

DRB Healthcare Limited

Delves Court Care Home

Inspection report

2 Walstead Road
Walsall
West Midlands
WS5 4NZ

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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?	Good ●

Summary of findings

Overall summary

Delves Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Delves Court Care Home accommodates 64 older people across three separate units. At the time of our inspection there were 40 people living at the home.

There was a registered manager in post at the time of our inspection. 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 continued to receive care in ways which helped them to remain as safe as possible. Staff understood risks to people's safety and supported people receive their prescribed medicines safely. Staff understood the need for good infection control to keep people safe from cross contamination. All staff had been subject to employment background checks before being able to work in the home. There was enough staff to provide support to people to meet their needs.

Staff received training which matched the needs of people who lived at the home, so they would develop the skills and knowledge to care for them. People made day to day decisions about their care and staff used their skills to make sure people were agreeing to the care offered to them. People were supported by staff if they needed help making key decisions about their life. People were cared for so they had enough to eat and drink and their food preferences were met. Staff supported people to see health professionals so they would remain well.

People liked and enjoyed spending time with the staff that cared for them and were treated with dignity and respect. Staff spoke warmly about the people they cared for and encouraged them to make their own day to day decisions and maintain their independence. People were treated with respect and dignity.

People's care was planned in ways which reflected their preferences and wishes. Relatives' and health and social care professionals' views and suggestions were taken into account when people's care was planned. People, relatives and staff were confident if any complaints were made these would be addressed. Systems were in place to manage complaints.

People were encouraged to stay active. The provider had a comprehensive activities and entertainment programme for people to join in and enjoy.

People, their relatives and staff were encouraged to make suggestions to develop the care they received

further through open communication with the senior management team.

People knew and liked the registered manager. Staff spoke positively about working at the home and understood their role within the team. Staff felt able to seek help and guidance as well as contribute ideas to care planning. Regular reviews of people's care ensured people's care planning was timely and up to date. The registered manager reviewed and updated people's care regularly and sought advice and guidance to improve the care people received.

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.

People benefitted from support from enough staff to meet their needs in a timely way. People were protected from the risk of harm or abuse.

Accidents and Incidents were recorded and monitored to lessons could be learned and so help prevent a further occurrence. Safe recruitment practices were in place.

The management and administration of medicines was safe.

Is the service effective?

Good ●

The service is effective.

People had been consulted about their care and support so their preferences were respected.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people. Staff understood the Deprivation of Liberty Safeguards and followed legal requirements in relation to the Mental Capacity Act [MCA]. People were provided with food and drink, which supported them to maintain a healthy diet.

People had access to external health professionals as required.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff.

Staff respected people's own decisions and encouraged them to make choices in their care. People were involved in planning and reviewing their care.

Is the service responsive?

Good ●

The service is responsive.

People's needs and wishes were respected.

Care plans did contained relevant and detailed information about the care people required.

People were encouraged and supported to take part in daily

activities.
People knew how to make a complaint.

Is the service well-led?

Good ●

The service is well-led.

People and staff felt the registered manager was approachable and supportive.

People and relatives felt the new provider and registered manager had made improvements to the home.

Quality audits were regularly performed to monitor and improve the quality of service provided.

Delves Court Care Home

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.

Inspection site visit activity started on 6 February 2018 and ended on 7 February 2018. The membership of the inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We sought information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at how staff supported people throughout the time we were at the home. As part of our observations we used the Short Observational Framework for Inspections (SOFI). SOFI is a way of observing people who may not always be able to voice their opinions of the quality of service provided.

The registered manager was present throughout the inspection. During the inspection we also spoke with eight people who lived at the home and three relatives, three care staff, the Clinical Lead, the Area manager, two registered nurses, the unit manager, the activities coordinator and the cook. We also spoke with a visiting Health Professional who was visiting the home on the first day of the inspection. We reviewed two care records, the provider's quality audits, accident and incident records, the provider's complaints and

compliments records and three staff recruitment files.

Is the service safe?

Our findings

People gave us their opinion about how safe they felt whilst living at the home. One person said, "I feel much safer living here than I did in my old home. The staff here look after me very well." Another person said, "I came here for respite care, but felt so safe here I stayed." One relative commented, "I cannot speak highly enough of the staff, they do so much for [person's name] I cannot praise them enough. Yes I do feel they are safe in their care."

Staff had received training on keeping people safe from abuse and knew how to raise concerns both within the organisation and with external agencies. Staff told us they were confident the registered manager would be supportive and take action if they raised concerns. People who lived at the home and visitors had access to information about the subject of abuse together with telephone contact numbers which were displayed. One staff member told us, "If I ever thought someone had been harmed I would report it, I've done it in the past at another home and I'd do it again if I had to." The registered manager demonstrated to us when they had received concerns they had reported them to external agencies and notified the Care Quality Commission [CQC].

The registered manager and the provider had been very proactive in putting in place measures to help people manage risks to their safety and avoid preventable accidents. The registered manager and staff had joined a local initiative project called "SPACE programme". [Safer Provision and Caring Excellence in Walsall Nursing Homes]. The project looked at how accident and incidents could be prevented so keep people safe in the home environment. The health professional we spoke with told us, how the staff had developed a safety board in the staff room for people's risk profiles to be clearly displayed and to support the critical information, so all staff were aware of people's safety risks.

Staff had received training in how to visually check people's footwear and mobility equipment to ensure they were in good condition. The staff were now using a system of "safety crosses" a system of measuring harm free care on a daily basis and had implemented a number of interventions which has resulted in very low falls rates that had been reduced and sustained.

People told us there was enough staff. One person said, "I would say there is enough staff, I don't have to wait long, if I press my buzzer day or night before they come to help me." A staff member told us, "There is enough staff; we are a good team we work well together." We saw there were sufficient staff, on duty to provide support during our inspection so people's safety was not compromised. The registered manager told us the staffing levels were decided according to people's dependency needs and were adjusted accordingly.

The registered manager had procedures in place to assure themselves that only staff suitable to provide care and support to people were selected and recruited. Staff told us they had completed all the required recruitment checks and were interviewed before they commenced their employment. For example, Disclosure and Barring Service (DBS) checks had been carried out. A DBS check helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The provider, the registered manager and staff team worked together to ensure the risks to people of infections was reduced. For example, staff knew what actions to take to reduce the risk of possible infection. This included when they needed to wear disposable gloves and aprons. Staff told us there was always a good supply of personal protective equipment available to them. We saw the registered manager had checking systems to audit the infection control systems within the home. For example we saw an audit was in place to ensure regular cleaning of people's mattresses.

The registered manager and the provider had a system in place to monitor any accidents and incidents. We heard how any trends were discussed with staff through staff meetings and supervisions so lessons could be learned, to improve people's care and safety and to help prevent them from happening again.

People were supported to have the medicines they needed to remain well, safely. One person told us, "I do get my medicines of time." We saw staff gave people to have the pain relief when they wanted, safely as prescribed. Staff were not allowed to administer people's medicines until they had received training and their competency had been checked. We saw staff kept clear records of the medicines people had received and regular checks were made to ensure people had the medicines they required.

Is the service effective?

Our findings

All the people we spoke with were very complimentary about the staff team that cared for and supported them. Comments we received included, "I like it here. We have lovely cares here, who know what they are doing." A relative told us "I have confidence in the staff here, the care is here good, I cannot fault them [staff]."

We saw people's care and support needs had been assessed and planned, so guidance was in place for staff to follow. This included guidance for staff to know what mobility aids were required to support the person to be able to walk and so keep their independence. A staff member gave us the example of when one person who was initially admitted to the home for end of life care. However after much encouragement and care from staff they had become more confident, their health had improved and they were now able to use a wheelchair and take an active part in the entertainment on offer in the home.

We heard from new staff who told us they received an induction when they commenced work at the home which included the care certificate. The care certificate is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. Staff we spoke with told us they had opportunities during their induction to shadow work alongside established colleagues to develop their skills and confidence before working alone with people.

Staff spoke positively about the training they received in order to keep up-dated. One staff member told us, "I've been on lots of good training. I've worked with other providers, but it's not been as good as it is here." Staff told us they had received regular supervisions and staff meetings where they were offered the opportunity to reflect on their practice and identify further training needs. A staff member said, "We can always go on training, if we ask, its encouraged."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff continued to show they had a good understanding of the need to consider people's ability to give consent. One staff member told us, "We always ask people to make their own choices about their everyday support requirements and what they want to do." We saw examples of how staff incorporated this into everyday practice. For example, one person was asked whether they would come to the table to eat their meal or prefer to stay sat in the lounge area. Staff checked with another person what activities they would like to do and followed the person's choices. The registered manager had arrangements in place to make sure all DoL assessments had been followed up with the local authority. Additionally, we saw staff practiced in a way, which was least restrictive when any decisions people made jeopardised their safety.

People told us they enjoyed the food and drinks available. One person told us, "The food is really nice; we get a choice of two meals." The person told us, "There's always plenty to drink." The cook gave us examples of how people's meals were prepared taking their preferences and allergies into account, so they would

remain well. We saw where people required their food to be pureed [to help avoid people from choking] it had been put into specialised moulds so represented what the actual food was to make it look more appetising. We saw in people's care plans advice and guidance for staff regarding how much daily fluid to follow to ensure people remained hydrated.

One staff member explained that some people needed assistance with eating, or specific cutlery to help them to remain independent when eating. Another staff member explained how some people needed encouragement and special types of fluid, so their nutritional needs would be met, safely. We saw people were offered plated choices and staff assisted them to eat where they wanted this. We also saw people were encouraged to have enough to eat and drink to remain well.

People were supported to maintain their health and wellbeing and we saw had access to health and social care professionals. People told us they had seen doctors, attended hospital appointments as necessary. Staff had a good awareness and knew the importance of seeking medical advice should they become concerned if a person's condition changed. A staff member told us, "If ever I am worried about a person, I can call the nurse on duty for advice." A relative confirmed they were contacted if their family member needed any medical support. People's medical history was available to those supporting them and we found that staff liaised with healthcare professionals where this was required to help people to remain well.

The registered manager said there was an on-going improvement being made to the home environment to ensure it effectively met the needs of people. For example, there was signage around the home environment to assist people to find their way around and have a sense of independence. Decorations and furnishings were being replaced to improve the environment for people. Two of the three floors refurbishment had been completed so far and plans were in place for the third. People were encouraged to bring in their own personal belongings if they so wished to decorate their own rooms to make them feel at home.

Is the service caring?

Our findings

All the people and relatives we spoke with told us, staff were very kind and caring towards them. One person said, "The nurses and carers are very good, they look after us very well." Another person said, "All the girls [staff] are really lovely." A relative said "I cannot fault them [staff]; they go the extra mile for people." We saw the registered manager and care staff had received many compliments and thank you cards from people and their relatives. Comments included statements such as, "Our thanks to all the staff for their kindness, patience and understanding, who treated [person's name] with love and respect during the last days of their life." Another relative had written, "We would like to take the opportunity to thank you all for the dedication and care given to [person name]."

People's religious and spiritual needs were respected. People's different cultures were recognised and celebrated during events held at the home. Representatives from different faiths visited the home which supported people to practice their chosen religions and acknowledge events that were important to them. One person told us how a staff member had printed out prayers for them to display on their bedroom wall as they were not physically able to attend their religious service.

We heard examples from the activities co-ordinator how they had organised a "virtual cruise" which meant people had the opportunity to experience different cultural foods and traditions from around the world. They ensured the country of origin of each person living at the home was visited, so they could celebrate their cultural heritage with everyone who lived at the home.

We saw staff communicate with people in a gentle supportive way. When one person became anxious a staff member knelt down beside them and stroked their forearm as a way of reassurance and spoke quietly about what may be causing their distress. The person reacted well to them and within a few minutes was smiling again.

We saw staff cared for people in ways which supported people's individual needs and helped to maintain their dignity. For example, we saw staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs.

People told us of examples of staff kindness and going the extra mile for them. For example one person told us how a staff member had agreed to support a person at a funeral despite it being their day off. They told us, "It was really kind of them [staff member], I didn't ask them they just offered, but they are like that here."

We found people who lived at the home could speak with relatives and meet with health and social care professionals in the privacy of their rooms if they wished. In addition, staff assisted people to keep in touch with their relatives by telephone. We heard if people wanted to eat with their relative or partner in privacy, staff set the table for two.

We saw from people's care plans people's end of life wishes had been discussed and recorded. From the compliments and thank you cards received from relatives, we could see staff had been supportive to the

person and their relatives. For example one person had written, "You supported us as a family, which was much appreciated and you were there when we needed to talk."

We noted that written records which contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.

Is the service responsive?

Our findings

People who lived at the home told us, they were provided with personalised care. One person told us, "I can't fault them at all. I can't say a bad word against them." A relative said, "I can't think of anything I would improve the care is excellent." People and their relatives told us, they had been involved with planning and reviewing their care and support. One person said, "The clinical lead and registered manager comes round and asks if I am happy with the care I receive."

The registered manager and the staff team wanted everyone who lived at the home to be involved and achieve their goals. For example where people spent most of their time in bed the activities coordinator made sure they were included in any of the planned activities despite being unable to join in the fun in the lounge. For example, we saw two people wanted to be involved with the "virtual cruise" activity so they were helping by preparing and cutting out pictures using a lap tray whilst sat up in bed. One person told us how much they appreciated helping as it made them "Feel valued. I like to help where I can."

The staff were highly motivated and wanted to encourage as much interaction with people and the local community as possible. For example we saw arrangements had been made for the local nursery children to visit the home once a week and join in activities. This happened on the day of our inspection we saw people living at the home sat at tables with the young children interacting and icing cakes. It was clear from both the people and the children had formed positive relationships and were really enjoying themselves. One staff member said, "People who join in with the project love it – they will be buzzing all afternoon after the session."

People were offered lots of interesting pastimes and entertainment to choose from. One person said We are kept very busy, there is always something to do." Another person told us, "They [staff] make live worth living for us, we have a lot of fun." We saw the activities programme was planned in advance and advertised around the home.

Staff used the detailed information in each person's care plan to ensure they received individualised care and support that met their particular needs, which made them feel valued. Staff helped one person maintain their relationship they said, "Were having a valentine's celebration, staff arrange for me to have private meal with my wife. Then there is a Mr and Mrs competition it's all good fun."

People told us they knew how to make a complaint or raise a concern. They felt comfortable to approach any staff member or the registered manager. We saw where complaints had been raised they were recorded with any actions taken to remedy the situation in line with the provider's complaints policy.

We saw and people told us the registered manager was visible around the home taking time to chat with people to see if they had any concerns and were happy with the care they received. We saw regular feedback from people and their relatives had been sought as an opportunity to learn and make improvements. We saw a noticeboard with you said we did of actions taken for people to see their voice was important. An example of this was, people had asked to go for a carvery meal – this had happened. Some people wanted

to go to the local supermarket again this had been facilitated.

Is the service well-led?

Our findings

There was a registered manager who had been in post for a year. 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, staff and relatives felt they had made a vast improvement to the home since coming into post. The registered manager showed they played an active role in supporting people who lived at the home and working alongside their staff team. Staff described her as very supportive.

People indicated and told us they liked the registered manager and people spent time chatting with the registered manager about their day. Relatives we spoke with knew who the registered manager was and had confidence the home was well managed. One relative said, "I can't believe the difference in the home since [registered manager's name], I now trust all the staff I didn't under the old management/provider."

In the Provider Information Return [PIR] the registered manager had written, "I support staff with their personal development and have promoted staff to new positions. I am visible within the home and openly encourage staff to be involved in any changes that are happening. I ensure accurate recording and documentation is maintained, I ensure staff are aware of their roles and responsibility and re issued duty of care books and job descriptions along with allocation mentors and buddy's to help further develop staff." Staff told us they liked the registered manager and appreciated the changes she had made to the home since coming into post. A staff member told us, "I can always go to [registered manager's name]; she has an open door policy and is always ready to listen."

The registered manager told us they were continually trying to improve the home and its reputation. They sought people's views and opinions of how to improve the home through a variety of ways through meetings and surveys. People's comments were acknowledged and acted upon. For example, people were asked their opinions' about the new furnishing for the home.

The provider and registered manager had regularly checked to make sure people were reliably receiving all the care they needed. These checks included making sure care was consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. Regular checks were made of the home environment so any breakages or other damage could be identified and quickly repaired. In addition, fire safety equipment was checked to make sure it remained in good working order.

The registered manager said she felt she was supported by the provider and benefitted from having links with other provider's manager's and links with other health and social care professionals at local community forums, to share best practice and ideas.

We heard from the visiting Health Professional that he registered manager had made a commitment to the SPACE project and they felt part of its success in the home was partly due to the registered manager

embracing new ideas and "Leading by example". They said her contribution had been recognised and led her to be nominated for many of the award categories.