

Delos Community Limited







Delos Pyramid

Inspection report

York House
1-3 Newton Close
Park farm
Wellingborough
Tel: 01933 677889
Website: www.delos.org.uk

Date of inspection visit: 14 & 18 May 2015
Date of publication: 08/07/2015

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	

Overall summary

This inspection took place 14 & 18 May 2015 and was announced.

Delos Pyramid provides personal care and support to people living in their own homes in the Wellingborough area. It is part of Delos Community Limited, which also provides care homes and day centre services within the area. At the time of our visit 101 people were receiving a service from Delos Pyramid with 9 of those people receiving personal care and the others receiving social support. Our visit focused on the people receiving personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe using the service. It was evident from talking with staff that they were aware of what they considered to be abuse and how to report this.

Summary of findings

Staff knew how to use risk assessments to keep people safe alongside supporting them to be as independent as possible.

There were sufficient staff, with the correct skill mix, to support people with their needs.

Recruitment processes were robust. New staff had undertaken the provider's induction programme and training to allow them to support people confidently.

Medicines were stored, administered and handled safely.

Staff were knowledgeable about the needs of individual people they supported. People were supported to make choices around their care and daily lives.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when assisting people.

Staff always gained consent before supporting people.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People were able to make choices about the food and drink they had, and staff gave support when required.

People had access to a variety of health care professionals if required to make sure they received ongoing treatment and care.

People were treated with kindness and compassion by the staff.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon.

Staff treated people with dignity and respect.

There was a complaints procedure in place which had been used effectively.

People were complimentary about the registered manager and staff. It was obvious from our conversations that staff, people who used the service and the registered manager had good relationships.

We saw that effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvements.

Summary of findings

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



Is the service caring?

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



Is the service responsive?

The service was responsive.

Support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

People were able to choose to attend or join in activities of their choice.

Good



Is the service well-led?

The service was well led.

People and their relatives knew the registered manager and were able to see or speak to her when required.

People and their relatives were asked for, and gave, feedback which was acted on where required.

Quality monitoring systems were in place and were effective.

Good



Delos Pyramid

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 & 18 May 2015 and was announced. 48 hours' notice of the inspection was given because the manager is often out of the office visiting people in their own homes and we needed to make sure they would be available.

The inspection was carried out by one inspector. Following the inspection an expert by experience carried out telephone calls to people who used the service, their relatives and staff. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection the provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about the service and the service provider and spoke with the local authority. The service met the regulations we inspected against at their last inspection which took place on 28 November 2013.

During our inspection we spoke with four people and the relatives of one person who used the service. We also spoke with the registered manager, the community service manager and three staff.

We reviewed three care records, two medication records, six staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe, one person said, “Oh yes, I feel safe.” Another said, “I would tell [staff name] if I was frightened.”

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, “We have the number for the local safeguarding teams and for the organisation. I would follow the procedures we have been given.” They told us about the safeguarding training they had received and how they put it into practice. They were able to tell us what they would report and how they would do so. They were aware of the company’s policies and procedures and felt that they would be supported to follow them.

Risks to people’s safety had been assessed and were in people’s care plans. These included risks associated with special diets, moving and handling and infection control. Staff told us that these had been developed with the person themselves. Evidence of up to date risk assessments were seen within people’s support plans.

Staff told us they have the contact numbers for staff on call and the registered manager. We saw copies of documentation which the staff had, and an on call rota was available for the year. This enabled all staff to be able to contact the appropriate person in an emergency.

The service had an emergency file which was passed to each person who was on call. This included any information which may have been required, including; contact numbers of every staff member, information about each person who used the service and a number to contact their next of next of kin or advocate, address of a safe place in case of evacuation from their property. There was also protocols to follow in the event of adverse weather and if the office was not accessible.

The registered manager told us that all accidents and incidents were reported. These were then logged onto a sheet which detailed what had happened, who had been involved, and what actions had been taken to stop it happening again.

Rotas were seen for each staff member. These were planned in advance to enable the correct amount of hours to be allocated to each person using the service, and at the time they required the support. Staff told us that they were flexible if the needs of the person changed for any reason. One staff member said, “One of the ladies I support often asks if I can move the hours earlier or later, that is not a problem as long as the office are notified.” One person using the service said, “I get a rota so I know who is coming to support me.” Another was able to tell us which staff visited on which day and at what times.

Staff told us that when they had been recruited they had gone through a thorough recruitment process. This included supplying references, proof of identity and Disclosure and Barring Service (DBS) check, and an interview. The checks had been received before they had started to work. Records we saw confirmed these checks had taken place and copies were in staff files.

The registered manager explained the provider’s disciplinary process. Documentation we saw confirmed the process had been followed correctly.

The registered manager told us that very few people had medication which staff needed to administer. Those who did had their medication in dossett boxes. Medication Administration Records (MAR) were completed each time. These were checked by another member of staff every day to ensure if an error had occurred it could be acted on immediately. The registered manager told us that staff received training and competency assessments in medication administration and handling. Staff we spoke with, and documentation we saw, confirmed this.

Is the service effective?

Our findings

People told us that they felt the care they received was good and was from well trained staff. One person said, “They do know what to do.” Another said, “Of course they know what they are doing. They all get on well with me.”

There were systems in place to try to match staff to people they supported. The service used a ‘my profile’ sheet about each staff member to try to match them with people who used the service. This was then put into the service users support plan so they knew about the people supporting them. People told us the staff understood their needs and they had the same care staff most of the time. One person said, “I get [names of staff] all the time.” The registered manager told us that they tried to make sure the same staff visited their clients as much as possible to provide continuity.

The provider had an induction programme which all new staff were required to complete. A new member of staff said, “I have just come off of my induction, I have had two supervisions and my shadowing schedule is worked out. Another said, “It has been very intense, it looks at the whole of the organisation. There was not anything they did not cover.” The registered manager explained that the induction consisted of a two day class room based session then a minimum of two weeks shadowing more experienced staff members. They also told us that all new staff must complete the new care certificate within their probation period.

Staff told us they received training on a variety of subjects including health and safety, infection control and safeguarding, and also more specific training for the people they provided support for, for example; epilepsy awareness and autism awareness for support staff and applying leadership skills to your practice for the management staff. The registered manager told us that all staff were expected to gain a level 3 qualification in supporting people in adult social care and some senior staff had been enrolled on a Level 5 diploma. We saw the training matrix which listed all of the staff and training delivered, it included date of last training received and date when next needed.

Staff told us they received support from the manager and senior staff including regular supervision and spot checks, which they said they found useful. One staff member said, “I have supervision every month.” Documentation we saw confirmed this.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Staff we spoke with told us they had attended training and showed a good understanding of MCA and DoLS. We saw documentation which showed that requests for DoLS had been made and were awaiting assessment from the local authority.

We saw evidence within people’s support plans that mental capacity assessments had been carried out, along with best interest meetings, when required.

People told us staff always asked for consent before assisting them. One person said, “Yes, they always ask.” The registered manager told us that when people signed their contracts, and support plans, which were in an easy read format, it was explained that they were giving consent for the support to be provided, but staff would always check before every activity.

People told us they were supported with buying and cooking food. One person said, “It is alright, I shop so I choose what I want.” Another said, “They (the staff) cook here. [staff name] is a good cook; they can make anything, like cakes as well as dinner.” Another said, “They always ask us what we want.” They went on to tell us what meals they had eaten and what was planned for the rest of the day.

Within people’s support plans we saw evidence of contact with other healthcare professionals. For example, hospital appointment, opticians and dentists. The registered manager told us that either people’s families or staff accompanied people on healthcare appointments if required.

Is the service caring?

Our findings

People told us that staff were very kind. Many people and a relative made comments regarding the kind and caring approach of the staff. One person said, “They [the staff] are ever so nice.” Another said, “They are all alright, I would say [staff members name] is the best.” A relative said, “They are absolutely brilliant. I have actually nicknamed them ‘the Delos angels.’ That sums up how I feel about them.”

Staff were able to tell us about the people they supported. They were able to discuss how individuals were cared for and their differences. It was obvious from the conversations that they knew the people well and had a good rapport with them.

People told us they had been involved in the planning of their care. One person said, “I do have reviews. I am happy with the way things are.” Another said, “I have a support plan. Now someone is sleeping in my front room and it’s a lot better now as I have care at night.” Staff told us that support plans were reviewed on a regular basis and if anyone’s needs changed. Support plans we viewed showed full involvement of the person and relative if appropriate.

The registered manager told us that people were supported to express their views, along with their family or representatives, and they could call the office and speak to

staff or the registered manager at any time. A relative we spoke with told us, “I can speak to the staff or manager at any time. If I rang now to speak to the manager and she was in a meeting, I know she will call me back.”

The registered manager told us that if they thought anyone receiving care and support from them required an advocate, they would contact their care manager on the person’s behalf to get them one. She told us that some people came to them with an advocate already in place.

People told us they were treated with privacy and respect by the staff. One staff member said, “When I assist with personal care, I do what I need to then step out to enable the person to do their personal tasks themselves.” Another staff member said, “One person I support gets in the shower, I give them a few minutes and then knock to ask if they are ready for my assistance. We have discussed this and it is what they wanted.” This showed dignity and respect, but was also assisting with keeping people’s independence.

Staff told us that they have a badge, but do not wear it when out in the community as they want to look like friends when out and about, but they always have it in case a person using the service presents some behaviour which challenges. They can then show people if need to.

The registered manager told us that staff were provided with training on how to promote people’s privacy and dignity and their practices were regularly observed to ensure this was being carried out effectively.

Is the service responsive?

Our findings

People told us they were involved in their care plan if they wanted to be. One person said, "I know I have a care plan, but I do not bother about it as I know the staff know how to look after me."

Relatives confirmed they had been involved in the development and reviews of their relatives care plan. A relative told us, "They sent me the full care plan and invited me to make comments."

There were systems in place for people to have their individual needs regularly assessed and reviewed. One staff member said, "They are reviewed every eight weeks, but can be done anytime anything changes." Another said, "Reviews celebrate the positives as well."

The registered manager told us that staff were very good at reporting back if a person's care needs had changed. This would then trigger a review and a senior or herself would visit the person immediately to carry out a re-assessment of their needs and get their care manager involved if required.

When people show an interest in support from Delos Pyramid, they complete a referral form and after the registered manager has liaised with their care manager an assessment would be carried out. The registered manager told us that before anyone was offered a place, she or a senior staff member would always visit the person and their family or representatives to carry out an assessment. This was to ensure that the service was able to meet the

person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a care plan for the person. We saw documentation which confirmed this.

People we spoke with knew how to make a complaint. One person said, "I do know." Another said, "You just put it to head office, usually by phone. I have not had any complaints." A relative said, "[person's name] made a complaint about external professionals, and was helped with his complaint by Delos Pyramid." There was a complaints policy and procedure in place. This was also available in an 'easy read' format to assist people with making a complaint. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties. The registered manager told us that following a complaint about communication to people when changes occurred, they had a complete review of the on call procedure and placed the emphasis on communication with those affected. This showed that lessons had been learnt from complaints and these had been acted on.

The community service manager told us that they had not sent out annual questionnaires this year as they were in the process of re developing them. Once this had been completed they would be sent out to people who used the service and to their relatives. However, they told us, and people confirmed that as they had an open door policy and staff were always available, they were accessible to receive feedback at any time.

Is the service well-led?

Our findings

People and staff told us that they had been included in many decisions regarding the service. Staff said that there was an open culture, they could speak with the registered manager about anything and they would be listened to. They could contact her and ask for a meeting if they wanted and she would meet with them as soon as possible. One staff member said, “You can speak to [registered managers name] when you want, she will always listen.” Another said, “She (registered manager) will listen to suggestions and take them on board, sometimes they will be discussed at meetings.”

It was obvious at our inspection that there was an open and transparent culture at the service. Everyone was comfortable speaking with us and forthcoming with information. Staff who had called into the office came to speak with us. One staff member said, “Everyone is friendly when I come in, I can speak with anyone.”

Staff told us that they had regular staff meetings. The registered manager told us that separate meetings were held for the senior staff and care staff. This was to enable decisions to be made at a senior level then cascaded to the care staff with all the relevant information. Minutes seen supported this.

There was a registered manager in post, who was supported by other management, office administrators, senior care staff and a team of care staff. People we spoke with knew who the registered manager was, and knew how to contact her if necessary.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The registered manager told us there were processes in place to monitor the quality of the service. This included; audits of care plans, medication records and call monitoring. We looked at the audits and found that they were used to improve the service. During the inspection the person responsible for the quality auditing of medication spoke with us and said they had realised that what they were doing on an individual basis to audit people’s medication, could be rolled out to audit over the service sites. They were now in the process of reviewing this and putting new processes into place. They told us that the property of people who used the service was rented, but staff would assist them with reporting any property issues if required.

The registered manager told us that all accidents and incidents were reviewed by them and the provider. This was to see if any patterns arose and what could have been done, if anything, to have prevented it happening.

We saw evidence of information regarding staff disciplinary procedures. These had been carried out correctly following the provider’s policy.