Delam Care Limited

Mimosa

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 28 February 2017. This was an unannounced inspection. At our previous inspection in February 2015, we found that the service met the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is registered to provide accommodation and personal care for up to five people. People who use the service have a learning disability and or a mental health condition. At the time of our inspection five people were using the service. However, one of these people was receiving in-patient care at a local community hospital.

The service had a registered manager. 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 and associated Regulations about how the service is run.

We found that improvements were needed to ensure that effective systems were in place to ensure people's care records were accurate and up to date. When care records are not accurate and up to date, people are placed at risk of receiving inconsistent or unsuitable care.

Staff understood how to keep people safe and people were involved in the assessment and management of risks to their health, safety and wellbeing. People's medicines were managed safely.

People were protected from the risk of abuse because staff knew how to recognise and report potential abuse. Safe staffing levels were maintained to promote people's safety and to ensure people participated in activities of their choosing.

People's health and wellbeing needs were monitored and people were supported to access health and social care professionals as required. People could eat meals that met their individual preferences.

Staff supported people to make decisions about their care and when people were unable to make these decisions for themselves, the requirements of the Mental Capacity Act 2005 were followed. At the time of our inspection, no one was being restricted under the Deprivation of Liberty Safeguards (DoLS). However, staff knew how to apply for a DoLS authorisation if this was required.

Staff received regular training that provided them with the knowledge and skills to meet people's needs.

People were treated with care, kindness and respect and staff promoted people's independence and right to privacy.

People were involved in the assessment and planning of their care and they were supported and enabled to

make choices about their care. The choices people made were respected by the staff.

Staff supported people to access the community and participate in activities that met their individual preferences.

Staff sought and listened to people's views about the care and action was taken to make improvements to care. People understood how to complain about their care and a suitable complaints procedure was in place.

People and staff told us that the registered manager was supportive and approachable. The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

The registered manager understood the requirements of their registration with us and they notified us of reportable incidents as required.

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. Safe staffing levels were maintained and medicines were managed safely.

Risks to people's health, safety and wellbeing were regularly assessed with them and staff understood how to keep people safe.

Staff knew how to identify and report potential abuse and they supported people to recognise abuse.

Is the service effective?

Good

The service was effective. People were supported to eat meals that met their individual preferences. Health care plans were in place that ensured people's health needs were effectively monitored and managed.

Staff supported people to make decisions about their care in accordance with current legislation. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Is the service caring?

Good

The service was caring. People were treated with kindness and respect and their right to privacy was promoted.

Staff knew people's likes and care preferences which enabled them to have meaningful interactions with people.

People were supported to make choices about their care and independence was promoted.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. People were involved in the assessment and planning of their care. However, effective systems were not in place to ensure the information in people's care plans was accurate and up to date. This placed people at risk of unsuitable or inconsistent care.

People were supported to access the community and participate in activities that were important to them.

Systems were in place to manage complaints about care.

Is the service well-led?

Good

The service was well-led. People and staff were supported by an effective management team.

Effective systems were in place to regularly assess, monitor and improve the quality of care.

Feedback from people about the quality of care was sought and acted upon to improve people's care experiences.

Mimosa

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 was 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.

We undertook an unannounced inspection of Mimosa on 28 February 2017. We inspected the service against the five questions we ask about services: is the service safe, effective, caring, responsive and well-led? Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. 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 used this information to formulate our inspection plan.

We spoke with four people who used the service, two members of care staff, the registered manager and the locality manager. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people in communal areas and we looked at the care records of two people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included staff files, rotas and quality assurance records.

Good

Is the service safe?

Our findings

People told us they felt safe because staff were always available to provide them with care and support. One person said, "There's always at least one staff member here". Staff told us and rotas showed that staffing levels were adapted to meet the individual needs of the people who used the service. For example, the home manager told us and other staff confirmed that staffing levels were flexible and were based around the activities people wanted to participate in and the appointments people needed to attend. For example, staff told us that more staff were planned to be on shift to support people to attend healthcare appointments when this was required.

People told us they felt safe around the staff at Mimosa. One person said, "The staff are very nice". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People told us and we saw that medicines were managed safely. One person said, "The staff give me my tablets, they're all stocked in the office. That's a good thing as we don't want anyone pinching them". Our observations and people's care records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

People told us and care records confirmed that they were involved in the assessment and review of the risks associated with their care. For example, one person told us about the risks associated with smoking. This person told us they had agreed to store their cigarettes in the office, so they did not smoke too many of these in a short space of time. Staff showed good knowledge of the risks associated with this person's smoking and a management plan was in place to reduce these risks. This showed that staff understood the person's risks and promoted their safety.

We saw that staff responded to safety incidents in a timely manner. A staff member was alerted to a safety incident during our inspection, where a person had fallen onto the floor. The person was reassured, checked for injuries and supported to move from the floor when it was safe to do so. Staff then immediately reported the incident to the registered manager who promptly started to investigate the cause of the incident. The person was unharmed from their fall, but staff continued to monitor the person to ensure they suffered no after effects. This showed staff responded to safety incidents in an effective and caring manner to promote people's safety and wellbeing.

People were supported by staff to understand what potential abuse was and how to report it. Care records showed that easy read 'keeping people safe' booklets were used by staff to talk to each person about safety and abuse. People signed the booklet on a regular basis to show that staff had discussed the content of the booklet with them. Staff told us how they would recognise and report abuse, and procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team. We saw that these procedures were followed when required.

Good

Is the service effective?

Our findings

People told us they could choose the foods they ate. One person said, "We have a meeting every week where we choose the food. We are having curry for tea, I like curry". Another person said, "I like toast, I had scrambled eggs on toast today". People also told us and we saw they could access drinks and snacks anytime. Staff told us how they supported people to eat specialist diets when these were needed. For example, staff told us how they supported one person to eat a pureed diet to reduce this person's risk of choking. This showed that people's individual dietary preferences and needs were met.

People told us they were supported to stay healthy and had access to a variety of health and social care professionals. One person said, "We do more healthy eating now, we only have unhealthy food on special occasions. I saw a nurse about my diet, she said I should eat healthy". People had health care plans in place where required that recorded their health needs, how and who should monitor these needs and which professionals were involved in their health care. We saw that these plans were effective in ensuring people's health was monitored and improved. For example, people's weights were monitored on a regular basis and care records showed that significant changes in weight were promptly reported to health care professionals. Care records showed and we saw that recommendations from healthcare professionals regarding weight management were followed. For example, one person was supported to receive dietary supplements as required to achieve and maintain a healthy weight.

We saw and care records showed that staff promoted and respected people's right to make decisions about their care. For example, one person told us they had agreed to store their cigarettes in the office to ensure they didn't smoke too many of these in a short space of time. However, we saw that the staff respected this person's right to request a cigarette when they wanted one and the person's requests were not refused. Staff told us that everyone who used the service had the ability to make everyday decisions about their care and treatment. Care records showed that when required people were encouraged to formally consent to their care by signing consent forms. For example, we saw that people who needed support from staff with medicines management had signed to show they agreed to this support.

Some people were unable to make important decisions about some of the more complex decisions relating to their care. We found that in these circumstances the staff followed the requirements of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. For example, we saw that one person had been assessed as not being able to make complex financial decisions, such as spending large sums of money. This was because the person did not understand the value of money which placed them at risk of financial abuse. A best interest decision had been made with other health and social care professionals in accordance with the MCA. This best interest decision ensured the person's finances were managed safely, but the person was still enabled to make small financial decisions with the staff to promote their independence and wellbeing. For example, the person was supported to make small purchases of their choice on shopping trips.

People who used the service told us they were free to move around the home and access the community. One person said, "I go out whenever I want to, I've got a bus pass that I use". Another person said, "I can go to my room or go outside, I don't have to sit in here [the lounge]". 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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff told us that one person had a DoLS application in progress as they would be at risk of harm if they left Mimosa alone. Staff knew this DoLS was in place and supported the person to access the community in a safe manner. This showed that when required, people were restricted lawfully to promote their safety and wellbeing.

Staff told us and records showed they had received training to give them the skills they needed to provide care and support. Staff demonstrated that their training had been effective by telling us about the knowledge and skills they had acquired. For example, one staff member told us that fire safety training had made them aware of where fire exits were located and what fire extinguishers should be used for different types of fire. Another staff member told us how training in the MCA and DoLS had helped them to understand why some people needed restrictions to be placed on them to keep them safe. Our observations showed and care records confirmed that staff were suitably skilled to meet the needs of the people who used the service. For example, we saw and care records showed that a person who required a specialist diet had their dietary needs met in a safe manner, because staff knew how to prepare this person's food safely.

Good

Is the service caring?

Our findings

People told us and we saw that they enjoyed living at Mimosa and had positive relationships with the staff because they were kind, caring and respectful. One person said, "I've lived here for a very long time. I like it". Another person said, "The staff are alright, I like it here". We observed caring interactions between people and staff. For example, we saw one person was reassured and supported in a caring manner by staff when they had fallen. Staff checked they were unharmed and ensured they were comfortable before they left the person. This person looked content and settled when we saw them just after their fall.

People told us they were enabled to make decisions about their home and they were kept up to date about planned changes to the home environment. One person said, "It's all been done up with new carpet and walls. We chose the colour" and, "We're getting a new kitchen soon. We've already had new pots and pans and a new kettle. It's all being done up". The registered manager and locality manager confirmed that these improvements to the environment were being made in consultation with people.

People told us that their independence was promoted. One person said, "I do things around the house. I do the dishes and take the rubbish out" and, "I go to the shop if we need anything for the house". People also confirmed that their right to privacy was promoted. One person said, "I can go to my bedroom and watch TV if I want to be on my own" and, "The staff knock on my door if they need me".

People told us that staff knew them well. One person said, "They know what I like to do". This person told us they liked to do things to be helpful to other people and the staff. We saw that staff met this person's preference by asking them to complete small errands which the person enjoyed completing. This helped the person to feel valued. Care records contained information about people's care preferences so staff had access to this information to ensure people were supported in accordance with their preferences.

We saw that systems were in place to enable staff to help people to understand their care and the choices available to them. We saw that care plans had been recently updated to include pictures to enable people to understand the content better. Staff told us they also used pictorial cards to help people choose their meals and activities. One staff member said, "We use the cards in the weekly meetings to help people choose their food and activities. It means everyone can join in".

Requires Improvement

Is the service responsive?

Our findings

People told us and care records showed that they were involved in the assessment and planning of their care. One person said, "I have a care plan. Sometimes I have time with staff where we talk about it and other things too". Care records contained information about people's needs and how they wished to be supported with their care. However, this information was not always accurate or up to date. For example, one person had a medical device in place to help manage their continence needs. This had been in place for over a month, but no plans were in place to provide staff with the information they needed to meet this person's changed continence needs in a safe and consistent manner. Despite this, the staff we spoke with showed they understood how to meet this person's needs. However, any new or temporary staff would not have access to the information needed. This person's 'hospital passport' was also not accurate or up to date with regards to their continence needs. Hospital passports are designed to be used by people with learning or communication disabilities to help them to communicate their needs to hospital staff. This meant the person was at risk of receiving inconsistent or unsuitable care from other services if their care needed to be transferred in the event of an unplanned hospital admission. This showed the system in place to review people's care needs was not always effective.

People told us that staff supported them in accordance with their planned care preferences. For example, one person said, "I get up when we want and go to bed when I want. I can have a lie in if I want, but I like to have my breakfast early, so I get up early". This showed the person was empowered to be in control of their own care.

People told us and we saw that they were supported to access the community to participate in activities of their choosing. One person told us how they had recently been to the cinema with the staff and another person told us they had gone to a local museum with staff. Care records confirmed that people were supported to access the community when they wished to do so. People also told us they were supported to enjoy activities that met their individual care preference in the home too. One person said, "I like watching the news and listening to music. We've had a new CD machine in the dining room which I like". We saw that the news was on the TV and the CD player was accessible in the dining hall as the person had told us.

People told us they knew how to complain about the care. One person said, "I'd tell the staff or manager". There was an accessible, easy to read complaints procedure in place and staff demonstrated that they understood the provider's complaints procedure. No complaints had been made at this service since out last inspection.

Good

Is the service well-led?

Our findings

People and staff told us the registered manager was approachable and responsive. One person said, "She's a very nice lady". Comments from the staff about the manager included; "She's a good manager. She tells you the truth, so if you've done something wrong, she tells you", "She's very good, I really like her" and, "She's approachable".

The registered manager acted upon safety and quality issues in a prompt manner. For example, when we identified that a person's continence care plan was not accurate and up to date, they immediately wrote a new care plan for the person. This person could not be involved in devising this care plan due to their limited understanding of their continence needs. However, they involved the staff in this process to ensure the plan contained the right information that they needed to effectively meet this person's continence needs. They also discussed the current systems in place for reviewing people's care needs with the locality manager and they agreed the action they were going to take to address the gaps in reviewing people's care needs. This showed that the registered manager acted responsively to address concerns about care.

Frequent quality checks were completed by the registered manager and provider. These included checks of medicines management, incidents, staff training needs and health and safety. Where potential concerns with quality were identified, action was taken to improve quality. For example, regular checking of the staffs' training needs enabled the registered manager to book staff on training before their training expired. This ensured staff were consistently skilled to meet people's needs safely and effectively.

Incidents at the home were recorded, monitored and investigated, and action was taken to reduce the risk of further incidents from occurring. For example, a person was found on the floor during our inspection. This immediately prompted the completion of an incident form and the registered manager started to review the potential cause of the incident to identify if any changes were needed to keep this person safe. We also saw that incidents were monitored by the registered manager and provider which enabled them to check if there were any incident patterns and trends, so that appropriate action could be taken if required.

The registered manager and locality manager showed us a new reporting form that had recently been introduced to report maintenance and environmental issues. They told us the form was sent to managers to enable them to prioritise work and monitor the effectiveness of the maintenance contract they used. This system had been introduced in response to some delays in getting maintenance issues addressed in a timely manner. This showed the provider learned from incidents and took action to ensure effective systems were in place to assess, monitor and improve the quality of care in all their services.

The training and development needs of the staff were assessed, monitored and managed through regular meetings. One staff member said, "I get supervision from the manager. We talk about any concerns and issues". Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. For example, staff who administered medicines were observed by a manager to check they followed the correct medicines management procedures.

The registered manager told us feedback from people and their relatives was also sought through a satisfaction survey. They told us that last year's feedback had led to them changing the way they communicated with a relative as the relative had requested updates in writing; therefore, letters were now being sent to this person in accordance with their request. This showed feedback from people's relatives was also listened to and acted upon.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.