

# Southend Borough Council

# Delaware House

## Inspection report

Maplin Way North  
Shoeburyness  
Essex  
SS3 9PS

Tel: 01702588501

Date of inspection visit:  
27 March 2017  
21 April 2017

Date of publication:  
19 May 2017

### 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 took place on 27 March 2017 and 21 April 2017 and was unannounced.

Delaware House is registered to provide accommodation and personal care without nursing to up to 24 older people, some of whom may be living with dementia. There were 21 people living in the service at the time 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.

Although staff had received training and had a good understanding of people's needs improvements were needed to ensure that staff received regular updates in their training to refresh their knowledge.

People were protected from the risk of harm and staff knew how to protect them. There were sufficient numbers of staff employed that had been appropriately recruited to ensure they were suitable to work with vulnerable people. People received their medication as prescribed.

Staff were well supported and demonstrated a good understanding of the people they cared for. They had access to guidance and information to support them when necessary. The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and had received training to ensure that where people lacked the capacity to make decisions they were protected. People were supported to maintain a healthy balanced diet and their healthcare needs had been met.

People were cared for by kind, caring and thoughtful staff who knew them well. They were treated respectfully and staff ensured that their privacy and dignity was always maintained. People expressed their views and opinions and were supported to follow their individual hobbies and interests where possible. The service provided people with advocacy contact should they need them.

People's care and support needs had been fully assessed prior to admission to the service. There were care plans and risk assessments in place which had been developed to ensure that people were cared for in a way that suited them. The care plans provided staff with the information that they needed to meet individual's needs and preferences and to care for them safely.

People were confident that their concerns or complaints 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

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 was safe.

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

Medication management was good and ensured that people received their medication as prescribed.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Although people were cared for by staff who felt supported, improvements were needed in training to ensure that staff had up to date knowledge to care for people effectively.

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

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

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by staff who knew them well and were kind, caring and compassionate in their approach.

People were involved in their care as much as they were able to be. Advocacy services were available if needed.

### Is the service responsive?

Good ●

The service was responsive.

The assessments and care plans were detailed and informative and they provided staff with sufficient information to meet

people's individual needs and preferences.

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

**Is the service well-led?**

**Good** ●

The service was well led.

People, their relatives and staff had confidence in the registered manager and shared their vision.

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

# 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 checked 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 27 March 2017 and 21 April 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 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.

Most of the people using the service were unable to communicate with us verbally so 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 people who used the service, seven of their relatives, the registered manager, two team leaders and seven members of care staff. We reviewed three people's care files, three staff recruitment and support files, training records and quality assurance information.

## Is the service safe?

### Our findings

People were protected from the risk of harm and abuse. They told us they felt safe living at the service. One person said, "I always feel safe, I like to stay in my room most of the time because that is where I am happier as I don't like being with others much." Another person told us, "I do feel safe here. Staff would never be unkind to anybody – it just wouldn't happen." A visiting relative said that they had no concerns over people's safety and that their relative was safe and well cared for. Throughout our visits we saw that people were comfortable, relaxed and happy. Staff demonstrated a good understanding of how to protect people from the risk of harm and described how they kept people safe. There were posters and flowcharts describing safeguarding procedures in the staff room and in the office. There were clear detailed guidelines available for staff to refer to when needed. Safeguarding issues had been dealt with appropriately.

Risks to people's health and safety were well managed. Staff demonstrated a good knowledge of fire safety and first aid procedures and knew to call the emergency services when needed. There were detailed fire evacuation plans in place for staff to use in the event of an emergency. Staff told us, and the records confirmed that regular fire drills had been carried out. People had risk assessments together with management plans for their mobility, skincare, nutrition and falls. Staff had a good knowledge of people's identified risks and described how they would manage them.

People were cared for in a safe environment. The registered manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and there were safety certificates in place. Repairs and maintenance to the building had been carried out and the records showed they had been completed swiftly to ensure that people lived in a safe environment. There was a list of emergency telephone numbers available for staff to contact contractors in the event of a major electrical or plumbing fault.

People told us that there were sufficient staff to meet their needs. They said that staff were quick to respond to them when needed. One person told us, "They've always got time to have a chat if I want it, and they come quickly if I press my bell." Another person said, "I fell in the toilet once at night, I couldn't reach my bell, so I just shouted. They soon heard me, and came to help, they're never too far away." Staff told us, and the duty rotas confirmed that there were enough staff to care for people safely. The duty rotas showed that staffing levels had been consistent over the six week period checked and we observed that there were sufficient staff on duty to meet people's needs when we visited.

People were protected against the risk of being cared for by inappropriate staff. There was a robust recruitment process in place to ensure that people were cared for by suitable staff. The registered manager had obtained the appropriate checks in line with regulatory requirements, for example Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that the recruitment process was thorough and they had not been able to start work until their employment checks had been completed.

There was a safe system in place for managing medication. People told us that they received their

medication in good time and that staff never rushed them. We carried out a random check of the medication system and observed a medication round. We found that the system was in good order with clearly completed records and we saw that medication was administered appropriately. Staff had been trained and had their competence to administer medication regularly assessed. People received their medication as prescribed.

People and their relatives told us that the home was always kept clean and tidy. One person said, "They [staff] clean all the time, every day. They [staff] clean and wipe things all the time – you don't often get a bad smell here." A relative told us, "They [staff] have more than their fair share of spillages and toilet accidents, they're very quick to notice and will clear up straight away – it's not left in case people trip up." We saw that the service was clean and hygienic and that regular checks had been made to ensure that infection control practices were adhered to. People live in a safe, clean environment.

## Is the service effective?

### Our findings

People told us they felt that staff were well trained. One person said, "I think that the staff know what they are doing." A visiting relative told us, "Nothing worries the staff here, they seem to be able to handle anything." Another visiting relative said, "Staff are always able to tell us how my relative is when we visit and what mood they are in – they're very on the ball." Staff told us, and the records confirmed that they had received a wide range of training appropriate for their role. However, we found that improvements were needed as much of the training was out of date. For example although 31 of the 33 staff had received moving and handling training many staff had not been updated in the past two years and some staff had not received this training since 2014. Other training such as in first aid, food hygiene and fire awareness also required updating. The service requires improvement in this area to ensure the staff have up to date knowledge and skills to care for people safely at all times and in regards to all aspects of their roles.

Staff told us they felt supported and valued. They said that they could always speak with the registered manager about any worries or concerns and that they had one to one supervision sessions in addition to regular staff meetings. One staff member told us, "I can always speak with any of the team leaders and I have regular one to one meetings when I can talk about any issues. The registered manager is also very supportive and listens to you." Staff said they had been encouraged and supported to obtain a qualification in care. The records showed that 14 of the services 32 staff had obtained or were working towards a national qualification in care at level 2 or above. People were cared for by staff who felt valued and were supported.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and 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 were being met. Staff had received training in MCA and DoLS and demonstrated a good understanding of how to support people to make decisions. One staff member said, "The MCA is about protecting people who are unable to make decisions for themselves. Decisions have to be made in their best interest at all times." Where necessary appropriate DoLS applications had been made to the local authority and there were authorisations in place where needed.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. We saw that the lunchtime experience was a pleasant one and that most people ate independently. However, where people needed support with their meal we saw that staff supported them in a caring and friendly manner. Staff made friendly, natural conversation with people whilst concentrating on helping them with their meal. People were offered a choice of hot and cold drinks throughout the day and one person told us that they had their own fridge in their room which enabled them to have cold cans of drink as and when they wanted. People told us they were very happy with the food. One person said, "The food here is so good and varied, [cook's name] knows I like curry, so they often make me one. They do a good job." Another person told us, "I am a Coeliac, they buy special gluten-free food for me, there's always something I can eat and it is good." Coeliac disease is a common digestive condition where the small intestine becomes inflamed and unable to



absorb nutrients. It is caused by an adverse reaction to gluten, a dietary protein found in wheat, barley and rye. It can cause a range of uncomfortable symptoms including diarrhoea, abdominal pain and bloating. It is very important that people with Coeliac disease eat a gluten free diet to control the symptoms and prevent long term complications of the disease. Where necessary people's dietary intake had been recorded and their weight monitored to ensure that they had enough food and drink to keep them healthy.

People told us that staff supported them to remain physically and mentally healthy. One person said, "I wouldn't think there is a better home than this one – I haven't had so many bad moods since I've been here. I think they understand my mental and physical states – I'm so much better now." One relative told us, "My relative is happy and well and they look fantastic now compared to how they were. They [staff] would notice immediately if they were unwell, and they'd telephone me if anything was wrong." Another relative said, "My relative had been hospitalised recently due to an infection. Staff got them back here as soon as they could, and they recovered well once they were home." The records viewed showed that people had attended routine health appointments such as for the optician and chiropodist as required.

## Is the service caring?

### Our findings

People were cared for by kind, caring and compassionate staff. They told us they were treated with kindness by all of the staff and we observed good, kind and caring interaction throughout our visits. We observed that people looked well-groomed and were dressed appropriately in coordinated clothing. Footwear was well fitted and in good condition and ladies had clean, manicured and polished fingernails. A relative said, "I never come in and find my relative looking dirty or uncared for. They are always clean and tidy." Another relative told us, "I've got faith in the staff here, [person's name] is happy to have a bath now, they are always in smart, clean clothes. They look fantastic now to when they first moved in." People were relaxed and happy throughout our visits and we saw good staff interaction. Staff knew people well and had built up positive caring relationships with them and they demonstrated kind and caring behaviours throughout our visits.

People said that staff always treated them with dignity and respect and their independence was encouraged. They told us that they never felt rushed. We saw people being supported and heard staff speaking with them in a calm, respectful way. Staff allowed people the time they needed to carry out activities. One person said, "I've been here four years now and since being here I've felt much better in myself. I am quite independent but just need help with the bath. The same member of staff does my bath every time, they're a friend of mine now, they fill up the bath, and ask me if it warm enough, they get it just right." Another person told us, "The staff treat me well. They help me to do the things I now find difficult to do. They [staff] are all kind, caring and very nice." People said that their privacy was always respected and we saw that staff put this into practice by ensuring they knocked on people's doors and waited for a response before entering the room. We also saw that staff supported people to have private time with their visitors by offering them a quieter room for their visit. People were provided with a supportive and caring place to live where they were encouraged to maintain the dignity and independence.

People and their relatives were actively involved in making decisions about their care and support. We saw that people were offered choice about how they spent their time and what they wanted to eat and drink. The care files contained good information about people's likes, dislikes and preferences to enable staff to care for people in a way that they preferred. Relatives told us they were involved in every aspect of their loved one's care. They said that staff understood their relative's needs. One person said, "They [staff] are always caring, they understand me very well. The staff are like friends to me, I make them smile and they make me smile." A visiting relative told us, "They're [staff] all so sympathetic, they'll give my relative a hug if they want one. I think [relative's name] recognises them and feels that they care." People were supported to follow their faith and two local pastors visited the service regularly. The cook told us that other meals such as those to meet people's cultural needs would be provided when required. People's religious faith was respected and their cultural needs would be met.

People were encouraged and supported to maintain relationships with their friends and families. We spoke with visitors throughout our visits and they told us they always felt comfortable when visiting the service. One relative said, "The staff are very friendly and are fantastic to my loved one. They give them love and attention and they always make me feel welcome. They always treat me well and offer me drinks or lunch if I

want it."

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's needs had been fully assessed before they received a service. Their care plans had been developed from the assessment process and updated regularly through on-going assessments that reflected their changing needs. People and their relatives repeatedly told us that the staff understood their care needs very well. One relative said, "My family have always been very involved in my relative's care. The service adapts it to suit their need as they change. Sometimes you can tell they [staff] understands the link between my relative's behaviour and their past career." The care plans described people's likes and dislikes and included a life history which informed staff of people's background and there was clear information about how to care for them people in a way they would prefer. This included all areas of identified risk and how to manage them. One staff member said, "The care plans are very clear about what people need us to help them with and what they are able to do for themselves. They highlight any personal risks and explain how we handle it and I can check it if I am not sure about anything." We observed staff working with people in a safe way that was responsive to their individual needs and choices. For example we observed one person walking along the corridors at a very fast pace, which was much faster than they normally walked. A member of staff quickly noticed this and spoke in a kindly manner, saying, "We're worried you're going to hurt yourself." The staff member spent time walking with them encouraging them to slow the pace to ensure their safety.

The service offered people a range of activities to suit their individual needs preferences. We saw there were games, musical instruments, books, different shaped mirrors, balloons and a Velcro dart board in the quiet lounge and staff were seen engaging people in various activities that suited their individual needs throughout our visits. Staff told us that activities were flexible, rather than being a planned schedule as this met people's needs better. People sometimes just spent time together talking. One person said, "I have a good rapport with a person living here and we sit and have a chat every day. We enjoy spending time together." Another person told us, "Staff sometimes takes me to the local pub, it's really good. We also have a singer come in who plays the guitar and sometimes I sing along to." The person had photographs displayed on their wall of them singing to other people living in the service. They were very proud of the fact that they entertained people together with the singer. On the afternoon of our second visit the singer was in the service and people were laughing, happy and enjoying singing along with him.

People and their relatives repeatedly told us they were confident that their concerns would be listened to and acted upon swiftly. They felt that the registered manager was very helpful. One person said, "If I had a problem I could talk to the registered manager about anything, and I know they'd help me." A relative told us, "We could go to the registered manager with any problems, but staff are so good they normally have sorted things out before they become a problem." There was a good complaints process in place and although there had been no recent complaints to assess previous ones had been dealt with appropriately. The registered manager said that they would monitor any complaints to look for trends and to help them improve the service.

## Is the service well-led?

### Our findings

There was a registered manager in post who promoted a positive person-centred culture. Staff shared the registered manager's vision to provide people with good quality person-centred care. There was an open and inclusive culture where people, their relatives and staff could raise any issues. People were very positive about the registered manager's leadership qualities. One person said, "[registered manager's name] is a nice man, very approachable, they don't just sit in their office, they are out and about with us. They are good at getting the right staff too – there's not a bad one amongst them, they definitely employ the right people." A relative told us, "The registered manager is approachable, and 'hands-on'. I feel that the staff all get on together, they seem to support each other, and you never pick up bad feeling between them."

Staff told us they felt valued and that they shared the registered manager's vision for the service to provide people with good quality person centred care that addressed people's physical, emotional and spiritual needs. There were clear whistle blowing, safeguarding and complaints procedures in place. Staff said were confident about implementing the policies. One staff member said, "If I had any concerns I would report them immediately. We have a whistle blowing policy and I would follow that and I know that the registered manager would take immediate action."

There was an effective quality monitoring system in place. People and their relatives were actively involved in making decisions about how to improve the service. They had regular meetings where they had discussed a range of issues which included forthcoming events, meals, outings and any other activities they wanted to do. The registered manager had regularly gathered people's views and analysed their responses and taken action to improve where required. People told us they could discuss improvements with the registered manager at any time and they would always listen to them. Regular audits had taken place such as for health and safety, medication and infection control. The registered manager told us that a new computerised record system was due to be put in place shortly and that it would help them identify the need for any improvements quickly.

All of the people who we spoke with told us that they were very happy with the quality of the service and would recommend it to others. One person told us, "I feel part of a team here, staff understand me, and I try to understand them." A relative said, "Staff always update me on [person's name]'s mood – they say they are in a lovely mood or not quite themselves. This really helps me. We're so lucky that they are here. I would absolutely recommend this home, and every member of staff in it. I take my hat off to them."

People's personal records were stored securely when not in use but they were readily accessible to staff, when needed. The registered manager had access to up to date information and shared this with staff to ensure that they had the knowledge to keep people safe and provide a good quality service.