

Novocare Ltd

Delamer House

Inspection report

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11 November 2019
14 November 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Delamer House provides accommodation and personal care for up to 57 older people and people who may be living with dementia. The service does not provide nursing care. At the time of our inspection there were 40 people using the service.

People's experience of using this service and what we found.

The registered manager had not updated their knowledge on their regulatory responsibilities and relevant national guidelines

The registered manager had not always notified the Commission of authorised DoLs.

Accidents and incidents were recorded and monitored however individual analysis of unwitnessed falls had not taken place

Environmental checks were not completed in line with national guidelines, however we found no evidence that people had been harmed.

Improvements to the environment had been made to the service since the last inspection, however further improvements were still required to ensure it is dementia friendly. We have made a recommendation about this.

Staff were recruited safely, were visible in the service and responded to people quickly.

People could take part in a range of activities internal and external to the service and were supported to access the community.

People's health was well managed, and relationships had been developed to ensure that individual health and nutritional needs were met.

People received their medicines when they needed them.

People had end of life plans in place. Families and professionals spoke highly about end of life care at the service.

Relatives and professionals made positive comments about the management team at the service.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection (and update) –The last rating for this service was good (published 26 May 2016).

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 not always well led.

Details are in our well led findings below.

Requires Improvement ●

Delamer House

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

On day one, the inspection team consisted of two inspectors, 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. They had cared for a family member living with dementia. On day two, one inspector carried out the inspection.

Service and service type

Delamer House 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. This inspection was undertaken on 11 November and 14 November 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 this information to plan our inspection.

During the inspection-

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the manager, senior care workers and care workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at health and safety and legionella records. We spoke with one professional who regularly visits the service.

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.

Assessing risk, safety monitoring and management

- Risk assessments relating to the environment did not always mitigate risk. Risks associated with legionella had not been identified. Whilst the service had arranged for water samples to be taken, a risk assessment had not been carried out by a competent person to identify any potential risks of the bacteria growing elsewhere in both buildings. The registered manager informed us that this had been arranged shortly before the inspection but was not aware that this was a health and safety requirement.
- A fire risk assessment had been completed and had identified actions were required. We asked the registered manager what had been done to rectify this and was told no action had been taken as information recorded was incorrect. We referred the service to the local fire authority who visited the service and, did not raise concerns about this. Following the inspection, the registered manager informed us the fire risk assessment had been updated by a competent person to reflect what was required.

Staffing and recruitment

- People, relatives and staff gave us mixed feedback on whether there were enough staff to support people. One person told us, "There's not enough staff, its busiest in the mornings and sometimes in the evenings. Staff are rushed sometimes." Another person told us, "There are enough staff but they are busy and want to help but sometimes there is too much going on. They do ask everybody are you OK though." One relative told us, "There are always staff on the dementia unit, people are never left alone." Another told us, "I have never been in the home and not seen enough staff. Often staff are sitting and chatting to [person] or they come and join our chat with [person]."
- We reviewed the staffing rota against people's needs. The registered manager told us that the levels of staff were based on the dependency needs of the people living in the service and this calculated how many staff they needed. During the inspection, our observations found no concerns about staffing levels within the home.
- Prior to the inspection, we received concerns about the recruitment of staff. We audited staff recruitment processes and found they were safe. Checks to ensure staff were fit to carry out their role had been completed.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of harm and abuse. However, the registered manager was not aware of thresholds for reporting abuse or potential abuse to the local authority following unwitnessed falls. We asked for all unwitnessed falls to be reviewed to ensure that appropriate safeguards had been raised. Following the inspection, a safeguard was raised.

Using medicines safely

- Medicines systems were organised, and people received their medicines when they should.
- Where people received their medicines covertly, the service worked with professionals to ensure this was done appropriately.
- People's medication records confirmed they had received their medicines as prescribed. We carried out a stock check of medicines and found that stock levels were correct.
- People received support to manage their 'as required' (PRN) medicines. Protocols and procedures were in place for staff, so they knew how to respond to people and administer their medicines appropriately.
- Staff told us they were trained and assessed as competent before they administered medicines and records confirmed this as accurate.

Preventing and controlling infection

- Staff had access to appropriate Personal Protective Equipment (PPE) throughout the service. Observations showed staff wore this and changed it appropriately where required.
- Staff had received appropriate infection control training and were aware of their responsibility in terms of infection control and what this meant.
- The home had received an Environmental Health Office (EHO) food hygiene rating of 5.

Learning lessons when things go wrong

- Lessons were learnt in the service when incidents happened. The registered manager told us how they had used feedback from staff and relatives to improve the service. "After receiving feedback about the cleaning not always being as good as it should be in some areas of the home, I bought in a new rota which had names and assigned duties to these so if something wasn't done, I knew who to speak to."

Is the service effective?

Our findings

Effective 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.

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

- Improvements had been made to the environment since the last inspection including upgrading of the dining area. However, we found that some areas of the main house needed updating including replacing worn carpets. We spoke to the registered manager who told us they had recognised this and were in the process of replacing carpets and furnishings to improve the environment.
- A maintenance person was employed to undertake jobs to ensure the service was safe and maintained. When any environmental concern was raised, immediate action was taken.
- A separate house supports people living with dementia. The environment was well maintained but lacked dementia friendly signs to support people. This meant it was not in line with current best practice in promoting a dementia friendly environment.

We recommend the service uses a dementia environmental tool, to support them in this area.

- People's rooms were personalised, accessible, comfortable and decorated with personal items. People were supported to bring their own furniture into the home. The registered manager told us, "We have married couples who come in with lots of things so we have given them another room to act as a living room where they can have their furniture like they would at home."

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

- People's care, and support were delivered in line with current standards and guidance.
- Assessments of people's individual and diverse needs were in place prior to them moving into the service to ensure their needs could be met safely.
- Care plans contained information about people's needs and included their preferences in relation to religion and food.

Staff support: induction, training, skills and experience

- People and relatives told us staff had appropriate training and skills.
- A training matrix was in place which showed what training staff had completed and when an update was due. Staff were positive about the training. One staff member told us, "Training is always available. We can ask the manager for it and they will arrange it."
- New staff undertook induction training which involved both face to face training and working alongside an experienced member of staff before working independently.

- Staff told us that they received ongoing support through regular staff meetings.

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

- People were supported and encouraged by staff to eat and drink. One relative told us, "In the hot weather, staff are always encouraging people to drink and know they need to do this to keep them well."
- People and relatives spoke highly of the quality of food being offered. We received numerous compliments including, "The food I ate was lovely, the food is always good!." and "[Person] loves the food, it is really good."
- Meals looked appetising and staff supported people to make choices by showing them the meals which were available. The registered manager told us, "We used to use picture cards to show what was on offer but found that showing the two food options plated up worked better and people ate more."
- Peoples weights were monitored, and where required, they were given fortified diets to maintain or increase weight.

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

- People had good access to healthcare services and support.
- Care records evidenced ongoing involvement of health professionals and we saw evidence of appropriate contacts with Dieticians, District Nurse team and the local surgery.
- A visiting professional from the local GP surgery told us how they worked with the service to maintain and improve people's health. They told us, "I know when we get a call from the home, it's because they really need our support. They don't call us too early or too late. The staff really look after people well."
- Basic oral healthcare assessments had been completed. However, these did not always contain detailed information for staff. We spoke to the registered manager about the recent CQC report on oral healthcare, "Smiling Matters" and they told us they were unaware of this.

We recommend the registered manager further develops their knowledge of Oral health best practice.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Related capacity assessments and decisions had been properly taken in line with the law and guidance
- The registered manager understood their responsibility to apply for DoLs and reapply appropriately.
- Staff understood the importance of gaining consent before providing support. Observations of staff with people consistently showed us this.

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, relatives and professionals told us people liked living at Delamer House and they were well looked after.
- People and relatives told us staff were very kind, caring and compassionate towards people. We received comments including, "It is a pleasure when staff sit down and chat with you. If you are upset, they sit and listen, it does help." and "Staff are very kind and supportive"
- People had detailed personal profiles recorded, giving a life history to staff. Staff knew people well and used this information to support people. One person told us, "Staff know everybody, for instance, there are two people who love carry on films, so staff sit them nearest to the television so that they can see it when its on."

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

- People and relatives told us they were involved in people's care. One relative told us, "Every six months, staff sit down with me and we go through any changes in [person] care and they get me to sign it. I feel I am included."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence was always maintained and upheld by staff.
- Staff understood where people required support or when they could support themselves. One person told us, "Since the beginning of the year, I have been doing more for myself, including going out. The home has helped me get independent."
- People were supported to maintain relationships with those who were important to them. One relative told us, "The home has rung me a few times when [person] wants to speak to me."

Another relative told us how their parents had been supported to see and spend time with each other despite living in the different houses due to their health needs. They told us, "One thing that was really good was that they said that they would keep my parents together as long as possible even though they lived separately, and they did."

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 good. At this inspection this key question has remained the same.

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

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

- People's needs had been assessed before they moved into the service and a detailed care plan had been developed to ensure these needs were met. People and where appropriate, their representatives, were involved in the planning and review of their care.
- People's care plans were detailed and had clear information about their specific needs, personal preferences, routines and how staff should best support them. Care plans had been regularly reviewed. However, they had not always been updated to reflect people's changing needs, but this had not impacted on the care provided as staff knew people well.

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.

- The registered manager was not aware of the AIS framework when we spoke with them. However, they were able to demonstrate how people's communication needs were being met and could be met if required.
- Staff demonstrated a detailed awareness of people's individual communication needs and how to support these. For example, the home had recently purchased a freestanding, light up magnifying glass for a person after identifying they were struggling to read.
- Care records provide detailed guidance to staff on meeting people's communication needs. This included suitable formats to use in giving information.

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, relatives and staff spoke highly of the activities that were offered. One person told us, "They do a church service once a month, and have activities going on. We had bingo today and do lots of arts and crafts." A relative told us, "Christmas is something to behold. The home does it well. The activities person makes every effort to get people with dementia to participate." A member of staff told us, "Activities staff do activities in people's rooms. On remembrance Sunday, they made poppies in people's rooms and in the lounge, so everyone could be involved."

Improving care quality in response to complaints or concerns

- Since the last inspection, no complaints had been received by the home. However, processes were in place to follow when required
- People felt able to raise concerns or complaints if they had any, however, no one had raised any in the last twelve months.

End of life care and support

- At the time of inspection, no one was receiving end of life care and support. However, the registered manager told us they had developed links with the local hospice and knew who to contact if support was required. A visiting professional told us, "The end of life care is very good, everything needed is in place"
- Documents to record the arrangements, choice and wishes people may have for their end of life care were in place to ensure peoples final wishes were met.
- A relative told us of their experience of a relative who had received end of life care at the home. They told us, "[Person's] passing was managed very well. When he first moved in, they asked me what dad would want. It saved a lot of pain later."
- Staff told us they had received end of life training and felt supported to provide care to people. At the time of inspection, the home was completing the Gold Standards Framework. This is a model that enables good practice to be available to all people nearing the end of their lives to ensure they receive the best care.

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 now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager could not always demonstrate they had up to date knowledge and understanding of their regulatory responsibility. For example, when we raised with them about the HSE guidelines for managing legionella in care homes, they were not aware of this or their responsibilities in managing this.
- The registered manager was aware of the legal requirement to notify the Commission of any authorised DoLs. However, not all notifications had not been sent to us in relation to this. We raised this with the registered manager and asked for these to be submitted after the inspection.
- We spoke to the registered manager about their shortfall in knowledge and told us they would use the inspection to better their own knowledge

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; Continuous learning and improving care

- The registered manager kept information on all accidents and incidents including falls. However, they did not always collate and formally analyse unwitnessed falls to identify any common themes. For example, we identified one person who had repeatedly fell and asked the registered manager to analysis these falls. When we returned for the second day of inspection, the registered manager told us they had identified a theme that they had not been aware of previously.
- The manager was aware of their duty to be open and honest when something went wrong. We found systems were in place and had been used after investigating complaints made.

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

- The registered manager was experienced and had managed the service for several years. They were well known to staff, people using the service and relatives.
- People, relatives and staff were very positive about the service and said they would recommend it to others. One person told us, "I would say to people don't turn down coming here, staff make an effort to look after us, I would recommend it." A relative told us, "The home is very good, it is well led, staff are all very caring and go out of their way to provide the best possible care!"
- Audits were regularly completed by the registered manager and nominated individual for the service. These audits included medication, environment and care planning. Where issues were identified in audits,

action plans were put into place and revisited on follow up visits to ensure they had been completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff had completed a survey about their views on the service. Feedback was received about the environment and cleanliness however; no improvement plan was developed to drive this improvement. We spoke to the registered manager who told us that these results had been analysed and as a result, cleaning schedules had been bought into improve both the environment and cleanliness.
- The service had links with local groups and supported peoples individual cultural and spiritual needs. The registered manager told us, "We have the local church who comes in once a month and do a service in the lounge and they do prayers and hymns. We had one person who did not have a church locally, so we supported them to access one in London and arranged for them to visit the person."
- Staff received regular supervision and appraisals of their work and felt supported by the registered manager.