# Delam Care Limited

# Mimosa

## Inspection report

4 Shirley Road
Hanley
Stoke On Trent
Staffordshire
ST1 4DT

Tel: 01782280838

Date of inspection visit:
07 October 2019

Date of publication:
06 November 2019

## 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

About the service
Mimosa is a residential care home providing personal care to two people with a learning disability and or mental health needs at the time of inspection. The service accommodates up to four people in one adapted building and there were two additional people residing at the home who were not in receipt of personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
We have made a recommendation about End of Life care planning.

People felt safe and were protected from the risk of harm by staff who understood their responsibilities to identify and report signs of potential abuse. Concerns were taken seriously and investigated thoroughly to ensure lessons were learnt.

Risks associated with people's care and support were managed safely and people were given the freedom to take positive risks. People had effective care plans in place which gave staff guidance in how best to support people, detailing their preferences, goals and achievements they had made.

Medicines were managed safely, and people received their prescribed medication when needed. The home worked in partnership with other organisations and professionals to ensure people's care was holistic. People were consulted with and were given autonomy to express their goals and aspirations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people well and promoted their dignity and independence at all times. There was a kind and caring, inclusive atmosphere. Staff had good relationships with people and encouraged people to be independent and to live fulfilled lives.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's care plans reflected their needs and preferences and were reviewed when things changed. People's diversity was recognised and promoted by the staff and systems were in place to meet people's communication needs. There was a strong emphasis on supporting people to take part in activities, including groups within the local community.

The provider used management systems to identify and effectively manage risks to the quality of the service and drive continuous improvement. People knew how to raise any concerns or complaints and felt confident they would be acted on. There were systems in place to capture people's views on how the service could be improved and these were acted on. Staff felt supported and valued by the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 07 March 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

# Mimosa

**Detailed findings**

## Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Mimosa 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with one person who used the service about their experience of the care provided. We spoke with two members of staff including the registered manager and team leader.

We reviewed a range of records. This included two people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Mimosa and we observed people looked comfortable in the company of each other and the surroundings.
- Staff recognised the signs of potential abuse and knew how to protect people from harm. We saw the registered manager followed local safeguarding procedures and referred concerns for investigation when needed.
- Staff had access to safeguarding procedures and knew how to escalate concerns to external organisations, such as the local authority and the Care Quality Commission (CQC), when required.

Assessing risk, safety monitoring and management

- Staff knew people well and understood the risks to their health and wellbeing and how to manage them.
- Risk assessments and management plans were person-centred and were kept under review.
- Staff managed people's risks well and involved other professionals to reduce or minimise the risk of harm. For example, if a person experienced an increased risk of falling this would be investigated, and the falls team and GP would be involved to support the staff and plans would be put into place.

Staffing and recruitment

- People could be assured there were enough staff to support them.
- We saw staff were visible in communal areas and responded promptly when people needed assistance.
- The registered manager had systems in place to ensure there were enough staff to support people, this included a contingency plan to cover for staff shortages.
- The provider had safe recruitment practices in place, to ensure people were support by suitable staff.

Using medicines safely

- Clear guidelines, procedures and protocols were in place to ensure people received their medicines as prescribed.
- Should people's presenting needs change, they were referred to professionals and medication reviews would take place.
- Staff had received training in the safe administration of medicines and their competency observed.
- Medicines were stored securely, and audits were carried out. A new system for recording medicines had been introduced which minimised medication errors.

Preventing and controlling infection

- People were protected by the prevention and control of infection.

● The home was clean and free from malodour and people were supported by staff to have their rooms and communal areas deep cleaned
● Staff told us they had access to personal protective equipment (PPE) such as gloves, aprons, and specific laundry bags, to protect people of the risk from the spread of infection.
● The home had a five-star rating from the Food Standards Agency (FSA) meaning the home had good food hygiene.

Learning lessons when things go wrong
● Systems were in place to learn lessons when things had gone wrong.
● The registered manager analysed accidents and incidents, and actions were put into place to reduce reoccurrence.
● Lessons learnt were shared with staff at pertinent times and systems improved if needed.

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People had their needs assessed prior to moving into Mimosa and were able to visit the home before committing to the move. This was to ensure their needs could be met and supported by the home.
● Care plans were person-centred and were developed with people to ensure people were given the opportunity to express their needs and choices.
● People's diverse needs and preferences had been considered. This including the characteristics under the Equality Act 2010, such as age, disability and religion. However, some improvements were needed to ensure all areas of people's diverse needs were considered, such as sexuality.
● We fed this back to the registered manager who told us they would discuss this with people to ensure they were aware of all areas of people's needs and preferences.

Adapting service, design, decoration to meet people's needs
● People had their own bedrooms and were able to personalise them.
● People had been involved in choosing the décor for some of communal areas, such as the lounge, making them feel homely.
● However, there were some environmental changes needed, specifically to the kitchen and bathroom areas. We saw the registered manager had completed a weekly and monthly maintenance log which they had shared this with the provider highlighting areas of improvement needed. The registered manager said, "It is an issue, we do try and make it as homely as possible."

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they liked the food. One person said, "It is nice, I like corned beef hash and I can have a cup of tea when I want to.
● People's nutritional needs were assessed and reviewed, and care plans contained information about people's preferences and risks. For example, we saw in one person's care plan stated how they needed chicken to be cut up into small pieces to avoid risk of choking.
● Where people had specific dietary requirements, advice was sought from professionals such as Speech and Language Therapists (SALT) and dieticians to provide effective outcomes.
● Meal times were a sociable activity and staff would sit with people and eat their lunch, creating a positive experience for people.

Supporting people to live healthier lives, access healthcare services and support
● People had access to health professionals including the GP, optician and dentist. Staff worked

collaboratively with them and recorded any advice to ensure people's needs were met.
● Mimosa had excellent oral health care plans in place, which supported people in the understanding of the importance of good oral hygiene.
● Records we viewed confirmed staff worked alongside other professionals to ensure people's health and wellbeing was holistically supported.

Staff working with other agencies to provide consistent, effective, timely care
● People told us if they needed staff to support them they received help quickly and staff would go at their pace and not feel rushed.
● Staff referred people to external services and worked closely with them to ensure people's care was delivered in line with best practice.
● Hospital passports were in place. These contained important information about people and were used to handover to other agencies, such as hospital staff to ensure consistent care was continued.

Staff support: induction, training, skills and experience
● Staff we spoke with were competent, knowledgeable and felt supported by the management team to carry out their role.
● Staff had completed a range of mandatory training to ensure they were competent to support people and their practice was monitored and reviewed, to ensure they understood the training they had received.
● New staff had an induction prior to commencing personal care to people, this included opportunities to shadow experienced staff.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 and were being met.
● We observed staff gaining consent before assisting people.
● People's capacity to make decisions had been considered and mental capacity assessments had been completed for people. This was documented in people's care plans.
● Staff had received training about MCA and knew how to support people in a way that respected their rights.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People we spoke with felt staff treated them well. One person said, "Staff are nice, they help me and talk nice to me."
- Staff knew people well and recognised their diverse needs in relation to their faith and cultural background, which were important in promoting their mental health wellness.
- Staff understood the importance of treating and supporting people with their needs. For example, a member of staff told us how the home had supported a person to purchase a rose bush as a memorial for their loved one who had passed away and staff supported them to visit their place of rest.
- People were supported to maintain friendships and relationships with people who were important to them. We saw a person who lived in the home adjacent visiting another who lived in Mimosa.

Supporting people to express their views and be involved in making decisions about their care
- People were consulted when making decisions about their care and information was presented in a format that was easy to understand.
- People were supported and encouraged to make decisions regarding how they wished to be supported and were involved in setting achievable goals.
- Monthly summaries were being introduced to support people to evaluate aspects of their care. For example, things that have gone well for them, achievements made and how staff could improve the support.

- Mimosa carried out weekly resident meetings which included a menu meeting. A staff member said, "People choose their meals through the menu meeting which is on a Sunday."

Respecting and promoting people's privacy, dignity and independence
- People's privacy and dignity was promoted at all times and staff were respectful of this.
- People were encouraged to be independent, and staff understood the importance of recognising people's risks which were taken into account.
- We saw people moving freely around the home, having access to the kitchen where they could help themselves to drinks, snacks and meals.
- One staff member said, "Take [name of person] for example, who has recently moved here, having come from a place where there was no involvement in meal preparation. Coming to a service like this where its main ethos is promoting independence and daily living skills, we are working with them and building these skills. They can now make their own breakfast and cups of tea, they are involved in preparing meals. I think

just having a staff member there supervising makes them feel more comfortable." The person confirmed this, and said, "I like to make my own breakfast, and get a cup of tea."

- People had easy access to a garden area and could visit people in homes that were adjacent.

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to, Good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- At the time of inspection there was no one who was receiving end of life care.
- The registered manager and staff member told us of a person who had passed away and how this had affected other people living within the home. As a memory to this person staff purchased a tree which was planted in the garden. For those people who were affected encouragement was given to water the tree and were able to reflect.
- Discussions had been held with people about their wishes after their death. For example, funeral plans and how people wished their services to be carried out which included choices of music. However, people's advance wishes in respect of their care during their end of life had not been consistently gained.
- The registered manager told us they would ensure discussions were held with people to seek their wishes at this time of their lives.

We recommend the provider seeks guidance to ensure people's advance wishes are recorded in relation to their end of life care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in planning for their care. Care plans we looked at detailed people's interests and preferences in addition to their mental health and physical conditions. People confirmed their preferences were respected by staff.
- Staff demonstrated the importance of person-centred care. A staff member said, "It is working in a way that puts the person at the forefront, it is specific to them."
- Staff knew people well and knew each person had their own routines, which staff respected.
- People's goals and aspirations were documented, and people were involved in regular reviews of their achievements.
- Staff demonstrated the importance of putting people at the centre of their care, supporting people to be independent and encouraging them to take ownership of their daily life skills, such as elements of personal care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were documented which gave staff guidance and staff knew their preferred communication methods.
● Information was made available in formats that people understood. For example, pictorial cards were used during the menu meeting to support people in making informed choices to what they would like to see on the weekly menu.
● The home was currently working on presenting people's medication in a way that was easy for them to understand, showing them a picture of their medication and an explanation for what they were for.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People were supported to maintain contact with people who were important to them. This information was documented in people's care plans.
● People were encouraged to participate in activities within the home should the choose to.
● People were able to make suggestions to the types of activities they would enjoy, and staff supported them to put them into place. For example, the home had recently had a garden party which involved socialising with people from the adjacent homes.
● People were supported to access the local community and take part in activities which were important to them.

Improving care quality in response to complaints or concerns
● The provider had systems in place to record, investigate and respond to any complaints raised. This was available in a pictorial format making it easier for people to understand.
● The monthly summary, which was due to be implemented, had a section which encouraged people to express any concerns they may have had during that month.
● People told us they knew how to make a complaint. One person said, "I would go to staff."
● Complaints were respectively responded to, in a timely manner, and used to improve people's experiences within the home.

Good

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an extremely positive culture at Mimosa, it was warm, welcoming and inclusive and people could be assured they were supported by a passionate and motivated staff team.
- Staff understood the providers ethos, values and mission. One staff member said, "It is about promoting independence and person-centred support." We observed this ethos was embedded into the culture of the home.
- Staff were clear in understanding the importance of supporting people to regain or maintain their independence and allowed people to make their own decisions and to positively risk take.
- Staff felt supported by the registered manager. One staff member said, "I can raise concerns and my opinions are always listened to and respected, I have a good relationship with the registered manager."
- The staff were able to make suggestions which positively impacted on people living in the home. It was clear the registered manager respected the staff team. For example, new initiatives had been implemented to improve the quality of some systems, such as, the medication system.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a clear understanding of their role and responsibilities. They were open and responsive and were committed to their role.
- The registered manager had robust and effective governance tools in place to ensure the service was safe for people to live in.
- Audits were fully embedded into the service which were regularly reviewed and updated.
- The provider had recently completed a review of the service which highlighted aspects of the home that were working well.
- The registered manager understood the requirements of registration with us and a copy of the latest inspection rating was being displayed at the home as required. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were consistently valued. People were involved in regular residents' meetings where staff would actively encourage people to feedback and actions were implemented on the back of suggestions or

requests.
● People also had the opportunity to feedback about their care through monthly evaluations and surveys.
● Staff were respected and encouraged to give feedback about the service. This was done through daily handovers, a communication book and staff meetings. Staff told us they felt listened to and were given the autonomy to implement new initiatives into the home.

Continuous learning and improving care
● Quality assurance systems were used. For example, observations of practice supported staff with continuous learning which in turn had positively impacted on people who lived at Mimosa.
● Action plans had been created where areas of improvement had been identified.
● The registered manager was committed to continually improving the service. They had membership of organisations such as, Staffordshire Association of Registered Care, they told us they kept up to date with best practice, through the NHS advice and guidance and NICE guidelines and information made public from CQC.

Working in partnership with others
● The registered manager and staff had ensured positive working relationships had been formulated with external partners and other agencies, where they worked collaboratively to enhance the care people received.