy products. Drinks were offered to people on a regular basis throughout the day.

People could choose to eat in the dining room or they could eat in their own rooms. People’s weight and food intake was monitored and referrals were made to dieticians if they needed support to lose weight or they needed their diet supplementing in anyway. The kitchen seemed to be the focal area of the home and everybody congregated in there talking, laughing and generally going about their days.

Care plans we saw evidenced referrals had been made to health care professionals when needed, for example, dieticians and occupational therapists. There was also evidence the person attended hospital or out patience appointments when needed and were supported by staff. The outcome of these visits had been recorded, also any changes to medicines or how the staff were to support the person was documented. We spoke with a health care professional as part of the inspection process. They told us they felt the care provided at the service was good and the staff ensured people were referred in a timely manner. They also told us staff worked closely with them, kept them informed of any changes and carried out their instructions.

Is the service caring?

Our findings

People we spoke with told they thought the staff were caring, comments included, “The staff are great they are really kind” and “The staff are my friends.”

We saw staff were kind and caring when supporting people. They used lots of encouraging words to motivate people to stay independent and undertake daily living tasks. We saw and heard lots of laughter and chatter around the service in people’s rooms and in the communal areas. There was an easy relaxed feel to the interaction between people who used the service and the staff.

We heard staff talking to people who used the service about their relatives and how they were keeping. They also asked them if they were going to visit them at the weekend, as this was part of their routine. Staff told us some people enjoyed talking about this as it was important to them to maintain family links.

The registered provider had policies in place which reminded the staff about the importance of respecting people’s backgrounds and culture and not to judge people. Staff we spoke with told us of the importance of respecting people’s rights and up holding people’s dignity. They told us they gave people options and asked them for their views. We observed staff asking people if they wanted to

undertake activities and they respected their right to say no. They told us they viewed the service as the person’s home and respected their privacy, always knocking on doors and waiting to be asked to enter. Staff had a strong commitment to protecting the person whilst out in the community so they were not subject to any discrimination; they told us they tried to be vigilant to any situation which might put the person at risk and where possible avoided these.

People were involved with their care, we saw evidence in people’s care plans they had attended reviews and their input had been recorded. They had also been consulted about goals they wished to achieve, this included attending college to gain qualifications and developing their daily living skills.

People’s wellbeing was monitored on daily basis; daily notes made by the staff demonstrated what support had been provided and if there had been changes to person’s needs during the shift following GP visits or visits from other health care professionals.

The service had information about advocacy groups which people or relatives could contact. The registered manager told us these services were available and they had been used in the past. They felt they had good links with the advocacy service and could contact them if required.

Is the service responsive?

Our findings

People we spoke with told us they had been involved with their care plans and had attend reviews about their care, comments included, “We have regular meetings about my care but I’m happy here” and “I have been to meetings and they ask me if I’m ok and am I happy.” People we spoke with knew they could raise concerns and complaints if they felt the need, comments included, “I would see [registered managers name] if I was concerned about anything.”

Care plans we saw evidenced people’s input in their reviews and documented their goals and aspirations. Details were given about how staff should support people to achieve these and what input was required from other support agencies; for example, occupational therapist and clinical psychologist. Assessments had been undertaken which identified people’s skills and strengths and how these should be encouraged and supported, assessments also identified which areas of their daily lives people needed more support with and how staff should provide this; for example personal care and behaviours which challenged the service and others. There was also evidence of risk assessments being undertaken and guidance for staff to follow about how to keep people safe from harm or how to deal with any situation which arose which put the person or others at risk. All assessments had been updated on a regular basis and there was evidence of health care professional consultation where required.

Staff understood people’s needs and were responsive to subtle changes in their body language and actions which may show they were upset or found situations distressing.

They responded well to this and gently removed people from the situation talking to them calmly and softly. One member of staff told us it took them a long time to understand the subtle changes that can happen and what to look out for but they were supported by the registered manager and other staff to achieve this.

The registered provider had a complaints procedure and this was displayed around the service. The complaints procedure had been given to people to read and there was a format which used symbols and pictures to help some people who used this method of communication to better understand it.

The registered manager kept a record of all complaints and compliments; this detailed what the complaint was, what action was taken and the outcome. The registered manager used these to improve the service and make changes where needed; all investigations and responses were time limited. The complainant was given information and directed to other services if they were not happy with the way the investigation had been conducted.

People were encouraged to remain as independent as possible and their care plans detailed their daily activities and how staff should support them.

People were supported by staff to undertake activities. These were individual for each person, for example some people were encouraged to undertake tasks which helped to maintain their independence and living skills. People were also supported to access the local community on a regular basis.

Is the service well-led?

Our findings

People we spoke with told us they were involved with the running of the service, comments included, “We have regular meeting and we discuss where we want to go holidays” “[managers name] talks to us all the time she’s really nice” and “We have really good meetings were we can have our say.”

We saw people were included in the day to day running of the service. They were consulted about meals, activities and how they would like to spend their day. Staff understood when people declined to undertake activities and alternatives were offered. They were included in some light domestic tasks; for example cleaning their rooms and doing their laundry.

The registered manager had systems in place which gathered the views of people who used the service, their relatives, staff and health care professionals. They met with the people who used the service and asked them what they thought of the service provided, people’s relatives were also included in the meetings. We saw minutes were taken of these meetings to help inform people who could not attend. The registered manager also used pictorial surveys to gain the views of people who used the service. People were supported to complete these either by the staff or their relatives. The registered manager also used surveys to gain the views of relatives and health care professionals. The outcome of all of the surveys was analysed and a report produced which detailed the findings, any areas of concern and how these were to be addressed.

The registered manager held staff meetings to pass on any information and provide staff with an opportunity to air their views and opinions. Minutes were also made of these meetings. Staff told us they felt the registered manager was approachable and they could go to them for advice or guidance if they needed it. Comments included; “The manager’s really good, she listens and helps you if you need it”, “You can talk to the manager she is open and always willing to help, not just with work but with your personal life as well.” People who used the service also approached the registered manager on a regular basis during the inspection to ask for information or to discuss other personal issues.

The registered manager undertook audits to ensure the service was running smoothly and effectively. These included health and safety, staff training, medicines, people’s health and welfare, and the environment. Time limited action plans were put in place to address any shortfalls identified. This helped to ensure the service was continually developing and people were receiving a quality service which they were involved with.

The registered manager had notified the CQC, when appropriate, of any safeguarding investigation, deaths or any other instances which affected the service. The registered manager has a duty under regulation 18 of the Health and Social Care Act to notify the CQC of certain events which happen at the service which include any safeguarding allegations or investigation and any event which stop the service running smoothly.