

# Lifeways Community Care Limited

## Delphine Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

### About the service

Delphine Court is a purpose built house, providing residential care with support to people living with a learning disability and autism spectrum disorder. It was registered to support up to eight people. Four people were using the service at the time of our inspection. Staff supporting people did not wear a uniform or any identifying clothing that suggested they were care staff when coming and going with people, and people were supported to have access to local community facilities and services.

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

People and their relatives for the most part had a very positive experience of this service.

We saw differing experiences of transitions to the service since our last inspection. One had worked very well with a slow and planned move for someone. Another was on an emergency basis and the planning, staff training and awareness of their complex needs meant this did not succeed for the person. The registered manager told us that lessons had been learnt from this.

Issues relating to the environment to maintain good infection control practices and a homely environment still needed to be addressed. The acquiring of additional lidded bins to promote effective hand hygiene was addressed immediately by the registered manager.

We made a recommendation that the provider addresses the communal areas of the home to make it more homely.

Since our last inspection, care plans, staff supervision and staff morale had improved significantly. Staff were trained. People were also accessing the community more and staff were more confident in how they supported people when they became distressed.

There were systems in place to protect people from the risk of abuse. Staff were knowledgeable about the action they would take if abuse were suspected. Medicines were managed safely.

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.

People were supported to access a range of healthcare professionals to ensure they remained healthy.

Care plans were improved but further work to develop communication plans and positive behaviour support plans was needed. People were supported to maintain relationships with their families.

The registered manager was leaving the service and a new manager was in post. They had worked together to support an effective transition. Improvements made needed to be sustained and embedded. The new manager was keen to improve communication systems for staff and families and address the environment to make it more homely.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 19 March 2019). We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to safe care and treatment and good governance.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of the regulations. However, further improvements were required in the safe and effective domains.

#### Why we inspected

This was a planned inspection based on our inspection programme.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** 

# Delphine Court

## 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 team consisted of one inspector and a special professional advisor [SPA]. The SPA was a clinical psychologist who worked with people with a learning disability.

#### Service and service type

Delphine Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 the inspection

We reviewed information available to us since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from commissioners and professionals who work with the service, including the local authority safeguarding adults' team. 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.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with seven members of the staff team including the registered manager and service manager. We reviewed a range of records. This included three people's care records and medication records. We looked at records related to the management of the service.

After the inspection

We continued to receive information from the registered manager to confirm the inspection findings. We also spoke with four relatives and three visiting professionals via the telephone.

# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- People were not always safe from the risk of infection. There were no bins in communal bathrooms or toilets including those for staff. This meant hand towels could not be disposed of safely. The kitchen only had one bin which did not have a lid. These were replaced immediately after the inspection by the registered manager.
- Staff were trained in infection control which they applied in practice in their roles.

### Using medicines safely

At our last inspection the provider had failed to ensure guidance was in place for as and when required medicines. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People's medicines were managed safely.
- Staff who administered medicines were appropriately trained and their competency in this area was checked. Staff told us they felt confident to administer people's medicines.
- Regular audits of people's medicine administration records (MAR) were completed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the environment was safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Fire drills had not been completed in line with the fire risk assessment but this was rectified by the second day of our inspection visit.
- Risks to people had been identified and appropriate risk assessments had been completed to keep people safe. These were reviewed on a regular basis.
- Any accidents and incidents were recorded by staff which were reviewed by the registered manager. Identified actions were recorded and signed as completed.

- Appropriate premises safety checks were carried out on a regular basis as required.

#### Systems and processes to safeguard people from the risk of abuse

- Staff protected people from abuse.
- The provider had a safeguarding policy in place which was regularly reviewed. Safeguarding issues had been logged and notified to the local authority as required.
- Staff were confident in their ability to recognise and report any safeguarding issues.
- People and their relatives told us people received safe care. Comments included, "I would talk to the staff about anything or call the police," and "We are very happy and know [Name] is safe."

#### Staffing and recruitment

- There were enough staff deployed to meet people's needs. Staff we spoke with and records such as rotas confirmed this.
- The provider had a safe recruitment process in place. This ensured only suitable staff were employed to work within the service.

#### Learning lessons when things go wrong

- Incidents and accidents were reviewed and used as a point of learning in an effort to prevent any re-occurrence.
- The management team used reflective discussions with staff to support any lessons learnt if anything went wrong.



# 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 requires improvement. At this inspection this key question has remained the same. This meant the provider did not always give effective support to staff to assist them in people's care and treatment.

Adapting service, design, decoration to meet people's needs

- The environment did not always meet everyone's needs.
- Communal areas of the home were ready for redecoration, including corridors.
- Whilst people's personal flats or bedrooms were well personalised, communal areas within the home were clinical and lacked a homely feel.
- The management team told us they had requested funds to improve décor as they had recognised this issue needed to be addressed.

We recommend the provider addresses the communal areas of the home so they meet best practice guidance for décor and soft furnishings and create a more homely environment.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were not always accurately assessed.
- One person had moved to the service on an emergency placement. The staff team lacked the prerequisite knowledge or training about their needs so were ill prepared to provide the kind of care and support they required. Although the placement was improving and staff were well intentioned, the service had served notice on the person as they felt they could not manage their behaviours.
- The management team agreed that any future transitions to the service would be thorough and well planned.

Staff support: induction, training, skills and experience

- Systems were in place to ensure staff were supported. Staff supervision was now regularly in place.
- Staff had received regular training although the systems in place to verify this were not instantly available to the managers.
- Training relevant to the specific needs of people was not delivered to staff. Some staff told us they would benefit from further training around autism.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff promoted a healthy, balanced diet and people were supported to make and be involved in meals prepared at the service.
- One person who recently moved to the service did not have their weight clearly and consistently recorded when their care plan raised significant concerns about their nutritional intake.
- Care plans outlined people's preferences and the support they required with their food and drinks.

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).

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.

- Staff understood their responsibilities regarding MCA and best interest decisions. Staff continuously sought people's permission whilst supporting them.
- There were clear records relating to DoLS applications and where best interest decisions were needed.
- Staff had a good understanding of people's communication needs and supported people to make day to day decisions and choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had regular health and wellbeing check-ups. When required, investigations were sought in a timely manner for any concerns.
- Health action plans and hospital passports were in place which identified people's health and care needs.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection we rated this key question as requires improvement. At this inspection this key question has now improved to good. 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

- Staff treated people with warmth, compassion and kindness. Staff knew people well, one staff member explained to us the early warns signs of potential upset for someone and how they would support this.
- One person told us, "I can talk to the staff I get on well with them all."
- Staff had created a friendly service. People's body language indicated they were at ease. When people became anxious, staff offered reassurances and consistent responses.

Respecting and promoting people's privacy, dignity and independence

- People's equality, diversity and human rights were respected. People were supported to live their lives the way they wanted to.
- Families told us they were made to feel welcome. The service supported people to maintain relationships that were important to them.
- Staff supported people to maintain their independence. Support plans were clear about the tasks people could manage themselves and what support or encouragement was needed from the staff team.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives had been included when care and support was being planned and reviewed. One relative said, "Name is going out and doing more and its on their terms."
- People's communication needs were met. Support plans set out how staff should offer people choices in a way they would understand so they could make decisions about their care and support.
- People had been supported to access an advocate. Advocates are independent and can help people to be involved in making decisions about their care.

# 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 improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans and general recording about people's care had improved since our last visit.
- Support was based on people's assessed needs and preferences and was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to them.
- Plans were in place covering a range of people's health and social needs. They contained guidance for staff on how these needs should be met to ensure people received personalised care and support.
- Goals and outcomes weren't always consistently highlighted. The registered manager stated they would address this issue.
- Staff said the volume of documentation they were required to complete was excessive and interfered with the time they could spend with people. They also felt amendments were required to some recording forms to capture the detail they wanted to record. The registered manager said they would review this feedback.
- Care and support plans were regularly reviewed to ensure they reflected people's current support needs and preferences.

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 access activities they enjoyed. People accessed the community regularly to join activities such as trips and shopping.
- Family members told us, "Visits home have been enabled by the staff team and that's amazing" and "They do let us know what is going on."

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.

- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways.
- There was no communication section and no communication passport for one person with complex communication needs. There was useful information in their care file but it was not easy to locate.
- All care plans could be better organised to make it easier to find and follow.

Improving care quality in response to complaints or concerns

- Systems were in place to investigate complaints. There had been no formal complaints raised within the

previous 12 months.

#### End of life care and support

- At the time of our inspection nobody at the service was receiving end of life care. Policies and procedures were in place to provide this if needed.
- Where appropriate, information about people's last wishes or funeral plans was maintained in people's support plans.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created, promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure effective quality monitoring systems were in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- A range of quality assurance audits had been completed by the registered manager. Any actions identified, were noted and followed up.. The registered manager monitored progress to ensure the completion of tasks.
- The registered manager had notified the Commission of incidents in line with regulations and their legal responsibilities.
- The registered manager was in the process of transitioning to another service run by the provider. A new manager was in post who was registering with CQC. There had been a good transition between the two managers.

Working in partnership with others

- The registered manager and staff worked in partnership with other professionals to support positive outcomes for people. Comments received from visiting professionals included, "We are involved in meetings" and "The staff are enthusiastic."

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

- People, staff and relatives were encouraged to engage with the registered manager and provide their feedback. Relatives told us communication was better since our last visit.
- Staff told us they felt listened to. Comments included, "I have been really well supported in my transition to a new role," and "Yes the team work here is really good."
- The registered manager held regular team meetings and staff confirmed this.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People received care which was person-centred. All staff were very enthusiastic to make sure people had opportunities to access the community and lead fulfilling lives.
- The registered manager reviewed any matters brought to their attention. Where necessary investigations were carried out and actions taken to address any issues.
- Staff were open and honest if things had gone wrong which included offering appropriate apologies.